

Natural laws never conflict. Truth is never inconsistent with herself. If the practical precepts of Hahnemann agreed among themselves and were confirmed by practical experiments, as they were in the treatment of the sick, what need his followers have been concerned, that they seemed inconsistent with other medical doctrines or made some medical sciences seem superfluous?

So much the worse for these sciences! It would follow, of necessity, that further investigations must reform these doctrines, and remodel these sciences into harmony with the newly-discovered truths. What if the new science *were*, to the Jews of that generation, "a stumbling block," and to the medical Greeks of the day "foolishness." How could they doubt, if they should continue in steadfast faith to develop and practise it, that it would be demonstrated, in due time, to be "the power of God and the wisdom of God!"

And now, while the majority of our school still reject Hahnemann's methods and precepts, though a few are turning back to them, the Allopathists are beginning to realize Dr. Drysdale's anticipations, and are beginning to "beat us with what were originally our own weapons."

From the standpoint of physiology and pathology, the very sciences in dread of which we have sacrificed some of our essential doctrines, Prof. Hoppe, the Allopathist, of Basle university, is demonstrating the correctness of Hahnemann's teachings, and is showing that Hahnemann's charlatanism consisted only in the fact that in pathology and in medical philosophy, as well as in practical tact and observation, he was simply two generations in advance of his contemporaries.

Prof. Hoppe states that the two great events in medicine since the early ages, have been these discoveries of Hahnemann:

1. "That for every individual case of disease, the specific remedy, the *individual-specific* remedy must be sought for and found, and that (thus) in every individual case of disease the process of cure is a process of discovery."

2. "The discovery of Hahnemann, that the remedy acts in small, very small doses, in smaller doses than any one has hitherto imagined, and that in these very small doses it may act more powerfully than in large doses,"—a discovery, says Dr. Hoppe, which surpasses in brilliancy all of Hahnemann's other achievements.

Prof. Hoppe proceeds to explain, on scientific physiological and pathological grounds, the necessity of the former doctrine of Hahnemann—the necessity of individualizing each case of disease, and of treating it as if the like had never before been met with. In so doing he demonstrates the impossibility of accurately prescribing upon knowledge of drugs derived *ab usu in morbis*. This leads him to demonstrate the necessity and advantage of drug-provings upon the healthy.

He does not hesitate to go wherever truth leads him, and to admit every conclusion that evidently follows from facts which observation has compelled him to accept. Accordingly, in a very remarkable article upon "Characteristic Symptoms," a translation of which appeared in the last number of this REVIEW, he demonstrates the value of trivial subjective symptoms, showing that they are, and by their nature, must be, of controlling importance in the indication of the remedy.

Far from dreading what the Mrs. Grundy of Pathology may say to this, he coolly "turns her flank," by bringing up a very strong and plausible physiological and pathological argument to his support—a branch of that same argument by which, a year ago, he sought to account for the action of infinitesimal doses.

On the subject of the dose he is not less master of the situation. Determined to accept whatever is demonstrated, and to keep his mind free from prejudice, he admits that the question of the dose is still an open question; but he avers that it is by no means unimportant. He affirms that while the thirtieth potency is sometimes unavailing, it is often too strong, producing unnecessary accessory symptoms, even

while it removes those for which it was administered. He declares that the balance of testimony is altogether in favor of those who use the potencies, that they effect a greater proportion of cures and do a less amount of mischief, and that those who refuse to use the potencies deprive themselves of a most important means of curing.

The improbability of the potencies possessing any power gives Prof. Hoppe no concern; the fact satisfies him. Nor is he at a loss to account, by a satisfactory theory, for the fact that the thirtieth potency is very often more efficient to cure than the third. It matters but little that he does not accept Hahnemann's theory of potentization, since he freely admits the facts. With one sentence of Professor Hoppe's remarkable publication we close these disjointed remarks:

"Hahnemann, as he studied the actions of remedies, could not fail to discover the aggravating effects of drugs, and to therefore diminish and diminish the dose, and thus at last to discover the efficacy of small doses and of the dilutions; but at the same time he discovered also the significance of the subjective symptoms, and through these he made it profitable for physicians, sensibly and profitably to observe the human body and to devote to it, chiefly and more than up to his day had ever been done, yes for the first time, a greater, exacter and more universal attention. Whatever, that is great, has been accomplished by the medicine of to-day, through material investigations, the same great results has Hahnemann attained in the way of the subjective symptoms, and both together constitute, for the first time, a *whole*; yet the significance of both the subjective and the objective symptoms is difficult to apprehend. *Auscultation* may leave matters as unclear as *pain* can. Whoever will only take the trouble to stand on his own feet, to observe whatever occurs, and to incorporate, as best he can, what he observes with the sum total of his knowledge, he will come into contact with subjective symptoms, and will learn to put a proper estimate upon them. It was not materialism that was the cause of subjective symptoms being neglected, but the cause

was the inherent difficulty of their study, and then, until Hahnemann raised them to their proper significance, the *objectlessness* of such a study. It was Hahnemann who first showed what purpose subjective symptoms might subserve, and thereby gave an interest to the investigation of them. xxxi.

"It is, therefore no *honor* to a man that he neglects the subjective symptoms, and that he understands and will understand nothing of the efficacy of the small doses and of the dilutions."

DUNHAM.

CATARRH.*

BY C. W. BOYCE, M. D., AUBURN, N. Y.

The Committee, having in charge the subject of Catarrh, finds itself, at the end of the second year, in the same condition as at the close of the first—able only to report progress. During the two years of its continuance, it has presented six written reports, four of which have passed into the literature of our school; in addition, several verbal reports have been made. These have comprised all parts of the body liable to catarrhal diseases, except the vesico-genital organs of the male. The committee, far from having exhausted the subject in these reports, feels that it has only made a beginning, the completion of which must be left to abler minds. By catarrh, or by this term, we express the idea of an inflammatory disease of the mucous membrane, generally caused by exposure to changes of temperature. Lately, however, the term has been more restricted, and perhaps justly, being used to convey the idea of an inflammation of the mucous membrane of the nasal passages, larynx and chest.

How common this inflammation is may be inferred from

* Report to the Hom. Med. Society of the County of Cayuga, N. Y., June 22d, 1864.

what Watson says: "There is scarcely one in a thousand who passes a winter without an attack." Such being the frequency of the disease, we may be pardoned if we trespass on your time by further consideration of it.

Let us review. Catarrh of the air passages is an inflammation of the mucous membrane, which is prone to pass, erysipelas-like, to other portions of the same, and which often implicates the whole of it. Strictly, the primary condition is one of decreased secretion. The membrane is dry and thick, even impeding respiration by lessening the size of the passages. The secondary condition is one of increased secretion, which is not, however, followed necessarily by relief; for the first flow is generally thin and acrid, poisoning all the parts over which it passes. Following this is a bland, thick mucus, which marks the period of improvement. The first of these periods is marked by fever, with its common accompaniments. This continues a longer or shorter time in proportion to the severity of the case and its extent; with the decline of the fever generally appears the increased secretion. We will pass over the treatment of the primary stage, as this, in the experience of the committee, is not generally difficult; but when the primary condition has not been cured, and the disease has passed into the secondary, uninfluenced by treatment, we have a condition which requires careful investigation.

The inflammation, from being acute, is now sub-acute with tendency to continue indefinitely; there is pain and soreness manifested on sneezing and coughing. All the sufferings are generally increased in the afternoon and fore part of the night, when the secretion is lessened, and the membrane becomes dry and thickened. The latter part of the night, and through the morning, all the sufferings are lighter, and there is a more or less free discharge of comparatively thick, yellowish mucus. Without comparing the symptoms and the pathogenesis of Pulsatilla, side by side, let us assume that the condition described and the effect of Puls. on the healthy are nearly the same; so much so, that perhaps no

remedy in the materia medica is so often prescribed for it as Puls. According to our law, Puls. ought to cure the totality of the symptoms, but in many cases, and perhaps in the majority, it fails to do so; nor have we any remedy in common use which has all the symptoms nearly as fully as Puls., Sulph., Calc., Hepar, Carb. veg., &c., in many things resemble the case under consideration, but none so well as Puls. One case of this kind, from practice, will bear detailing, and perhaps serve to express the view of the committee better than in any other way.

Mrs. Smith, fifty years old, had for years been subject to catarrhal attacks which came on early in the fall, upon the first change from warm to cold weather. These lasted until warm weather came again next summer. Any exposure, even the slightest, aggravated the condition severely. The result was that the lady was sick all winter; there was soreness and pain of the whole chest, worse at the superior portion; cough was more or less constant, but increased when lying or during exercise. There was shortness of breath; the cough was almost constant in the morning, attended by expectoration of slime and yellowish mucus of a salt taste. The cough was spasmodic and attended with retching and inclination to vomit; there was discharge from the nose of thick, yellow mucus.

This case was prescribed for repeatedly every year, and she got Puls., Sulph., Calc., Hepar. and several other remedies, with no decided benefit. The symptoms were palliated by Calc., but not cured. This was the history for years. The patient came to feel that there was no help for her, and that the end of her disease was consumption.

In searching for the curative, after many hours a remedy was found whose pathogenesis contains the following: "Scraping and dry feeling in the larynx, increased toward evening, and accompanied by hacking cough and hawking; cough which wakes him at six a. m., having remissions of a minute. It is at first dry, clear and barking; subsequently some thick mucus is detached, and the effort of doing this causes desire

to vomit, accompanied by an excoriated feeling in the throat, and pressive headache. Easy expectoration in the morning; expectoration of a yellow mucus of an acrid taste." These symptoms are found in the pathogenesis of *Coccus cacti*. Two grains of the Cochineal of the shops were triturated up to the third. Two powders of one grain each were given, one to be taken every evening. The first dose aggravated the case; consequently the second was not taken. After a few hours there was amelioration, followed by entire relief in two days. Mrs. S. has had no return of the catarrh for two winters.

Cases similar to the above have been common with us, and *Coccus cacti* has seldom failed to cure in the same prompt manner.

On the authority of Dr. Lippe, of Philadelphia, we recommend this remedy in the troublesome coughs of drunkards.

Another form of catarrh, which is new to the committee, has been observed during the past winter and spring. The symptoms defy classification, and appear without order or regulation. There would be excessive dryness of the mucous membrane lining the nose and soft palate; deglutition difficult from a feeling as if the soft palate were stiff like leather. Occasionally, with great effort, a piece of dried, hardened mucus would be discharged, looking like a scab. After this mucus was dislodged, the stiffness was somewhat less, but for a short time. The feeling of dryness became painful toward evening and at night; generally by morning the distress was little. The patient would feel nearly well, yet before night his complaints would be more than ever. Sometimes these spells of dryness and distress alternated with periods of entire relief several times a day. This peculiar type seems inclined to become chronic. No remedy seemed to be of decided benefit until *Sticta pul.* was used; this had a powerful effect, and in some cases immediate relief followed its administration. The first account of its use was in the *North American Journal of Homœopathy*. This was copied into the *London Homœopathic Review*. Mention of it was also made in the

AMERICAN HOMŒOPATHIC REVIEW. Some western physicians have used it, and given the results in the *Investigator* or *Observer*. It is undoubtedly a remedy of very great value in catarrhal difficulties. The committee desire to call your attention especially to this remedy, and to urge members of the society to prove it on themselves and others. Dr. Robinson has had some very pleasing results from its use, and perhaps by proper solicitation he might be induced to give the results of his valuable experience.

Another remedy of special importance in catarrh is *Kali. hyd.* Dr. Robinson, jr. being the special champion of this valuable medicine, we shall only point you to him as a source of information on which you can draw at sight, and the draft will not be dishonored.

PTERYGIUM CRASSUM CURED BY A SINGLE REMEDY IN A HIGH POTENCY.*

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

The following case is thought worthy of special notice for several reasons. It presents an instance of a diseased condition which, being on the surface of the eye, may be made the subject of constant observation.

Such a condition has never, so far as my knowledge goes, been produced by any remedy. It is not contained in any proving. A homœopathic prescription for it must therefore be based upon the general characteristic symptoms which the patient may present, and to which corresponding symptoms may be found in some drug-proving.

The writer had never treated a case before, and does not recall any record of a cure made by homœopathic remedies. He was not, consequently, influenced in the selection of a remedy by any knowledge *ex usu in morbis*.

* Read before the Homœopathic Medical Society of Cayuga County, N. Y., June 22, 1864.

The patient was not encouraged to expect a cure, but looked forward to a surgical operation as a matter of necessity. There can be no ground, then, for ascribing the cure to faith, the last resort of the credulous incredulous, to whom it is easier to believe that a grave and material disease can be cured by imagination, the intangible, than by a high potency, the imponderable!

The cure was effected by a single remedy, in a high potency, the 200th—(prepared by myself).

J. N. S., a farmer, aged 55 years—generally in good health—has had for three years a pterygium upon each eye. Starting from the inner angle of the eye, this morbid growth, which was thick, opaque, and richly supplied with large blood-vessels, and much resembled a strong muscle, extended over the sclerotic, had invaded the cornea with a thick, broad extremity, and now covered more than one-half of the pupil, rendering the patient nearly blind.

The conjunctiva of the remaining portion was deeply injected. The eyes were filled in the morning with a mucopurulent secretion.

The patient was unable to endure artificial light, and compelled to carefully protect the eyes during the day-time. Reading was out of the question at all times.

Within the last six months the growth of the pterygium had been very rapid.

The eyes were very painful especially in the evening and at night. The pain was in the the inner angle of the eye, a pricking, smarting pain, seeming to be situated deep in the globe. Dust in the atmosphere greatly aggravated the pain. In addition there was a very severe pressure *at the root of the nose* and across the supra-orbital region. There was considerable lacrymation, especially in the evening.

The effect of this disease was to entirely incapacitate the patient for every kind of business.

In this condition the patient placed himself under my care about the 1st of July, 1863. He had been advised that an operation for the removal of the pterygium was the only

thing to which he could look for relief, but had also been told that in the present inflamed condition of the eyes, and at the unfavorable season of midsummer, the operation would expose him to no inconsiderable danger of sequelæ that might be very disastrous. He had been counseled to endure his present symptoms until the weather should become colder and more favorable for the operation.

His motive therefore in coming to me was to get some palliation of his suffering, some temporary relief, that the summer months might be made more tolerable to him.

I gave him no encouragement to believe that I could do more than slightly palliate his sufferings; for, as has been already remarked, I had never treated a pterygium, and never heard of a homœopathic cure of one.

Seeking a homœopathic remedy for the case, as it has been stated, I could get no light from the objective symptoms, since no proving contains anything like them. Nothing remained but the subjective symptoms. Of these, the pain, smarting and pricking, and which was singularly confined to the inner angle of the eye and seemed deep seated, the pushing pain at the root of the nose, the marked aggravation in the evening—these symptoms together suggested *Zincum metallicum*

In the proving of *Zincum* we find (symptoms 194, 197, 205, 209,) biting, pricking and soreness in the inner angle of the eyes; lacrymation, especially in the evening; inflammation and redness of the conjunctiva, suppuration of the inner angle with soreness—many of these symptoms being aggravated in the evening; Symptom 248, "Pressure on the root of the nose, as if it would be pressed into the head, almost intolerable," together with 249-251 of a like significance.

The other symptoms of the patient being well covered by those of *Zincum*, I concluded to give this remedy.

I felt the more hope of some benefit from it, from the fact that my (allopathic) preceptor, who had much experience and success in the treatment of diseases of the eye, had often

said that Sulphate of zinc, applied externally, had a more beneficial effect in pterygium than any other astringent or caustic application.

Now as Sulphate of zinc is by no means so powerful an astringent or caustic as many other substances that are commonly used as applications in such cases, certainly the superiority of Zinc could not be attributable to its mere possession of these properties which it has in common with other collyria, as, for example, Nitrate of silver, Sulphate of copper, etc., etc. It must be due, then, to some specific quality of the Zinc. In passing, let me venture the remark, that in clinical observations like the above, made by sagacious allopathic observers, we may often find valuable hints to supplement our pathogenetic knowledge of drugs.

To return to the case, I determined to give the 200th potency of Zinc, the case being, as it seemed to me, a very fine one for experiment with a high potency.

I gave four powders of sugar of milk, each containing three globules of Zincum metallicum²⁰⁰, and ten additional powders containing nothing but sugar of milk—a powder to be taken, dry on the tongue, every night on retiring; the patient to report on the 14th day. No change to be made in diet, regimen, or occupation. No external applications to be made.

July 15. The patient presented himself and stated that on the third day after he began to take the powders he began to feel much better, and that now he was entirely free from pain and discomfort and from lacrymation. The morning secretion was much less. I thought the eye appeared less inflamed, but beyond this there was no change in its physical condition. I gave sugar of milk and requested a report in a fortnight, or sooner, in case the pains should return.

Aug. 1. No return of pain. The pterygium has certainly diminished in size; it is not so thick and luxuriant as formerly. Sugar of milk.

Aug. 10. The patient came to apprise me of a return of

the pains to moderate extent. I gave three powders of Zincum met.²⁰⁰, to be taken every night on retiring.

Aug. 20 The pains disappeared after the first powder and have not returned. The pterygium is evidently decreasing.

Twice again the pains returned, and on each occasion I gave a powder of the Zincum²⁰⁰. By the end of October, the time fixed for the operation, the pterygium had diminished so far that it was only a little colorless ridge in the extreme inner angle of the eye, the sight was entirely restored, the patient could use his eyes freely both by day and in the evening: there was no longer any thought of the operation; in fact, it would have been hard to find anything to operate upon.

At the present date there is no trace of the pterygium remaining upon the left eye. In the inner angle of the right eye there is a small speck yet visible.

TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA.

(Continued from page 33.)

Tellurium is found in Transylvania in the pure metallic state, in veins in porphyry, the same formation which also contains pure gold, in quartz associated with pyrites and black blende; as leafy ore in veins in porphyry, especially in clay-porphry with Lead, Iron, Arsenic and Zinc ores; as type-ore in clayey syenite porphyry with calcareous spar, pyrites, gray copper, rarely with native pure gold; as white ore in porphyry in small veins with gold, blende, gray copper, copper quartz, quartz and pyrites.

Dr. F. A. Genth, in North Carolina, about five miles N. W. of the Washington mine, in Davidson County, found Tellurium as an associate of a gold vein, in small masses reaching the size of a nut, partly in quartz, usually with

Manganese ochre, partly oxidized as tellurous acid. Keller's *North American Monatsbericht*, Vol. I, p. 165.

In the second volume, p. 249, Genth reports that the telluric ore, which he discovered, is Tetradyomite or $\text{Bi S } 3 + 2 \text{ Bi Te } 3$. There is found with pure gold, in a quartz vein, associated with oxidized Tetradyomite, magnetic ore in octahedrons, iron ochre, Malachite, Sillimanite and Pistazite. Out of this North Carolina Tetradyomite, Dr. Genth prepared metallic Tellurium. In this way I got into my hands, for the first time, Tellurium, in the pure metallic state, as a rarity which I had never seen before. My first thought was, instantly to take a powder of sugar of milk out of my pocket, to open it and to rub the shining cake of metal, as large as a dollar, upon the sugar of milk, and to shift it thereon to and fro until the white sugar began to assume a grayish hue. This was the treasure which I carried home and which I triturated, in a new mortar suitably prepared, until the grayish hue disappeared under the addition of more sugar of milk in the proportion of about one to ten thousand. I have treated other metals which were difficult to obtain in a pure state, such as Cadmium, Antimony, metallic Arsenic, etc., in the same simple way, and if our only purpose is to make preliminary experiments, I think it quite unnecessary to insist upon a trituration of strict quantitative accuracy. The first experiments were made with this trituration. And inasmuch as they had very peculiar results, and I desire to make comparative experiments with pure bismuth, Dr. Genth complied with my wishes and prepared some Tellurium in the form of a powder, which should be entirely and decidedly free from bismuth. *Tellurium which had already been purified and reduced to the metallic form, was dissolved in hydrochloric acid, precipitated by sulphate of ammonia and thus obtained in a fine powder; but it was not made red-hot. In this preparation, then, the last trace of bismuth was removed.* All later experiments have been made with this Tellurium in the form of powder. I have given it to Boericke and Tafel for exchange and sale.

The action of Tellurium upon man had not been investigated at all, when the following provings were made. All that we knew of its action, was what could be learned from C. G. Gmelin's experiments upon animals. He gave the oxide of Tellurium, which had been prepared from the leafy ore according to Klapproth's method. In a rabbit which swallowed four grains, and the third day ten grains, and which was found dead the fifth day; on opening the abdominal cavity, an odor like garlic was diffused (p. 44) which Gmelin, however, (p. 46) describes as being like that of the radish. It was believed at that time, that the oxide of Tellurium on evaporation gives out an odor similar to that of the black radish. But Berzelius has pointed out that this odor proceeds from Selenium, which is its common associate in the ore.

This "association with each other," and likewise what the chemists call the "obstinate adhering together," might also, according to my theory, become important. So far as the present experiments and comparisons of the remedies go, it is, like the already mentioned neighborhood of locality in which substances are found, an assurance that the remedy would be serviceable in the same families of disease, i. e., in similar groups of symptoms which are in close relation; the other fact, the "obstinate adhering," seems to me always to point to a great concordance in the effects, together with essential differences (compare Selenium and Tellurium). The chemical affinity likewise indicates similitude in the substances, yet more in the physiological departments and always with characteristic contrasts; for instance, in the sides of the body, in the times of the day; in anticipating or postponing, etc.

In Gmelin's experiments with animals, the liver appeared as if bestrewed with red inflammatory spots, the lungs showed only a few red spots. From this the conclusion was drawn, that Tellurium acts pre-eminently upon the liver. Further experiments with both may decide whether this was more the effect of the adhering Selenium or of the Tellurium. Selenium had a quite peculiar and very decided action upon the

liver (compare *Stapp's Archiv.*, 12, 3, p. 195, symptoms 36 and 37). It is not merely the fact that Selenium is found in the neighborhood of Tellurium and the fact of its "obstinate adhesion" to the latter metal, but also their relatively near position among the elements that makes these remedies akin. In the electro-chemical grouping of the undecomposed substances, Leopold Gmelin puts Tellurium into one group with Sulphur and Selenium, whilst he associates the Antimony with Phosphorus and Arsenic, and places Bismuth near Plumbum and Argentum. But Tellurium has otherwise, according to its chemical relations great similitude with Antimony and Bismuth.

According to Berzelius, the salts of the oxide of Tellurium taste almost like those of the oxide of Antimony; according to Kœlleuter their action is emetic. L. Gmelin *Handbuch d. Chem.*, Vol. II, p. 874, 5, Berzelius remarks: "Tellurium is, like Oxygen, Sulphur and Selenium, an amphigenic element which forms acids and bases; therefore, chemically, a great curiosity."

As a remark for future times, the relation of the stoichiometrical numbers may here be given:

Oxygen, Sulphur, Zincum, Tellurium, Antimony.

The next proving after those of Selenium and Tellurium, should be that of the pure metallic Antimony. It might then be possible to give a very beautiful comparative group.—After that might then follow the oxides and acids, particularly the latter.

C. G. Gmelin's experiments 1824, p. 43. Three grains of the oxide of Tellurium prepared, according to Klaproth's method, were introduced into the stomach of a very lively dog of medium size, together with some meat. After twenty-two minutes, vomiting of a watery slime ensued; the animal lost its liveliness, and would not eat, but drank much water and passed much urine. After four hours the vomiting was repeated several times. After eight hours the appetite returned, and the next day the animal was quite well.

A rabbit was forced to swallow four grains of the oxide of Tellurium made, by means of gum arabic, into six pills. Immediately after swallowing the oxide, the rabbit ate with appetite, and was perfectly well the next day.

On the third day the same rabbit was forced to swallow ten grains of the oxide of Tellurium, made into ten pills with gum arabic (at three p. m.). Immediately after swallowing the pills, the animal lost its liveliness for a time, but soon recovered it and ate with appetite. Also the next day it ate, and there were in general no particular accidents; even in the evening of the same day the animal was lively. On the morning of the third day it was found dead.

On opening the abdominal cavity a peculiar odor was perceived, which reminded one of the odor of garlic; this odor developed itself in laying open the intestines still more. The intestinal canal showed, except distended bloodvessels, nothing particular. On opening the stomach, a thick, white, frothy slime made its appearance, in which the mucous membrane of the stomach, which everywhere came off with the greatest facility, seemed to be, as it were, dissolved. An inflammation proper had not taken place. Near the pylorus a quantity of black, ink-like slime was found, which filled all the small and large intestines entirely, as far as the rectum.

This slime was washed off with difficulty, and gave out very strongly the mentioned odor. The rectum itself was void and contracted. The liver was bestrewn with red, inflamed spots; the gall bladder was full of green bile; kidneys and bladder were sound; the ventricles of the heart were filled with a polypus-like coagulum of blood. The serum, not only of the heart but also of the remaining organs, as liver and kidneys, had a violet hue. The heart was not inflamed; the lungs showed, some red spots excepted, nothing particular.

The small quantity of Tellurium which was at my disposal prevented me from making more experiments. Such experiments are, moreover rendered difficult by the circumstance that Tellurium cannot well be given in a suitable form.