

be snatched from the clutches of death by means of its aid, whereas the most distinguished allopathic physicians had given me up. There were no homœopathic physicians in my place of residence. The allopathic physicians showed a decisive and persevering repugnance to the new art, of which they understood nothing; so that, after having made repeated attempts to induce one of our resident allopathic physicians to study the new doctrine, nothing was left to me, except to devote all my leisure hours to the study of that great science. I had indeed prepared myself for that business by studying with great care the natural sciences and even the old system of medicine.

The time was approaching when my son was to frequent the university. I had given him a few remedies of short action by way of experiment; but inasmuch as they remained without success, the affection was still the same, and I had become convinced that the cure of my son could not be accomplished without subjecting him to a careful and persevering treatment; I determined to postpone the treatment until he should have returned to his family, and I should have so far acquainted myself with Homœopathy as to be able to conduct the treatment without making mistakes.

When this period had arrived, the doctrine of the large and oft-repeated doses had invaded Germany. It was a misfortune for the country, and I too had become its victim. I gave my son Phos., which was the specific in this case, a dose of a lower attenuation every eight days. But although this drug corresponded perfectly to all the symptoms, yet the large doses had not only no effect, but produced even considerable exacerbations and artificial symptoms, with which my son had never before suffered. I may point to the following symptoms, contained in the second edition.* Sadness in twilight, some evenings in succession, at the same hour. Frequently recurring attacks of slight anguish, as if she were sorry for something. *Apprehensiveness as if misfortune*

* Hahnemann's *Chronic Diseases*—Phosphorus.

would happen. Anguish, without knowing why. Out of humor; men and noise especially are repulsive to him. *Slow ideas; emptiness of mind. Obtusion and heaviness in the fore part of the head, which inclines to bend forwards; diminished in the open air, and by knitting the brow, returning in the room and when stooping. Early in the morning when rising, he is unable to collect his senses; his head feels giddy, heavy and painful, as if his head had been lying low in the night.* Feeling of vertigo in the afternoon, as if the chair upon which he was sitting were much higher, and as if he were looking down from a height, followed by a hypochondriac mood, with drowsiness and weakness, until nine o'clock in the evening. Headache early in the morning, recurring when beginning to walk, and during other slight movements. *A number of scales on the hairy scalp, which occasionally itch.* The eyes run easily in the open air. Clots of hardened mucus in the nose. Dryness of the lips and palate, without thirst. Dryness in the mouth, with very cold feet. *Want of appetite, no hunger; eating is entirely indifferent to him; he would not eat but for the hour of the meal having arrived; he neither relishes food nor drink; the aliments he takes have too little taste, they almost taste alike; spirituous drinks taste like water, and he has lost his usual desire for smoking.* Pressure on the chest, and shorter breath after a meal. Oppressed breathing after the slightest meal. Difficult stool. *Stool feels hot during the passage.* Protrusion of varices during stool, painfully burning when touching them. *Much desire for stool and micturition.* The emission of urine is aggravated by a dull pain in the abdomen, early in the morning when in bed, preventing him from emitting the urine to the last drop; after a short pause, he constantly felt a new desire to emit urine, when only a little was passed, and drop by drop. Emission of urine when coughing, a few drops. The urine has a strong ammoniacal odor, becomes turbid and deposits a white-yellow sediment. Erections in the day-time and during the night. Nightly pollution, without any lascivious dream. Frequent sneezing. Water runs

out of the nose in the open air, without any mucus. Frequent alternation of fluent and dry coryza. Hollow, generally dry cough, with pressure in the pit of the stomach which hinders sleep all night. *Cough, causing a colic so that she is obliged to hold her abdomen, from pain. Fatiguing cough, bringing on an expectoration of tenacious mucus. Cough, with expulsion of flocculi of pus, with burning behind the sternum, as if the parts were raw. Arrest of breathing, when walking fast. Difficult breathing in the evening, in bed. Shortness of breath and vertigo. Sensation across the chest as if the clothes were too tight. Spasm in the chest, constricting the chest for several days in succession.* Spasm in the calf. Icy cold feet, which do not even get warm in bed. When crossing the legs, the left foot goes to sleep. He feels better in the open air. *Heaviness of mind and body.* Walking fatigues him a good deal. At night, he is not able to rest except on the right side. *Spasm of the chest at night; he imagines he will suffocate.* Restless sleep, with dreaming and tossing about, with anguish in the whole body when waking. At night he lies on his back, with his left hand under his head. In the morning he feels as if he had not slept enough. *Stretching the limbs and expanding the chest, early in the morning, when in bed.* Throbbing of the carotids." Before he took the Phosphorus, the chest-symptoms did either not exist at all, or but very slightly during the attacks; now they continued almost uninterruptedly.

I was indiscreet enough to continue my treatment for two months; then only did I perceive the great error into which I had fallen. What bitter repentance might have been spared to me, if I had been warned by a faithful friend. The illness of my son had been made much worse by my fault, and it is perhaps owing to the increased frequency and violence of the attacks, which overwhelmed my mind with anguish, that I so soon discovered my mistake. May kind Providence preserve every Homœopathician from the remorse I suffered during the period of my transgression! Would

that I had had more confidence in my never-to-be-forgotten friend and teacher, Hahnemann, with whose doctrines and principles I was fully acquainted, but whom I did not dare to inform of my sins, lest I should have to blush in his sight.

The first question now was to repair the injury which had been inflicted. Repeated doses of Coffea, Nux, Ipecac., Chin., Verat., and Ars., did something, but very little after all, towards effecting that result; many months elapsed before all the accessory symptoms which had never existed previous to the administration of Phosphorus, had disappeared, and the original asthma had resumed its former appearance.

When this condition of things had set in, I left my son without any medicine for three months in succession. The treatment was recommenced after the lapse of this period with a small dose of Sulphur^o, acting four weeks, and a dose of Nux^o, acting a fortnight. I then took another record of the symptoms and found it to concord perfectly with the one which I had taken a year previous. This was a sure sign not only that Phosphorus was still indicated, but also that the repeatedly given large doses of that drug had availed nothing. Not without fear of producing too great an exacerbation, and with trembling, I gave to my son, shortly after a new attack of the asthma, Phosphorus^o.* The result showed that my apprehensions were not unfounded. Five days after the administration of the drug, a violent paroxysm of the original sufferings set in again, accompanied by the re-appearance of all those symptoms which are printed in italics. However, this homœopathic exacerbation only lasted a short while; shortly after it was followed by a visible improvement, progressing for upwards of three months, with only a few slight interruptions, and with constant decrease of the ordinary asthmatic fits.

* I always give two pellets, not because I deem one pellet insufficient, but because it may happen that when a number of pellets are saturated together, one pellet may remain unmedicated. B.

Phosphorus, which had inflicted such great injuries upon my son on account of having been administered in too large doses—although infinitely small compared to the doses of the old school—proved nevertheless the only true homœopathic drug, and showed the truth of what the father of Homœopathy teaches in the first volume of his work on chronic diseases.

Phosphorus remained the specific in the case of my son until the termination of the treatment. It was administered in very small doses, one every three or four months, with occasionally an intermediate dose of Nux v. and Hep. s., highest potency. In one year and a half my son's affection, for which Allopathy could do absolutely nothing, was so completely and permanently cured, that not even the remotest trace can be discovered of it. He is now able to undergo every exertion, journeys on foot, hunting, dancing, etc., he may become hot or may catch cold, he may drink a glass of wine in addition to his usual allowance, without suffering from it in the least, although formerly the slightest exposure and irregularity would bring on the asthma. Even the characteristic appearance of asthmatic persons, sunken chest, drawn-up shoulders, stooping with the upper part of the body, etc., had disappeared so entirely during the treatment, that none of those who had seen him before, can realize that he should have suffered with such a severe affection in his former years.

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This may suffice to show the unprejudiced reader that it is not without some good reason that I cling to the three precautionary rules of the experienced master of Homœopathy. Posterity will decide whether the opponents of true Homœopathy, especially the specificals, have as good reasons to reject, as the true disciples of Hahnemann have to cling to his rules of practice. One thing is evident, that there is not the slightest reason why we, the conscientious and faithful followers of the original doctrines of our great teacher, should be persecuted on that account with derision and scorn, and

should be required to side with the schismatics, before they have demonstrated and substantiated the superiority of their wisdom. We have as perfect a right to show the weak points of our antagonists, as they have to attack us; we have a right to demand facts in the place of bold assertions, and not to take any notice of insulting jests or impertinent personalities as long as they are offered in the place of argument. On the other hand, we shall never shun an open and manly fight for Truth; for it always triumphs against opponents, and we know that it is on our side. May the champions of the true homœopathic art never forget the motto of our old master: "Aude sapere!" [A. L.]

THE ALTERNATION OF ACONITE AND BELLADONNA.

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

(Concluded from page 269.)

The practice of administering medicines in alternation is wrong, but to alternate Aconite and Belladonna is simply ridiculous, and to substantiate this assertion let us now investigate in what particulars these two remedies are similar and in what they differ, and when you know these differences which, in some instances as under fever, become opposites, it will be an easy task to decide which of the two medicines is homœopathic in a given case; you will not remain in doubt, nor hesitate, and above all you will never alternate.

We begin with the mental symptoms and follow the arrangement of symptoms adopted in our *Materia Medica* by Hahnemann.

Mind and Disposition.—Aconite has inconsolable anxiety with a restless nervousness and tossing about.

Belladonna has unconsciousness, the person does not hear or see any one.

Aconite and Belladonna have both delirium.

The Aconite delirium is worse at night and has the character of ecstasy.

The Belladonna delirium is of a violent nature with great loquacity, violence, beating, raving, tearing of objects, spitting. Belladonna has also visions as soon as the eyes are closed.

Aconite has prediction of the time of death.

Belladonna has great cunning, forgetfulness or vehement talking.

Aconite has giddiness when rising to sit up, with vanishings of visions.

Belladonna has giddiness as if on a swing, or vertigo with unconscious falling down.

Head.—Both have congestion to the head with red face.

Aconite has heat in the head with perspiration of the head and red face.

Belladonna has heat in the head with congestion of blood to the head and pulsation of the arteries.

Aconite has fullness and heaviness in the forehead.

Belladonna has stupefying headache in the forehead with congestion of blood to the head and unconsciousness.

Aconite has more pain on the left side of the head.

Belladonna has more pain on the right side of the head.

Aconite has headache which is better when lying quiet, worse when raising the head or moving.

Belladonna has headache which is better when sitting up and worse when lying down.

Aconite has sensation of the brain as if moving to and fro.

Belladonna has boring with the head in the pillow.

Eyes.—Both have photophobia and photomania.

Both have inflammation of the eyes, but,

Aconite has inflammation with the eyes protruding and insufferable pain.

Belladonna has heat in the eyes with redness and swelling of the conjunctiva, with the eyelids turned over.

Both have dilated pupils, but those of Belladonna are immovable.

Aconite has inflammatory swelling of the eyelids.

Belladonna has bleeding of the eyelids.

Belladonna has further, a wild, staring look, sparkling, red, glassy eyes, and momentary loss of sight, especially when rising up in bed; and also paralysis of the optic nerve, all symptoms which Aconite has not.

Face.—Aconite has a red face.

Belladonna also, but with burning heat of the face.

Aconite has a pale face, especially when lifting the head up.

Belladonna has fair, bluish red (purple) and bloated face—puffiness of the face.

Aconite has dry lips which peel off.

Belladonna has cracked, bleeding lips, and hard swelling of the upper lip.

Aconite has perspiration on the side of the face on which he rests.

Belladonna has erysipelas of the face, also violent cutting pain in the face.

Teeth.—Aconite has pulsating toothache.

Belladonna has violent toothache aggravated by eating.

Mouth.—Both have dryness of the mouth and inflammation with dark redness of the throat; the Belladonna dryness is often without thirst.

Both have pricking in the throat during deglutition, but Aconite has the same pricking when coughing.

Aconite has tingling in the throat.

Belladonna has sensation of constriction with desire to swallow, and when not swallowing; tearing, cutting in the throat, also swelling and sudden suppuration of the tonsils.

Aconite has white coated tongue.

Belladonna has a red tongue or tongue coated with mucus, or inflamed and swollen, preventing speech.

Appetite and taste.—Both have aversion to food.

Belladonna has lost taste.

Aconite has more violent thirst than Belladonna which has either hasty drinking with trembling or aversion to drink, even when burning thirst and dry throat are present.

Aconite has bitter taste of all food and drink, except water.

Belladonna has sour taste of bread.

Gastric symptoms.—Aconite has vomiting of bloody mucus.

Belladonna has vomiting of pure mucus or acid vomiting.

Aconite has vomiting of what has been drunk.

Belladonna has vomiting of bile and also empty retching.

Stomach.—Aconite has tensive, pressing pain, as from weight in the abdomen.

Belladonna has swelling of the pit of the stomach.

Abdomen.—Both have swelling of the abdomen with tympanitis, and sensitiveness of the abdomen to the touch, but Belladonna alone has painful clawing and tearing in the abdomen. Both have colic from flatulency, but under Belladonna the colon transversum is considerably inflated, is palpable to the touch, and the pain is relieved by stooping and external pressure.

Stool.—Aconite has white evacuations.

Belladonna has green evacuations.

Aconite has small evacuations with straining.

Belladonna has involuntary evacuations.

Urine.—Both have suppression of the urinary secretions.

Aconite has anxious urging to urinate.

Belladonna has involuntary discharges of urine.

Both have diminished red and fiery urine, but Aconite has also increased secretion of urine with very frequent micturition and much thirst.

Respiration.—Both have frequent and short breathing.

Aconite has it especially when rising from a recumbent posture and while asleep.

Belladonna has it with great laboring of the chest.

Aconite has constrictions of the chest.

Belladonna has sensation of a heavy weight on the chest.

Cough.—Aconite has dry short cough.

Belladonna has dry, hacking cough, during the night.

Aconite has expectoration of blood, or blood-streaked, of a thick, white substance.

Belladonna has very little expectoration except in the morning after rising, when a thick substance like pus, is coughed up.

Aconite has stitches in the chest when coughing.

Belladonna has stitches in the lumbar region, when coughing.

Aconite has cough caused by smoking tobacco.

Belladonna has cough caused by the least motion in bed at night, it has also sneezing after coughing.

Chest.—Aconite has stitches in the chest aggravated by breathing, coughing, and motion, even by lifting up the arms.

Belladonna has congestion to the chest, with pulsation in it.

Aconite has a hollow voice.

Belladonna has aphonia.

Aconite has palpitation of the heart, with anxiety.

Belladonna has violent palpitation of the heart reverberating in the head.

Belladonna has also inflammation and swelling of the mammae.

Back and neck.—Both have a stiff neck, but that of Belladonna is accompanied by swelling of the throat and neck.

Aconite has tingling in the back.

Belladonna has distended arteries of the neck (pulsation of the carotid arteries) also an acid smell from the perspiration of the neck and swollen glands of the neck.

Upper extremities.—Aconite has tingling of the fingers.

Belladonna has twitching in the hands.

Aconite has hot hands and cold feet.

Belladonna has cold hands and feet.

Lower extremities.—Aconite has loss of power of the hip and knee joint, (generally on the left side).

Belladonna has stitches in the hip joint (generally in the right), worse at night and when touched.

Skin.—Both have dry, burning skin.

Belladonna has alternate paleness and redness of the skin.

Aconite has burning hot swelling of the affected parts.

Belladonna has smooth, shining, scarlet redness, not circumscribed, with dryness, burning, and swelling.

Aconite has miliary scarlet eruption.

Belladonna has painful exanthema.

Sleep.—Aconite has sleeplessness from anxiety, and continuous tossing about.

Belladonna has deep stupor like sleep.

Aconite has sleeplessness and delirium with closed eyes.

Belladonna has sleeplessness from visions passing before the eyes as soon as they are closed.

Both have starting from sleep.

Fever.—Aconite has great restlessness.

Belladonna has great indifference, low-spiritedness.

Aconite has agonizing tossing about, cannot be calm.

Belladonna has boisterous disposition—full of rage.

Aconite has fear of ghosts.

Belladonna has desire to flee.

Aconite has a full, hard, accelerated, sometimes intermitting pulse, and occasionally, a slow, small, thread-like pulse.

Belladonna has a quick, full, hard and tense pulse, and occasionally, a small and soft, seldom slow, but when so, a full pulse.

Aconite has sensation of coldness in the blood-vessels.

Belladonna has pulsation of the carotid and temporal arteries.

Aconite has at the commencement of the disease, chilliness most violent in the evening after lying down, often with one hot cheek, and contracted pupils.

Belladonna has chilliness in the evening, mostly in the extremities, with hot head, also cold extremities with hot head.

Aconite has chilliness from being uncovered and being touched.

Belladonna has chilliness when moving.

Aconite has external chill with internal heat, anxiety with red cheeks.

Belladonna has internal chilliness with external heat.

Aconite has shuddering which runs from the feet up to the chest.

Belladonna has shudders which run down the back.

Aconite has dry burning heat, mostly extending from the head and face, with much thirst for cold drink.

Belladonna has dry, burning heat, with perspiration only on the head.

Aconite has heat, with agonizing tossing about.

Belladonna has heat with stupor, or heat with hot head, red face, and delirium.

Aconite has continuous external heat, with desire to be uncovered.

Belladonna has hot forehead with cold cheeks.

Aconite has burning heat with chilliness at the same time.

Belladonna has internal or external heat, or both at the same time.

Aconite has long, lasting perspiration over the whole body, smelling sour.

Belladonna has perspiration while asleep, day and night, the perspiration begins at the feet and ascends.

Aconite has most perspiration on the covered parts.

Belladonna has perspiration only of the covered parts.

Generalities.—Aconite affects the left side more than the right side.

Belladonna affects the right side more than the left side.

Aconite has pains which are insupportable.

Belladonna has over-sensitiveness of all the senses.

Aconite has great and sudden sinking of strength.

Belladonna has congestions to various parts.

Aconite has diminution of almost all pains while sitting still, but at night and while in bed, it is unendurable.

Belladonna has aggravation and renewal of the attacks, from the least touch and motion.

LITHIUM CARBONICUM.

BY T. C. FANNING, M. D., TARRYTOWN, N. Y.

Miss —, aged about 26 years, with brown hair, quick nervous temperament and rather thin in flesh, called on me June 29th, 1863, and gave the following history: about two years ago, took cold by getting wet feet, affecting the right kidney and bladder; the trouble soon subsided, however, to be renewed with every new cold until last August (1862), when it became permanent.

In November, 1862, went to the Woman's Hospital, Madison Avenue, and remained there three months. The first operation here was for contraction and curvature of the cervix uteri, which resulted in inflammation of the parts and complete amenorrhœa. Failing here they turned their attention to the bladder and first used injections of *Ferri per sulphur* which stopped the discharges of blood, which for four months previously had followed urination. Applications of Chromic acid and Glycerine were made to the inflamed os uteri. Blisters were applied over the right kidney, and a seton was established over the right ovary. "Every thing had not yet been done" however for the poor patient; but, alas, she was mortal, her strength was failing and it was feared would not suffice to sustain her through an operation which had been successfully performed in other cases, and would certainly cure her bladder which was still inflamed and ulcerated near the cervix. The operation proposed was to make a vesico-vaginal fistula, then cure the ulceration and inflammation, and then cure the fistula. She was advised to leave the hospital and return when her general health should be sufficiently re-established to justify the operation. She left Madison Avenue in February, and in March went to St. Luke's Hospital. Here Dr. — made a vaginal examination, and condemned the operation which had been performed; said there was a tumefaction on the right side (ovary?), which ought to be reduced; tried to pass the sound

but could not; thought there was occlusion of the os internum, and that nothing could be done for her until she should be stronger; did not examine the bladder.

She left St. Luke's in May and, confessedly faithless, at the solicitations of friends, applied to me June 19th. I made no vaginal examination (a procedure which I always avoid, if possible), but elicited the following symptoms:

Soreness of bladder and feeling as if a sharp instrument had been thrust into the neck of the bladder in micturition. Once in two or three weeks a discharge of yellowish matter with each evacuation of the bladder for twenty-four hours, and micturition is then particularly painful. Feeling of soreness at cervix vesicæ, especially on right side. Urination every half to one-and-a-half hours. Sometimes pain in right kidney, removed by warmth to feet and back. Urine turbid. Great pain in the bladder attended with afternoon fever, which lasts until she goes to bed and subsides with profuse sweat, especially on the back. Aching, apparently in cervix uteri about every two weeks, lasting three or four days, relieved by lying with right thigh flexed, in which position she always sleeps now. Inability to lie on right side on account of pain in the right iliac region, low down. Menstruation reappeared about five weeks ago for the first time since the operation at the Woman's Hospital, lasting (as usual) seven days. Flow dark, very offensive, sometimes clotted (not so last time), acrid (last time only) preceded by pain in back, uneasiness and inability to sleep, and aggravation of pain and aching in the bladder (and ovary?), attended by the same with nausea. Occasional slight leucorrhœa. General weakness. Decided mental depression; hopeless as to relief from her sufferings.

On comparing these symptoms with the following, contained in the proving of *Lithium carb.* (REVIEW, vol. iv., p. 9), the applicability of that drug will readily be perceived:

1. Disposition to weep about his lonesome condition.
2. The whole night, anxiety and feeling of helplessness.

106. Violent pain transversely in the abdomen in the upper part of the vesical region.

125. Restlessness in the region of the kidneys.
127. Sensitive pain, sharp pressure in the vesical region, more on the right side; about ten minutes after passing water.
129. Pain in the region of the neck of the bladder on the right.
138. Frequent urination.
141. Urination painful.
148. Turbid urine with much mucous deposit.
150. Urine more scanty and dark, very acrid; it pains when being passed, like lye upon an irritable surface.
153. *Very frequent urination, disturbing in sleep.
164. The menses are three or four days later and diminished.
165. When taken before the menses, the symptoms were most violent on the left side; when taken after the menses on the right side.
231. Prostration of the whole body, especially in the knee-joints and sacrum.
251. Very copious sweat.
252. Sweat on the back of the hands.
- July 4th. Menses appeared again yesterday (after six weeks), flow dark with bright clots, and the aching was relieved by it. Gave Lithium carb., to be dissolved in half a tumbler of water, and a spoonful taken three times daily after the cessation of the menses.
- 13th. Better; can retain water three or four hours; less pain and soreness. Appetite better and feels stronger.
- 30th. Continued to improve till July 25th, when she took cold and again passed what seemed to be matter, and since then there had been more burning and pain in the bladder. Water now clear and passed about four times daily. Gave Ignatia³⁰⁰ to be taken every third hour.
- August 1st. Better; burning about gone, some pain still. Lithium once daily.
- 6th. Still better; burning all gone; pain only momentary in passing water. Spirits good. Sleeps well, only rising twice to micturate.

September 17th. Has menstruated regularly, three or four days late, and without pain in back, for the first time in more than two years. For three weeks past has suffered much from soreness at the cervix vesicæ, right side, especially when walking, going *down* stairs or lying on right side. Urine has a slight deposit (purulent?). Suspecting that the Lithium might have been continued too long, I now gave Sach. lact.

28th. For past two days has been decidedly better; last night lay for the most of the night on the right side only, rising once to urinate and only once the night before. Urine clear.

The above is the last entry in my note book in regard to this case. In November, Miss — went to New York to remain for the winter, and while there consulted another physician who, to my application for information respecting the case, makes the following reply:

“Miss — came under my care November 21st, 1863. Her symptoms indicated inflammation of the urethra, in which I discovered a polypus at the meatus. I removed it with a ligature and she was much relieved in three days. The uterus was enlarged and prolapsed, ulcerated at the os, showing where Dr. Simms had scarified it severely, which scarifications had not healed. The case passed from under my hands before the uterus was perfectly cured.”

As a summing up of the case, so far as it was under my care, I may say that the very speedy improvement following the administration of the remedy leaves no room for doubt as to its beneficial effect; but in consequence of the removal of the patient, there is an uncertainty as to the extent and permanency of its action in the case. I think I have good reason, however, to believe that Lithium cured the ovarian inflammation, including dysmenorrhœa and the trouble remaining in the right kidney, and so far relieved the vesical difficulty that the patient regained her usual appetite and spirits, and was able to enjoy life which, before taking the remedy, had been only a source of continual agony for months and from which she longed to be relieved by death, if