be expected to accept in good faith the cures of others, particularly of suspicious "fanatics" or "one-sided amateurs!" But the fault, of some kind, must be somewhere, if the expected cures are not forthcoming.

(*To be continued.*)

DISEASES DURING LACTATION.

BY C. WESSELHŒFT, M. D., DORCHESTER, MASS.

(*Concluded from page* 22.)

BROKEN BREAST AND SCROFULA WITH A GLANCE AT PSORA. —While speaking of sore nipples, I counted a certain constitutional taint among the predisposing causes of that complaint, and this applies with full force to the topic of inflamed and "broken breast." It is common to meet with cases in which, after a natural term of gestation and subsequent delivery, the patient's breast becomes hard, painful and is accompanied by marked febrile excitement of some duration, followed by copious suppuration, running the usual course of phlegmonous inflammation. Such a condition is apt to set in mostly two or three weeks after confinement, and is certainly most common during the first three months. Some are attacked after every confinement. Sometimes the gland itself is affected, at others probably only the interglandular tissue, or the fascia and skin covering the gland.

But what shall we call this predisposition, how can it be defined, or among which types of morbid conditions can it be classed? Authors in the old school of medicine, including Virchow, mention several pre-eminent types of constitutional predisposition, among which the scrofulous and carcinomatous dyscrasies are, perhaps, the most prominent ones. Hahnemann assumes three grand types from which all conceivable chronic diseases arise.

Without entering into the details of this classification here,

I will only state that I cannot accept them as absolute truths, but find in them much that is relatively true and eminently calculated to lead to practical results.

While the classification of dyscrasies, adopted by the prevailing authorities, of the old school *e. g.* Canstatt, may be considered as a scientific attempt without the least importance as to curative results, Hahnemann's arrangement of chronic diseases, in three grand types is, to say the least, of great practical value, since it has led directly to certain corresponding typical classes of remedies. According to Hahnemann all chronic diseases not dependent on syphilis or sycosis are derived from itch miasm. May this be true or not, the whole question turns on the word *psora* or itch. We may alter that word as we will, we may use in its stead the entire list of (non-syphilitic) contagious and non-contagious skin diseases, the fact remains indisputable that many of them, including itch, may change from a peripheric to an internal morbid condition; and, as Hahnemann admits, the types may be complicated with each other. On this account the importance attached by the great master to this pathological speculation, is everywhere secondary to the great general rule, always and distinctly repeated by him to seleet the remedy according to the maxim, *similia similibus curentur.*

The *Neue Zeitschrift fur Homœopathische Klinik*, Vol. VIII, No. 17, contains a copy of an article bearing Hahnemann's signature, published in one of the popular newspapers of his day, thirty-six years before the publication of the *Chronic Diseases*, in which article the author clearly sets forth that the true source of itch is the presence of little animals, often observed by himself and others. Sulphur, in the form of ointment or liver of Sulphur are set forth as safe and certain remedies. Dr. Langheinz, of Darmstadt, who discovered this important and lost fragment, naturally draws conclusions in opposition to the psora theory in its connection with *The Chronic Diseases*, where, curiously enough, the little animal is not alluded to.

The same periodical, Vol. IX, No. 2, contains an article

by Dr. Roth, of Paris, detailing the discovery of Dr. Rayer, that a certain epizootic disease of sheep and cattle (*sang de rate, apoplexie charboneuse de la rate;* German, *milzbrand,*) was dependent entirely on the presence of certain animalcules (Bacterien), invariably discovered with the microscope in the blood of animals having died of that disease. From these discoveries the inference is drawn of the entire futility of the psora theory. (See Vol. IX, No. 12, Feuilleton, where strong arguments are brought forward against the animal nature of these infusoria.)

Since we possess a homœopathic law and a *Materia Medica* which has already cured as many diseases as it contains "pure" symptoms, it need not disturb the tranquility of Homœopathicians what becomes of the psora theory. There is no doubt that the Sarcoptes hominis, and chiefly the female of the species, is the cause of many forms of itch, as many other vegetable or animal parasites are the cause of as many different forms of disease. But why should this animal produce only such a specific form of disease? There is no doubt that this is owing to a specific poison of the animal and not alone to the kind of mechanical irritation produced by the motions of the bristly, lively little parasite. A sting inflicted by a needle is as different from that of insects as their stings vary in effect from each other. It is an easy matter to distinguish the sting of a musquitoe, gnat, bee, wasp, bed-bug, etc. By all these, a poison, as specific as that of any known miasm, is imparted to the body, why not by the Sarcoptes? An interesting series of experiments might be instituted in order to determine how much itch is dependent on mechanical irritation; numerous analogies drawn from common experience may, for the present, suffice to show that simple, non-poisonous foreign bodies, however complex in structure, seldom if ever produce sensations resembling the voluptuous itching, smarting or stinging of specific poisons brought in contact with the skin, or introduced beneath it. Of all such poisons, that of the Sarcoptes is in many respects the most tenacious, scarcely healing without curative interference, and

often lasting long *after the disappearance of all visible traces* of the diseases. (See *Constatt Pathology and Therapeutics*, Vol. IV, p. 1135.)

In short, the contagion is there, whether Hahnemann knew its true nature or not. The fact that suppression of chronic itch, or of any other severe cutaneous disease, is followed by various other disorders is undisputable.

There is no doubt, on the other hand, that many forms of chronic diseases originate from numerous other sources besides suppressed or inherited skin diseases and psora. But these views do not necessarily contradict each other, but it is justly claimed by many authors, among them von Grauvogl, that it serves to enlarge and complete the pathological system, whose grand logical *end* is *to point out classes of remedies, corresponding to classes of diseases.* Hahnemann is the first who ever attempted such a gigantic task with success, and pathological science is barren and to no purpose (if cure is the object of medical science), so long as diseases are classified without regard to classes of curative agents, with which they stand in correlation. Homœopathy and its maxims furnish the only means and method to the end of developing the Materia Medica, parallel with Pathology. The latter science, before the days of Homœopathy, had gone one way, while Therapeutics and Materia Medica went another, or oftener still came to a dead halt, or, like the great rivers of Australia, ran away from the ocean to dwindle in the sands of the interior desert.

The words scrofula and psora are often confounded in common parlance. But since the former is used to designate a dyscrasy, clearly definable and often well described, it may be permitted, as applicable to the pathological condition to be described.

Scrofula ordinarily denotes a tendency of glandular structures to swell, and the occurrence of deposits of certain morbid (tubercular) matter in their substance, ending in suppuration. But the word has been made to apply to many other conditions. Ulcers of the skin and the vast array of

suppurative diseases come within its scope. It may become manifest in the most various modes, from Tuberculosis, with which it is always considered identical, down to Acne. But whenever seen there is the tendency to suppuration, so apt to follow with extreme rapidity in "scrofulous" organizations; while a healthy body will endure an inflammatory process without final suppuration, or even escape inflammation altogether, where it might reasonably be feared. A scrofulous subject will show an extensive inflammation and a huge quantity of pus in a very short time, caused perhaps by slight mechanical injury or a draught of air.

This is the case with a great proportion of women suffering with broken breast. Though we may not have noticed any signs of approaching trouble in our previous acquaintance with such a patient, her first confinement will reveal her constitutional condition. Lactation and suckling may go on without complaint for awhile; but not many days will elapse before the first well known signs of inflammation set in.

The actual condition of the glandular structures and those of the breast in particular, tending to suppuration is very difficult to conceive. The morbid anatomy of such a case must of necessity be practically undemonstrable, though more or less readily inferred from analogy. But one circumstance seems appreciable, that, in a case of broken breast, occurring in a scrofulous patient, the affected organs are not in a state of development, enabling them to withstand the activity of lactation going on within them.*

When the secretion of milk fairly begins in a healthy breast, a certain degree of turgescence takes place, as a reflex action, in response to a nervous stimulus, resulting in the production of secreting cells in the ultimate subdivisions of the glandules. In a morbidly predisposed gland, however, the *nervous centres do not take the hint correctly from the stimulus applied;* they actually misinterpret it; the process of *healthy turgescence*, instead of terminating in relief by the

* Canstatt defines scrofula and tuberculosis as "a standing still at a low degree of organization."

flow of milk, is perverted into an *angry inflammation*, dragging into its sphere all subordinate structures, such as cell walls and cellular tissue. The process, like an impatient artizan, wears out and destroys its tools before accomplishing the object perfectly, and the product at the termination is *pus* where it should have been *milk*.

The views of Prof. Virchow as defined in his *Cellular Pathology* have some relation of interest to our subject. After discussing (chap. ix) the formation of tubercular matter, a product of inflammation left as a residue in glandular interstices, after the absorption of watery fluid parts, etc., he comes to a second form of reabsorption of pus (p. 171), where pus really vanishes without residue; "but here too," the author continues, "pus is not reabsorbed as such, but undergoes a fatty metamorphosis; each individual cell liberates fatty particles within itself; breaks up and finally nothing remains but fat granules and intercellular fluid. Thus neither cells nor pus remain; their place being taken by *a kind of milk*,* composed of water, some albuminous substances and fat, and often found to contain sugar, increasing the analogy with real milk. This pathological milk afterwards undergoes reabsorption, not as pus but as fat, water and salts."

Further on (chap. xv, on fatty degeneration) Virchow continues: "proceeding to the third series of fatty conditions coinciding with the resolution of elements, we find their proper physiological illustration, already alluded to, in the secretion of milk as well as in that of sebaceous matter of the skin. That these two secretions are analogous is explained by the circumstance that the milk gland is nothing more than an enormously developed and peculiarly formed accumulation of cutaneous glands (sebaceous follicles). In the order of their development both series are parallel; both proceeding from progressive growth of the exterior layers of epidermis." After describing the nature of sabaceous follicles and the process of the formation of their contents, the author

* The *Italics* are not in the German original.

continues, "this process furnishes us with an exact plan of the formation of the milk. It is only necessary to imagine the ducts more elongated and the terminal acini more developed; the process remains essentially the same. The cells thrive and then pass into fatty metamorphosis, break up and at last nothing more substantial is left of them but fat drops. Coinciding more particularly with the common mode of sebaceous secretion, is the early period of lactation furnishing the so-called *colostrum.*"

Now in applying the above to a case of phlegmonous inflammation of the breast, the normal secretion of which bears analogy to pus, the inference is at hand, that the change of milk into pus may actually occur; at all events the abundant secretion of pus from the cellular elements originally destined to become milk is illustrated by Virchow's views, with that difference, that, according to the latter, pus changes into "a kind of milk."

When such an inflammation attacks a healthy women, caused by exposure or violence, it will often readily get well under the use of cold compresses. Arnica certainly is beneficial, administered internally and externally; likewise Ruta and Calendula. In diffused, pale redness, tenderness on slight pressure, where there is febrile excitement, when the disease is caused by cold air, with stiffness of the joints and back, Bryonia is the right remedy, by the use of which I have seen such symptoms vanish sufficiently often to assure me of its efficacy.

When the disease is attributable to malformed nipples owing to causes above mentioned or any others, the result depends on the constitutional condition of the patient; if she is free from dyscratic taint, the chances are that the ensuing inflammation may subside without abscess, or that the remedies above mentioned may assist much in allaying the storm excited by prevented suckling.

But let inflammation set in where there is constitutional predisposition to this process and easy suppuration, the state of things will be deplorable in the extreme. We may be

fortunate enough to bring about a speedy termination of the process by skilful management therapeutically or simple external applications, but it has often appeared to me that treating a patient for an individual case of broken breast, has many features in common with the treatment of a patient suffering from periodical convulsions; the least benefit can be afforded during the attack; more might perhaps be done previously or subsequently by proper homœopathic remedies; and to arrive at a fair estimate of the powers of remedies in this complaint has been a serious desire in my practice.

The remedies which have been followed by satisfactory results in scrofulous patients, with inflamed and suppurating breasts, were Aconite, Bryonia, Silicea and Sulphur. The indications for Aconite and Bryonia are stated as clearly in Hahnemann's provings as in any subsequent ones. The distinctive features of the two, relating to inflamed breasts, are. high and full pulse; heat, with or without thirst; rigors and marked febrile heat, and where the local symptoms are not yet very prominent, though the contrary is by no means an objection. Where a similar condition exists, Aconite has many times reduced it within eight or nine hours, leaving only the local inflammation to follow its course. Bryonia may often be our first choice; or, when the first of the storm is over or less apparent than it is where Aconite would meet the case; when there are many aching pains in the joints inward chills and marked distress on moving; when the breast is tense, pale red or shiny red, and *extremely sensitive to the touch*, which is not so marked in the first onset, where Aconite may do well. I believe that we have a right to expect a decisive result from a remedy within twenty-four hours in such cases. I can recall instances when, in less time, the diffused inflammation was reduced to half its extent, accompanied by relaxation of the breast, after Bryonia. I am equally confident that several aggravated cases have got well entirely under the use of that remedy. Undeniably the the majority of cases, particularly in scrofulous patients, have terminated in suppuration, many without indicating any effect from the remedies.

In scrofulous patients, where the inflammatory process is slow and suppuration tedious, without marked fever or tenderness, Sulphur has been most useful. In one case of suppurating breast and two analogous cases of parotitis, one following scarlet fever and the other from ordinary causes, the abscess distinctly wilted down and got well, without breaking or puncture, where fluctuation was unmistakable, the abscess already "pointing." Where opportunity is afforded of becoming acquainted with the constitutional habit of a patient, months before her expected confinement, and especially when there is a scrofulous taint to be discerned, Sulphur repeated at long intervals has appeared serviceable, though much experience is yet necessary to establish decided views concerning this procedure.

Silicea is another of the old remedies which has repeatedly satisfied my expectations. It has not stopped or prevented abscess of the breast; but in profuse suppuration, when pus is discharged by the teacupful throughout the day, especially if the matter is inclined to become thin, or profuse and creamy; also in protracted suppuration Silicea has promptly arrested excessive flow of pus often in less than twelve hours, where it had existed for several days or a week previously. Like Sulphur I have habitually used Silicea in the thirtieth dilution.

Far from supposing the list of remedies to end here, I have simply mentioned those that have been of actual service in my hands. In order to avoid the appearance of having made unfounded assertions, it will be necessary to confirm them as soon as time and opportunity will permit.

OBSERVATIONS ON ACONITE.

BY CARROLL DUNHAM, M.D., NEW YORK.

(*Concluded from page* 31.)

Thorax. Much dyspnœa. Frequent deep sighing respiration. One prover, Zlatarovitch says:

"Frequent deep inspiration, not sighing, but like a desire to accelerate the course of the blood through the lungs."

Heaviness and fullness upon the chest, as though one could not dilate the thorax, compelling deep inspirations conjoined with restlessness, anxiety and palpitation. Audible (subjectively) crepitation. Accelerated breathing.

Besides the heaviness, there are ill-defined stitches in the intercostal spaces, generally low on the right side, aggravated by deep inspiration.

Heat and burning in the lungs.

Heart. Movements irregular and inharmonious. Palpitation, which is worse when walking. Violent palpitation with great anxiety, during repose as well as motion. Anguish in the region of the heart with rapid and powerful action of that organ.

Oppression, especially in the region of the heart. A pressing in pain in the region of the heart.

The following remarkable symptom is reported by Zlatarovich, a keen and daring prover: Lancinating stitches in the region of the heart, feeling as if they were in the *costal pleura*, and which prevent the erect posture and deep inspiration, with disposition to cough; relieved by friction and by occasional deep inspiration; but the part remains sore.

Back. Pressive, drawing, tearing and *numb* sensations in various parts of the back. Sensitiveness in the region of the kidneys. Particularly, a weariness and soreness in the lumbar and sacral region.

Upper Extremities. The same creeping, tingling, paralytic sensations in these parts, as in the skin generally. Drawing, tearing pains in the *joints* of the hands and fingers.

Lower Extremities. Great lassitude of the legs and weariness and heaviness of the feet. They refuse to perform their function. Drawing pains in the hip-joint on motion. Drawing and tearing in the tendinous expansion of the legs and feet. Drawing and pain in the *tendo Achillis.*

Sleep. Great sleepiness as if from exhaustion, during the day. Nights are very restless. Patients sleep lightly; are too wide awake to sleep; restless and full of dreams.

Restless, alternating cold and heat, thirst and anguish.

Dreams terrifying and very vivid.

Skin. Itching, tingling, prickling and all degrees of commencing and incomplete anaesthesia.

Reddish papules, spots like flea bites on the hands, face, etc.

General Condition. Whole body sensitive to touch.

Sensibility as after a long fit of sickness.

Paralytic sensation and lassitude in the whole body, especially in the arms and feet, with trembling of the whole body, and especially of the extremities—one can hardly walk—with very pale face, dilated pupils, faintness, palpitation, cold sweat on the back and a bursting asunder headache in the temples. Soon after this comes burning heat in the face, with sensation of distension, redness of the face and sleepiness.

Joints.. Pains in all the joints. Weakness and laxity of the ligaments of all the joints.

Fever. Chilliness, especially over the back and abdomen. Fugitive chills from the middle of the spine down the loins on each side.

Chilliness and formication between the shoulders and down the back. Shivering.

These symptoms at first alternate with heat and are, finally, followed, as the Austrian provings show, by general and constant heat; dry heat of the whole body; burning heat; heat with moderate sweat.

Heat with contracted, full, strong pulse about 100 per minute in the adult.

Copious sweat, especially at night. Special and general senses unnaturally acute. Noise, light, odor and touch are unpleasant.

Disposition. Very anxious, restless, full of forebodings, either ill-defined forebodings, or, sometimes, a definite anticipation or prediction of the day of impending death.

If we now review the symptoms of Aconite, as they have been detailed, for the purpose of making a general analysis of the action of that drug upon the organism, we find,

1. The action of the *vital power* is of such a nature that while the nerves of sensation are more or less benumbed, the voluntary and involuntary muscles and the power of locomotion are but little affected. The action on the sensorium and on the special senses may, perhaps, be accounted for, by that which is the most marked effect of Aconite, viz.: the exalted activity which it produces in the arterial circulation.

The brain is congested; so are the lungs and the kidneys (as indeed the autopsies plainly show). The susceptibility of the special senses is greatly exalted.

2. *Action on the Organic Substance.*—Of very few drugs, so powerfully poisonous as Aconite is, even in moderate doses, can it be said, as of Aconite, that they produce hardly any appreciable effect upon the organic substance; hardly any change in the tissues or fluids of the body. The records of fatal cases of poisoning, as well as our provings, bear witness to this fact.

The complexion is affected only in so far as the capillary blood-vessels are contracted, producing paleness, and then congested, with redness and heat.

The evacuations can hardly be called abnormal—the urine being merely high colored, inasmuch as it is concentrated. It is a peculiarity of Aconite that urine secreted under its influence has *no sediment*,

The cutaneous eruption furnishes the only modification to the above statement. It is of such a character as led Hahnemann to recommend Aconite in some cases of measles and miliary rash. There is no resemblance in the symptoms of Aconite to the features of any dyscrasia.

3. *Sphere of Action.*—The head, the respiratory organs, the heart and the joints seem to be the parts most markedly the seat of the local action of Aconite. In all of these except perhaps the joints, the symptoms point rather to arterial excitement than to definite organic change, involving alteration of existing tissues or formation or deposit of new substances.

4. *Sensations.*—These are mostly drawing pains—or the various grades of anæsthesi—from sticking, prickling, tingling, etc., down to absolute default of sensation.

5. *Periodicity.*—None at all.

6. *Peculiarities.*—The symptoms of Aconite are generally aggravated by *warmth* and *motion* and, also, *at night.*

There is one group of symptoms so characteristic of Aconite that Hahnemann said, "Aconite *should not be given in any case which does not present a similar group of symptoms.*" These are the symptoms of the MIND and DISPOSITION, viz.: Restlessness, anxiety and uneasiness of mind and body, causing tossing and sighing and frequent change of posture; forebodings, anticipations of evil, anguish of mind, dread of death and, even, distinct anticipations of its occurrence.

Turning now to consider the kind of cases in which Aconite is most likely to be indicated by the similarity of its symptoms, we can not do better than carefully ponder Hahnemann's most excellent cautions, contained in the introduction to the proving of Aconite. "In order to banish from our conscientious mode of treatment all of that quackery which is only too glad, in selecting its remedy, to be guided by the *name* of the *disease*, we must take care, that, whenever we give Aconite, the chief symptoms of the malady, that is, of the acute disease, shall be such as are to be found in the *strongest similarity* among those of Aconite!"

This is the whole secret of a successful prescription of any drug under any circumstances, viz.: that whatever *name* we may choose to give to the patient's malady we shall select for its cure, that drug which presents symptoms most similar, *not* to those which we regard as pathognomonic of the *disease* so

named, but to those of *that very patient*, at the time of the prescription. "Then," as Hahnemann truly says, "then, is the result most wonderful."

Hahnemann speaks of Aconite as likely to be of service "in those cases, viz.: in which medicine has hitherto employed the most dangerous methods; for example, copious blood-letting, the entire antiphlogistic apparatus—and, too often, in vain and with the saddest results. I mean the so-called inflammatory fever in which the smallest dose of Aconite makes the entire antipathic methods of treatment altogether superfluous, and helps quickly and without sequelæ. In measles and miliary fever and in the inflammatory pleuritic fevers, its power to help approaches the marvellous, when, the patient being kept somewhat cool, Aconite is given *alone, all other medicinal substances being carefully avoided*, even including vegetable acids." He then cautions us to avoid prescribing Aconite for a patient simply because we have given to his malady one of the above names, and enjoins us to be sure that the patient's symptoms closely correspond with those of Aconite.

"Exactly in those cases," he proceeds, "in which Allopathy is most accustomed to regard herself as the only possible saviour, in severe, acute, inflammatory fevers, in which she resorts to copious and frequent bleedings and thereby imagines she far surpasses all homœopathic treatment in the help she affords—exactly here, is she most in the wrong. Precisely in this, is the infinite superiority of Homœopathy displayed; that she has no need to spill a drop of blood, that precious vital fluid (which the Allopaths so ruthlessly set streaming) in order to convert this dangerous fever into health again in just as many *hours* as the Allopathist's life-exhausting treatment often requires *months* for a complete restoration; if indeed death shall not have rendered this impossible or if it have not been supplanted by artificially-produced chronic sequelæ."

"Sometimes," Hahnemann observes, "after Aconite has acted for several hours, a change in the symptoms may call