

homœopathic *Materia Medica* by Noack and Trinks, we find the stitching pains of *Asafœtida* recorded in this way: "*stitching pains*, pricking or boring as with a dull instrument, frequently accompanied with accessory sensations; —paralytic, pinching, cramp-like, pressive, tensive, darting, drawing pains easily passing over into pains of a different character." Jahr, in his new complete hand-book, mentions the stitching pains of *Asafœtida* in the following fashion: "*Intermitting, pulsative*, or pressive, lancinating, or tearing pains, from within outwards, either modified by contact, or transmuted into pains of a different kind, etc." Investigating the symptoms of *Asafœtida* a little more closely, one will find that, the stitching pains, which occur *most frequently* in the internal and external parts, are generally *dull* and *intermitting*, most generally, however, *burning*, more rarely *pressive* and *tensive*, most rarely *drawing* and *tearing*, and they are all characterized by the peculiarity that the stitches are directed from *within outwards*. The symptoms in the list furnished by Franz, ought therefore to be completed by having this peculiarity added to them. If no stitches have been recorded of the nose, ears, lips, teeth, etc., we ought not to infer from this, that stitching pains in these parts, provided they are characterized by the peculiarities of the stitching pains of *Asafœtida*, and are accompanied by the other accessory symptoms, cannot be cured by *Asafœtida*; I have cured speedily and permanently, burning pricking tooth, ear, and face ache, coming on in paroxysms and being felt only from within outwards, and accompanied by all the other characteristic symptoms, or, at any rate, without being accompanied by symptoms which seemed to counter-indicate the *Asafœtida*.

The exacerbation and improvement of the symptoms according to *time, condition and position*, is still more correct than the difference of the sensation and external phenomena. Many, or perhaps even all the drugs exhibit, when tried, all their symptoms, corresponding, in a greater or less degree, to all the ordinary symptoms of pain with which we are

acquainted; but still if we were limited to the literal expression of those symptoms, we should frequently be at a loss to find the true homœopathic agent. In such cases, the characteristic peculiarities of the drug will lead us to determine the Homœopathicity in the case. If it be therefore of the greatest importance, to consider with the greatest care the conditions under which an exacerbation and improvement by the drug may take place—indeed no record of symptoms can be considered complete and sufficient to the proper selection of a drug, without those considerations being indicated with great precision—we have, on the other hand, frequently to supply those conditions, when they are not expressed, by means of the knowledge which we have gathered of the curative genius of the drug from the totality of its symptoms.

In completing and determining with more care the symptoms which the drug has yielded in proving it, we have especially to observe three points. The first point is, that certain drugs do not manifest all their symptoms at the same time, but some symptoms at one time, some at another. For example, the head and chest symptoms of *Amm. mur.* have their exacerbation in the morning, the abdominal symptoms in the afternoon, and the symptoms of the limbs, skin, together with the feverish symptoms in the evening. The second point is, that when a drug produces opposite symptoms, we have to consider with great care, which of the two ought to be considered an exacerbation. *Nux vomica*, for instance, has most of its exacerbations in the open air. That form of coryza which is characteristic of *Nux*, frequently becomes a violent fluent coryza in a room, and, in the open air, is immediately changed to a dry coryza which is not very troublesome; dry coryza, and a suppression of the secretions in general, belong to the principal primary symptoms of this valuable drug; fluent coryza, of itself, ought therefore to be considered as an alleviation of the symptoms. A third point, which ought especially to be considered, when several remedies compete in a case, is the careful investigation of the spe-

cial parts, not only the general parts of the body, but even of every subdivision, organ, etc. (including the special functions of the mind,) upon which every drug seems to have a special action; this investigation is very difficult in the case of a number of drugs, and can only be accomplished with ease after long practice.

It is in this and no other way—if I am not mistaken, and if my friend and teacher Hahnemann has shown me the true path—that the *Materia Medica Pura* ought to be read and studied; and not till the beginning practitioner shall have diligently gone through that preparation, will he be able to prescribe promptly, safely and homœopathically, without being obliged to spell the symptoms into a group, as the child does its letters. He will then be able to discover the differences and characteristic peculiarities of the antipsorics which seem to be so much like each other, precisely because they correspond to a vast number of diseases of a similar origin, and will not be obliged to choose a new remedy all the time, whereas it is so essential to let the antipsorics act a long while. He will then not be obliged to busy himself in hypotheses, and to consult such works as Noack and Trinks', full of sounding names for which the remedies are recommended, one remedy for a score of names; or finally, to experiment upon patients and to take an allopathic drug in the place of a properly selected homœopathic agent.

I have now come to the "third precaution" of the old experienced master, "to let every homœopathically selected drug act, until it shall have accomplished all it can."

"The third great mistake which the homœopathic physician cannot too carefully avoid in the treatment of chronic diseases, is the too hasty repetition of the dose. This haste is highly indiscreet. Superficial observers are very apt to suppose that a remedy, after having favorably acted for eight or ten days, can act no more; this delusion is strengthened by the supposition that the morbid symptoms had shown themselves again on such or such a day, if the dose had not been renewed.

"If the medicine which the patient has been ordered to take, produces a good effect in the first eight or ten days, this is a sure sign that the medicine is strictly homœopathic. If, under these circumstances, an aggravation should occur, the patient need not feel uneasy about it; the desired result will be ultimately obtained, though it may take twenty-four or thirty days. It takes forty and even fifty days before the medicine has completed its action. To give another remedy before the lapse of this period, would be the height of folly. Let no physician suppose that, as soon as the time fixed for the duration of the action of the remedy shall have elapsed, another remedy must at once be administered with a view of hastening the cure. This is contrary to experience. The surest and safest way of hastening the cure, is to let the medicine act as long as the improvement of the patient continues, were it even far beyond the period which is set down as the probable period of the duration of that action.* He who observes this rule with the greatest care, will be the most successful homœopathic practitioner. A new remedy should only be given when the other symptoms which had disappeared for a time, begin to appear again, and show a tendency to remain or to increase in intensity. Experience is the only arbiter in these matters, and, in my own long and extensive practice, it has already decided beyond the shadow of a doubt."

* * * * *

"Generally speaking, antipsoric remedies act the longer in chronic diseases, the more inveterate these diseases are; and *vice versa*, etc." Hahnemann continues in a note:

"It will be difficult to induce physicians to avoid the mistakes which have been censured in these paragraphs. My

* *Note by Hahnemann.* In a case of chronic head-ache and which appeared periodically, and where *Sepia* was the truly antipsoric remedy, and much relieved it in intensity and duration, I gave another dose of *Sepia* when it returned, which suspended the attack for one hundred days. It then returned slightly, another dose of *Sepia* became necessary—the patient remained then well in all respects and had no further trouble for seven years.

doctrines in regard to the magnitude and the repetition of the doses will be doubted for years, even by the greater number of homœopathic physicians. Their excuse will be, that it is quite difficult enough to believe that the minute homœopathic doses have all the power to act upon the disease, but that it is incredible that such small doses should be able to influence an inveterate chronic disease even for two or three, much less for forty or fifty days; yea, that, after so long a space of time, important results should be obtained from those imperceptible doses. My proposition, however, is not one of those which needs to be comprehended, nor one which ought to be blindly believed. No one is bound either to comprehend or believe that proposition; I do not comprehend it, but the facts speak for themselves. The truth of my proposition is demonstrated by experience, in which I have more faith than in my intelligence. Who will undertake to weigh the powers that nature conceals in her depths? Who will doubt of their existence? Who ever thought that the medicinal virtues of drugs could be developed in an infinite series of degrees by means of triturating and shaking the raw materials? Does the physician risk anything by imitating a method which I have adopted from long experience and observation? *Unless the physician imitates my method* he cannot expect to solve the highest problem of medical science, that of curing those important chronic diseases which have indeed remained uncured up to the time when I discovered their true character and proper treatment. This is all that I have to say on this subject. I have fulfilled a duty by communicating to the world the great truths which I have discovered. The world was sadly in need of them. If physicians do not carefully practice what I teach, let them not boast of being my followers, and, above all, let them not expect to be successful in their treatment."

Page 156 of the first volume of the *Chronic Diseases* we read the following words well worthy of our serious consideration: "The whole cure fails, if the antipsoric remedies which have been prescribed for the patient, are not permitted to act

uninterruptedly to the end. Even if the second antipsoric should have been selected with the greatest care, it cannot replace the loss which the rash haste of the physician has inflicted upon the patient. The benign action of the former remedy, which was about manifesting its most beautiful and most surprising results, is probably lost to the patient forever."

"The fundamental rule in treating chronic diseases, is this, to let the carefully selected homœopathic antipsoric act as long as it is capable of exercising a curative influence, and there is a visible improvement going on in the system. This rule is opposed to the hasty prescription of a new, or the immediate repetition of the same remedy."

Considering that these remarks of Hahnemann, whose eminent powers as an observer no one will deny, contain truths which many of his best disciples have confirmed by their own experience, it is inconceivable that the doctrines of the specifics should have found such ready belief with beginners, unfounded as they are, and unsupported by experience. Why do not the older disciples of Hahnemann raise their voices against works, where the first or third trituration of Calc. carb., Caust., Graph., etc. is recommended as the proper potency, and it is advised to repeat the dose once or twice a day? The special symptoms for which the drug is to be used, are indeed indicated in consonance with Hahnemann's own teachings, but the doses and the duration of the effect which he recommends are not pointed out. Why do those Homœopaths who have studied and practised Homœopathy for years, and might furnish an abundance of illustrations to substantiate the doctrines of Hahnemann, remain silent in the presence of the clamorous attempts of the specifics to substitute their own speculations in the place of the true inductive principles, and to support them by reports of cures which cannot by any means be considered as exemplary? I ask the gentlemen specifics, who once were Hahnemannians as well as others, upon their consciences, whether they now cure truly chronic diseases more success-

fully, speedily, and permanently, than they did at a time when they were yet practising under the banner of Hahnemann?

I have stated above that I too was carried away for a time by the torrent, and was induced to give larger and more frequently repeated doses. It behooves therefore that I should communicate to my readers two cures which interest me personally very deeply, and which, together with many other cures which my friend and teacher Hahnemann reported to me occasionally in his letters, led me back to the true path, and warned me effectually against the sophisms of his schismatic adherents.

(To be continued.)

THE ALTERNATION OF ACONITE AND BELLADONNA.*

BY AD. LIPPE, M. D., PHILADELPHIA, PA.

The characteristic symptoms of Aconite have already been brought before you, and will enable you to select and administer to advantage this much abused remedy. I will now proceed to caution you against the administration of Aconite and Belladonna in alternation, and I do so, because you will find this alternation recommended in the ordinary books on practice; you will also find cases recorded in which Aconite was administered in alternation with Belladonna, and when you see practitioners follow this mode of prescribing, giving as a reason, that it has been done by others, and quoting precedents, you might perhaps also fall into the same error. To enable you then to resist this wide-spread mongrelism, and to give your reasons for disapproval, and also to prepare you rationally and understandingly to combat this violation of

* A lecture delivered at the Homœopathic College of Pennsylvania, before the class of Oct. 14th, 1864.

our principles as well as of the fundamental rules of practice, we will first consider the error of alternating medicines in general, and then show in what particulars Aconite and Belladonna are similar or differ.

The question of alternating medicine has been brought before the profession from time to time, and but very lately an interesting paper "On the Alternation of Medicines" was read before the British Homœopathic Society by Dr. Drysdale, and published in the September number of the *Annals* of that society. As the paper expresses the opinion at present pendant among a large majority of the homœopathic physicians in England, we will here take occasion while considering this subject, to allude to it. The learned author of that paper, Dr. Drysdale, whilst saying that he does not give a preference to the plan of alternation, yet the bulk of said paper treats of the cases in which it is allowable. Without entering more fully on the fundamental ideas of Homœopathy upon which he bases his conclusions, and without here showing his misconception of Homœopathy and his false position, or questioning the admissibility of the authorities he quotes, taking the doubtful assertions of Trinks in preference to the sound and long accepted teachings of Hahnemann, we will deal with the question only as it should present itself to us as Homœopaths.

The alternation of medicines can occur in two different ways, *first an alternation a priori*, as for example the prescribing of Aconite and Belladonna in alternation, each remedy to be administered after a specified lapse of time, whether this time is numbered by minutes, hours or days is immaterial, the principle remains the same. Suppose then, that you are called upon to prescribe for a given case, and are, of course, believed to understand the homœopathic law of cure, the fundamental principles and practical rules left us by Hahnemann, and, acknowledged as the unerring guide, by all true Homœopaths and also to know the effects of the medicines, how can you ever be induced to violate one and all of the practical rules, and by prescribing two medicines in

alternation, give evidence of your want of accurate knowledge of the effects of either of them.

One of the great fundamental practical rules is, never to repeat the same remedy or give another medicine until the first dose administered has fully developed and exhausted its effects. *A priori* this knowledge is not in your possession. One dose of Aconite, for instance may develop and exhaust its effects in six, twelve, or twenty-four hours, or in one, two, three or more days or weeks, and in chronic cases may even act for a longer period of time; the symptoms then, according to which you have selected Aconite, although much diminished may not have entirely disappeared, but still they are certainly yet aconite symptoms, you must then repeat the same remedy Aconite, and probably with better results should a still smaller dose be given than the previous one. On the contrary, should the symptoms according to which you selected Aconite have disappeared, and others have shown themselves, in that case you have to take up a new, careful record of the symptoms, and select another remedy, again waiting for the effects of this second remedy, and neither repeating nor giving a new medicine until its effects are exhausted. This then is the only direct and reliable practice if we are guided by the practical rules. But, say the advocates of alternating medicines, in order that they may set aside these practical rules and the practice based on them, we can prove the correctness of our position by practical and clinical experience. We have cases reported by Dr. Cate* who brings forward inflammation of the mucous coat of the colon. When it extends to the peritoneal coat of the gut, he gives Mercurius corr. in alternation with Sulphur, corresponding to their specific action on their different tissues. Also in inflammation of the membranes of the brain threatening effusion, he finds Byronia alternated with Hellebore, more efficacious than either singly. In the analysis of Tessier's Pneumonia Cases by Dr. Bayes, we find several cases that improved rapidly under alternation of Phosphorus with

* We quote from the *Annals*, pages 376, 377 and 381.

Byronia, though the latter alone was not doing as much good as usual. Dr. Drysdale says of Dr. Cate's reported cases, "But this is already recognized in Homœopathy, without stepping into the doubtful regions of pathology." If then in the above cases the doubtful regions of pathology *do* not help us and *can* not help us to select any curative remedy, how can Homœopathy recognize such alternation based on nothing else than these acknowledged doubtful regions of pathology? Without in the least calling in question Dr. Cate's superior pathological knowledge and his ability to determine when the inflammation of the mucous coat of the colon extends to the peritoneal coat of the gut, or when the inflammation of the membranes of the brain *threaten* effusion, and without either calling in question Dr. Cate's superior knowledge of the specific action of remedies on different tissues irrespective of accompanying subjective symptoms; for argument's sake, considering the cases as he gives them, they do not in the least prove the correctness of the practice of alternating medicines. This practice never has been and never can be recognized by Homœopathy because medicines cannot be selected solely according to pathological indications, and if they could be so selected, no two distinct pathological conditions could be observed on one patient at the same time. Not only do Homœopaths treat only the sick and not diseases, but even the progressive allopathic schools have taught this great principle in practice for some time. But will you ask "how then do patients recover under this treatment by alternation?" Dr. Drysdale tells us "Upon the two principles—viz, the meeting of complications, and maintaining the susceptibility, rests the practice of alternation of medicines. And when used with circumspection, it is a practice that has proved useful, and developed the powers of Homœopathy." In every case we have to treat, we meet with complications, and what is generally understood under complications, are the unaccountable, often apparently small and trifling symptoms, not belonging strictly to the pathological condition present to the so-called disease, the class of symptoms that generally guide

us in the selection of the truly curative remedy; if we select a remedy according to these symptoms, there will be no need of maintaining the susceptibility. If, furthermore, we must use circumspection should this practice prove useful, we are much afraid that between the doubtful regions of pathology as a guide, and circumspection as a landmark, we shall lose our way; I would advise you once for all, to hold fast to certain fundamental rules laid down by Hahnemann, and guard against unmeaning phrases, which, with all circumspection, will lead you into doubtful regions. If a patient recovers under the treatment by alternate medicines, it is to be supposed that one of the medicines was homœopathic to the case, that the frequent repetition would have done more harm and protracted the recovery, had not the alternated remedy, being similar and therefore an antidote in that capacity, suspended and modified the action of the oft-repeated medicine.

As no two morbid states can exist in the animal organism, whether they are similar or dissimilar, without either the recent morbid condition silencing, at least for a time, the former morbid state or uniting itself with it, forming a double-headed monster, so can never any two medicines develop their effects separately on the healthy or on the diseased animal organism, without necessarily interfering and interrupting the action of both or at least of one. The knowledge of the effects of medicines is based upon the provings of drugs, and if so, who can ever have thought of proving two drugs on one and the same person, at one and the same time? As, for instance, Aconite and Belladonna. Aconite to be given and allowed to act, say for twelve hours, then Belladonna to be given and also allowed to act for twelve hours, and so they are given alternately, and what will be the result of this medication duetto? Will it end in a harmonious solution of the questions we asked of nature, viz.: how do Aconite and Belladonna effect the human organism? If the healthy organism will not give a satisfactory answer to our question, which it could only do if the two medicines did not interfere with each

other and the development of the altered sensations of each respectively; how much less can we suppose that the organism when effected by disease, will, under the double action of alternate medicines, respond and be beneficially affected by them? As two medicines cannot be proved at the same time in alternation on the same person, and as two distinct diseases cannot exist in the same person at the same time, so cannot two medicines administered in alternation affect the diseased organism beneficially.

Secondly. An alternation *a posteriori*, may be good practice in some few and rare cases, and in those, you will find that after the effects of the first dose of a well selected remedy have been exhausted, the patient may be quite in a different condition; and then after selecting another remedy and its effects being exhausted, you may find again, all the symptoms for which you prescribed it, have disappeared, and the case presenting precisely the same symptoms for which the first remedy was given, with the difference that they may not be quite so intense, then, of course, you return to the first remedy; if, when its action is exhausted, you again find the same symptoms, though most likely less severe than you found them before, when you selected the second remedy; you will give it again, and so continue as long as recurring circumstances require it and till your patient recovers. To fortify his position, *i. e.*, that alternation of medicines *a priori* is admissible, Dr. Drysdale quotes a case related by Dr. Hering and cured by alternate doses of Ignatia and Ruta because a liver-complaint and a jaundice both were present; the inference from this statement would be, that the two distinct diseases were present and demanded the alternation of the two medicines, one for each disease. The fact is this, Dr. Hering relates in the third part of *Archive*, vol. xiii, p. 68: "A very short time after I first became acquainted with Homœopathy in 1822, I cured permanently, in a few weeks, a patient attacked with jaundice and liver diseases, by giving every third or fourth day the tincture of Ruta and Ignatia". In this case Ignatia was first indicated by the symptoms of

jaundice, the patient, a lady, had suffered much from grief, and they disappeared under Ignatia, but other liver symptoms then appearing, Ruta was indicated and removed them, but the jaundice returning Ignatia was again given, and so the two medicines were taken in alternation, not for two distinct diseases, but for two distinctly different complexity of symptoms of one and the same disease of one patient. In 1822, very few remedies were proved, Dr. Hering had just become acquainted with Homœopathy and he relates this case as one of alternation and success; the practice of alternating medicines was then scarcely spoken of. Dr. Hering could not have given in this case, Lachesis, which he did not prove until 1833 and was therefore unknown to him in 1822. This is a case of alternating *a posteriori*, and does not sustain Dr. Drysdale in his efforts to uphold that mongrelism. The quotation of this case does not give color to the habitual practice of alternation common to most physicians calling themselves Homœopaths in England, and we must be allowed to draw the inference from this quotation, and their habits of alternating, that the author and those who sustain him are ignorant of progressive Homœopathy and are unaware of all the developments following the fundamental ideas since the year 1822; in fact the advocates of indiscriminate alternations of medicines, give full evidence of their lack of knowledge of our Materia Medica and refute the fundamental principles of the school to which they claim to belong. The appeal of this faction, to statements made in 1822, when Homœopathy was in its infancy, are only applied to suit their faction's retrogressive assertions, and not to accept the fundamental ideas on which the homœopathic practice was based then and has developed itself progressively and is still developing new truths. To quote what, since 1822, has been unsaid by the same witness, to accept his passing remark while he had but just become acquainted with Homœopathy, but ignore what he has said during the forty-two subsequent years, is to say the least, a deplorable resort to perversion and misrepresentation of our cause.

If it even admitted that the alternation *a posteriori*, is at times, but very seldom, admissible, it will also be acknowledged that this only allowable alternation proves that we have not chosen the only curative remedy for the patient; and we have not chosen it because it was not known to us, and it certainly might *not* have been known to us as our *Materia Medica* is far from being complete. The alternation of Medicines can never be excused on the plea that two distinct diseases existed which can never take place; it is in contradiction with true homœopathic practice as we have nothing to do with diseases or forms of diseases or pathological conditions, as indicating the curative medicine, we have but one patient who is sick, and we prescribe for the patient, not for the disease.

(To be continued.)

LACHESIS.*

BY L. M. KENYON, M. D., BUFFALO, N. Y.

Having been where I have not seen the REVIEW for two years past, and lately come in possession of the back numbers, I have noticed the discussion which has been carried on in some of its numbers regarding Lachesis, and if I am not too late, would like to add my mite in favor of this potent remedy. I will do so by detailing the following case, which I take from my note-book, dated Oct. 1850, simply premising that, up to this time I had never given a remedy above the eighteenth potency, and very seldom as high as that.

Mrs. O. aged 48 years, bilious, nervous temperament, has for many years, every spring and fall, had acute pneumonia, always been under allopathic treatment, and by a physician of the old heroic school, generally salivated, always bled,

* Read before the Erie County Homœopathic Medical Society, October 12th, 1864.

blistered, and purged, and is now a perfect wreck of her former self. I hardly find an ache or pain that human flesh is heir to, that she does not have. She now resorts to Homœopathy, at the earnest entreaty of friends, in hopes she may escape her usual fall attack. The more prominent symptoms requiring immediate attention at the present time, are as follows:

No sleep until after midnight, and frequently until daylight, great despondency and sadness, weakness of memory, headache when in the sun, with glimmering of eyes, swollen and easily bleeding gums, sore throat with sensation of fullness, or as of a plug in the throat, tonsils enlarged, constant dryness of throat, frequent entire loss of voice, burning pain in region of left ovary, menstruation irregular for ten months past, sometimes in twenty days, then passing by six to seven weeks, corrosive acrid leucorrhœa for ten days after menstruation. Every thing sours on the stomach, heartburn almost incessantly, violent pressing, burning pain in the top of the head, from within outwards, constant dry hacking cough, palpitation of heart from slightest causes, exercise or emotions, almost uniform constipation of bowels, coldness of limbs below elbows and knees.

This was the picture presented to my view, and in a patient who had been told by her family physician in whom she had trusted for over twenty years, that she would not probably live through another winter. After a careful investigation of her case, I selected and left her a few doses of *Lachesis*.

In the course of two hours I was sent for in great haste, to see my patient, and found that within half an hour after taking the first dose, she was taken with violent chill, more of a nervous shuddering, than chill, yet the skin was covered, even where she was warmly clothed, with the *cutis anserina*, great oppression of the chest, violent palpitation of heart, beats irregular and intermittent, pulse small, weak and tremulous, entire loss of voice, sensation of throat being entirely filled up, face livid, or almost purple, head confused, slightly delirious, tongue and fauces red and dry.

I was not disposed to give *Lachesis* credit for this entire condition, but administered *Belladonna*, which in a few hours gave her relief. From this time, for several days other remedies were given, with no perceptible effect, except that under the action of Sulphur¹⁸, she would rest quietly all night. Sulphur, of course, became a favorite remedy with her.

After reviewing the whole case again, I concluded to give one dose of *Lachesis*¹⁹, which was the ultimatum of high potencies with me at that time, and ten days after the former dose, I gave the one dose. In half an hour or less, almost precisely the same condition as followed its former administration, ensued. *Belladonna*, as before relieved her, and in fourteen days, I gave again *Lachesis*²⁰, three globules and to my utter astonishment with the same result, only that the symptoms were more severe and urgent in their character. I could of course, doubt no longer that the remedy had aggravated the case, and having firm faith in our law of cure, determined to test the matter thoroughly. The aggravation was allowed to pass off under the administration of *Sac lac.*, and she continued to improve for about a month, during which time I had obtained *Lach.*²⁰⁰ (Jennichen's). She had vowed she would never take the remedy again knowingly. I gave her three globules of *Lachesis*²⁰⁰ at bed time, at the time remarking, that I was very anxious she should sleep that night, so I believed I would give her a single dose of Sulphur. She expressed gratification because she always slept so well under that remedy.

When I went in the next morning, I found her speechless; but she wrote on a slate, "You thought you were going to cheat me finely last night, didn't you, but I knew in less than fifteen minutes after taking the dose that it was *Lachesis*." The aggravation was not as severe, producing only slight oppression of breathing, some dryness of throat and hacking cough, with loss of voice; no chill or palpitation of heart. This dose was allowed to act without interference, and a rapid improvement was the result, and with the repetition of