

THE HOMŒOPATHICIAN.*

[The question "Who is a Homœopathician," has been discussed in our pages during the past year. Nowhere have we seen so clear, eloquent and liberal a statement as the following, to which we would gladly give the widest currency.—Eds.]

We have shown how Homœopathy was developed, what belongs to it essentially, and what therefore, belongs also indispensably to the Homœopathician. As all things have some characteristics by which we can know and discern them from all other things, we will endeavor to point out clearly, distinctly, and strongly, the characteristics of the Homœopathician and the non-Homœopathician, to which latter class belong of course all those who are not of the first-mentioned class, no matter by what name they call themselves.

A Homœopathician speaks with the highest veneration of Hahnemann, of his writings, acquirements, genius and honest uprightnes; of his superior gift of observation, and success in applying his new method of cure with far better results than his pupils through his most intimate knowledge of the *Materia Medica* which he created. The older the student the more he admires the genius of the master, for he knows him better and trusts him more the longer he associates himself with his writings, gradually becoming identified and enabled to follow him by experiment.

The non-Homœopathist speaks disdainfully of Hahnemann; he calls him a man of straw, a visionary; declares him unreliable in his observations, his *Materia Medica* a mass of chaff, perfectly useless unless well sifted; his system he terms unscientific and ridiculous, in need of being modi-

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fied, remodeled, or exploded. The less he knows of it the more fault he finds with it.

The Homœopathician treats the patient.

The non-Homœopathist treats diseases by their names.

The Homœopathician makes Pathology and all other collateral branches of the science of medicine subservient to the law of cure.

The non-Homœopathist makes the law of cure subservient to Pathology, and vainly looks for specifics in specific diseases; as for instance: China for intermittent fever, *Crotalus* for yellow fever, Iodide of Mercury for diphtheria, etc.

The Homœopathician administers one dose of medicine at a time, and never repeats that medicine or gives another until this one dose has exhausted its effects; because he knows well the effects of his medicines.

The non-Homœopathist administers a mixture of medicines or alternates them; he never allows one dose of medicine to exhaust or even develop its effects, for he knows nothing accurately about the effects of any of his medicines.

The Homœopathician is liberal, and contends that the whole scale from the crude natural substances up to the higher and highest infinitesimals should be open to the choice and the practice of every sensible and candid person.

The non-Homœopathist is illiberal, and contends for appreciable quantities, sneering at the attenuating process and declaring it simply an absurdity.

The Homœopathician generally administers small doses, believing in potentization; he knows by the experiment that Hahnemann's discovery of the development of medicinal and curative powers by potentization is true, and he decreases his dose in the same proportion as he increases his knowledge of the *Materia Medica*.

The non-Homœopathist ridicules the pellet; he defiantly demands palpable doses; if unsuccessful, he never admits his ignorance of medicines but requires still larger doses; he does not see medicinal aggravations from his over-doses, but

talks learnedly of the changed pathological conditions; in his hands the searing-iron, the caustic, the fly-blister, the scissors and the knife become blessings of no small virtue and of much more importance than the cultivation of the knowledge of the *Materia Medica*, which he despises through his dread of labor; he does not consult it, for he could not understand it; he boldly asserts that sleeplessness is cured by Opium in large doses and in this manner he betrays complete ignorance of physiology.

The Homœopathician when he relates successful cures, enumerates at first *all* the symptoms discovered in the patient and at once it is apparent that he has well examined the case; he next gives the remedy, and states what characteristic symptoms demanded the choice of this remedy in preference to all others; the communication, so made, carries with it the assurance of truth and is instructive.

The non-Homœopathist claims to have found the specific medicine or medicines for the specific disease or pathological conditions; he gives no reason but makes mere assertions and no instruction is gained by them; the credulous and ignorant only will follow his example—to fail.

The Homœopathician is consistent and true to himself and to the fundamental principles he has accepted in the formula, and, as a foregone conclusion, he cures.

The non-Homœopathist is inconsistent, true to no principles; having none, he contends for empiricism, and his occasional cures are accidental occurrences.

The Homœopathician represents the true democratic principle in the healing art; he courts inquiry and lays facts before the people by which they may judge of the validity of his claims to superiority.

The non-Homœopathist is tyrannical, denies the people the right of inquiry, lays no facts before them and dictates to them what they should believe.

The Homœopathicians accept the formula as Hahnemann gave it; their motto is:

In certis unitas, in dubiis libertas, in omnibus charitas.

CACTUS GRANDIFLORUS.

In numbers eight and nine of the current Volume of the REVIEW we republished from the *British Journal of Homœopathy*, Dr. Dudgeon's translation of Rubini's proving of *Cactus Grandiflorus*.

We had not then been able to procure a copy of the original Italian publication whereby to satisfy ourselves of the correctness of Dr. Dudgeon's translation. Nor indeed did this seem to us a necessary precaution. Dr. Dudgeon's high reputation for exact and elegant scholarship we thought a sufficient guarantee of the faithfulness of this piece of work.

But while the last sheets of our republication were still in press, we were informed by a colleague in Philadelphia that he had in his possession a copy of Rubini's original pamphlet, an examination of which had revealed to him the fact that Dr. Dudgeon's translation contained defects and errors. We arrested our press and earnestly besought the loan, for a few hours, of the original Italian pamphlet of Rubini, or at least an indication of the nature and extent of the defects and errors. Our wishes were not gratified. The publication of the REVIEW could not be longer delayed, and thus we were constrained to lay before our readers a translation that had been objected to as imperfect, without having had an opportunity to estimate the validity of the objection.

We now hasten to call attention to a publication which is a retranslation, by Dr. Lippe, from the original pamphlet of Dr. Rubini. It claims to correct the errors and to supply the deficiencies of Dr. Dudgeon's translation.

We give the Preface of Dr. Lippe, and his translation of the Notes, which Dr. Dudgeon omitted. The title is as follows:

CACTUS GRANDIFLORUS: Translated from the original by Dr. A. LIPPE, Professor of *Materia Medica* at the Homœopathic College of Pennsylvania. With a *Preface* and *Notes*, and the notes of Dr. Russell.

Preface by the Translator.—"By comparing the original Pathogenesis of the *Cactus Grandiflorus* with the translations into the English language, by Dr. Dudgeon as published in the 'British Journal of Homœopathy,' No. XC. Octo-

ber 1st, 1864, and from it, again, into the German language, by Dr. C. Meyer, as published in the 'Allgemeine Homœopathische Zeitung,' Vol. lxi, Nos. 18—23, it appears that liberties have been taken by the translator which are not admissible.

"That Dr. Meyer translated from Dr. Dudgeon is very evident, although, at first, the additional headings in the German translation might deceive one into the belief that the translation is an original production. Dr. Meyer has omitted, as well as Dr. Dudgeon, the Symptom 137; he has with Dudgeon, in Symptom 139, the 'ten passages;' and, with Dudgeon, omitted all the foot notes in the introduction. Symptom 55, Drs. Meyer and Dudgeon have it, 'the 15th day,' while it is 'the 10th day,' etc. The notes left out stamp Dr. Rubini to be a true Hahnemannian; by omitting them, he may be claimed by the 'other side.' Again, this imperfect translation is republished, in good faith, in the AMERICAN HOMŒOPATHIC REVIEW, and the errors are in this manner perpetuated. It is assuredly an error if, in all these translations and republications, as in Symptom 154, when 'piu' is rendered with 'less', while it means 'much more.' In the homœopathic literature, and especially in the Materia Medica, such liberties have been so often taken, that, in order to keep our records pure and unadulterated, it has been absolutely necessary to call the attention of the profession to all these facts. To accomplish this more efficiently, the work in question has been fully and carefully re-translated, and, as far as practicable, the exact meaning, sense and spirit of the author have been rendered literally. The neglect of exposing and correcting errors, of reviewing deficient works, and of allowing falsehoods to go uncontradicted and uncorrected, has brought our literature into a deplorable condition. The evidence of this assertion becomes apparent when we see that 'The Hahnemannian Materia Medica,' of which only one number was published, containing the 'Caricatures of Kali bichr., Aconite and Arsenic' is now claimed as an 'authority;' and this because, since 1852, when it was published, no adverse reviews have appeared.

"It is to be hoped that, should further translations be rendered, more attention will be paid to giving them not only correctly, but full and entire, as a translator has no right to omit anything, not one word, not even a syllable, from the original, whatever may be his own personal views. He does not endorse the author, but translates his work. If, by omissions, he places the author in a false light, and leaves him without means of redress, or should he, by mistranslations, lead the profession into forming erroneous ideas of the effects of the drugs, this wrong can only be amended by placing before the Faculty a correct literal translation, and this is hereby done.

"A. LIPPE."

[Rubini's Notes omitted by Dudgeon.]

Foot note page 9.—"The Cactus family being very numerous, great attention must be paid, in order to avoid mistaking one for the other, when it is the intention to prepare the true remedy, which I, myself, have obtained. Every individual possesses an innate virtue proper to himself; and, the generical action not existing in vegetable substances, it is impossible to replace, with

impunity, one plant by another. Hence, the real Cactus Grandiflorus, of which I have noted expressly the characteristics, is the only one to select.

"Of this great truth Haller himself reminds us, by the words: "*Latet immensa virium diversitas in iis ipsis plantis quarum facies externas dudum novimus, animas quasi, et quodcumque celestius habent, nondum perspeximus.*"

Foot note page 11.—"Here it is necessary to remark how impossible it is to state precisely the dose of a medicine. It is always left to the judgment of the attendant physician to proportion, at the bedside of the patient, the strength of the medicine to that of the illness. It is, also, important to notify, that too strong a dose can, instead of ameliorating the illness, produce irritation or aggravation. And this might be made still more serious, if the doses, also, were repeated daily. The patient then would become discouraged, and would fall into the great error of believing that the remedy was not suitable, or that his organism was unable to bear it. These erroneous and false conceptions are very frequent, and so firmly established, that the physician is, at times, forced by the patient himself, to change the prescription. This change itself would be an error in practice, and perhaps there can be no greater. When, from the beginning of the action of a remedy, the patient seems to grow worse, it indicates already that its action is directly developed on the morbid centre, and that, corresponding exactly in its nature, it takes the most proper means of destroying the disease promptly. Under these circumstances, any change is dangerous. Hence it is proper to rest for a few days; to wait for the reaction of the organism, and to diminish the dose. Hahnemann in the beginning, used the mother tinctures, (*Etudes de Medecine Homœopatique*—Paris, 1855, p. 595;) but afterwards, having learned from facts, he cured with the 100th, later with the 10,000th, then the 1,000,000th, and finally the 10,000,000th part of a drop, and then he saw no more irritation or aggravations. To obtain these fractions he dissolved one drop of the mother tincture in 100 drops of very rectified spirits of wine. Of this first dilution he put one drop in one hundred more of spirits of wine; and of this second dilution he took another drop, adding it to one hundred more of the above said rectified spirits of wine; he obtained thus three bottles, of the first three attenuations; and each of these he shook with his arms one hundred times, beating one hand against the other, this dynamization producing a perfect mixture of the fluids, and the development of that medicinal power not understood by us, but possessed by all substances in nature. Of one of these dilutions, or of higher ones, always prepared in the same manner, use should be made in case of irritations or aggravations, and the remedy should never be changed."

Note by the Translator.—"The allopathic school has applied the milky juice, which is acrid, but without smell, for the same purposes as the leaves of the Cactus opuntia, Linn.: as poultices for gouty, and other painful conditions, for inflammation of internal organs, also for corns. Paulle, *Journ. de Med.* 177, LI, 9, 321. Cleghorn, *Diseases of Minorca* pp. 263 279. n. Papen at Pymont, *Hannov. Mag.*, 1790, p. 1433. Wilh. Heinr. Brennecke, *Hufel. Journ.*, 1807, xxvi, 4, 136. It is stated that the Cactus Grandiflorus causes on the skin excoriations

and pustules. It has been administered in doses, from two to ten grains, as an anthelminticum. If the juice be dried, then burned, the fumes will cause sneezing, coughing, inflammation of the nostrils, and even hæmoptysis. It is also reported to have cured dropsies.

"The few symptoms we now possess of this new remedy, show clearly that another great curative means is added to our increasing Materia Medica. In some particulars it is similar to various known remedies; while many of its great characteristic symptoms stand alone, or almost so.

"The congestions to the head are similar to those of Bellad. and Glonoine. The weight on the vertex is similar to Aloe and Alumina. Like Belladonna, it affects more the right side of the head. The sleeplessness at night is like Sulphur. The mental symptoms like those of Lachesis.

"The constrictions in so many parts of the body are similar to those of Belladonna, Stramonium and Alumina. The constriction in middle of the sternum like that which we find under Bovista. The constriction about the heart is similar to that of Lachesis. The effect on the heart is, in many respects, similar to that of Crotales, Lachesis, Spigelia and Kalmia. The œdema of the hands in chronic carditis, especially that of the left hand, is under no other remedy, and is a very weighty symptom. The diarrhœa seems to be worse in the morning; but, unlike Sulphur, is preceded by pain. Symptoms 141, 146, 147, 148, 149, are frequently the consequences of diseases of the prostate gland. The cessation of menstruation, when lying down, is similar to Causticum. The constriction in the uterine region is similar to Murex pur. The intermittent fever symptoms find a similarity under Arsenic, Bryonia, Calcarea, Lachesis, Pulsatilla, Rhus and Sulphur; but Arsenic has, as a difference, the recurrence of the paroxysms very rarely at the same hour.

"The direction (from one side to the other) in which the symptoms develop themselves, is only found under the skin symptoms, and under them they appear on the upper extremities, first on the right, and then extend to the left side; while on the lower extremities they appear at first on the left side, and then extend to the right side.

"The thanks of the profession are due to Dr. Russell, who first called the attention of the English-reading Homœopaths to this valuable remedy. By this translation the Germans were also benefited; for they again, from Dr. Dudgeon's version of the original, re-produced it into the German language."

Symptom 137, omitted by Dr. Dudgeon.—"Bilious diarrhœa, with pain in the abdomen, eight evacuations in one day; third day."

On comparing the respective translations by Drs. Dudgeon and Lippe with the original, we find that wherever Dr. Lippe affirms an error in the former, Dr. Lippe is correct and Dr. Dudgeon in fault, except in one single instance in which Dr. Lippe (p. 17) says, "Dr. Dudgeon writes 'fifteen days' when the original has it *ten* 'days.'" This is a mistake. Dr. Dudgeon's translation is "*eighteen* days." We feel justified in

accounting for this, as for several other of Dudgeon's errors, by ascribing it to carelessness of the printer and proof-reader, Dudgeon probably used the Arabic numerals "10" and the printer read it "18." It is none the less a blunder and likely to mislead the student. The same theory will explain the ridiculous error of seeming to translate "*qualche*" by "*seven*." No doubt in the manuscript of Dudgeon it was "*some*."

But this theory will not account for the translation of "*piu*" by "*less*," nor for the omission of symptom 137, nor for other errors to which Dr. Lippe refers.

The whole affair may serve to impress upon us again, the great importance of scrupulous attention to the translation and also to the *printing* of provings to the end that absolute accuracy may be ensured. We thank Dr. Lippe for correcting these errors.

As regards the merits of these two translations in other respects than those already considered, a fastidious scholar might easily find fault with them both. Both present a fair and intelligible rendering of the author's meaning in his Introduction, and therefore answer the purposes of a translation. Dr. Lippe evidently aims at literal accuracy, but we incline to regard Dr. Dudgeon's as perhaps the clearer and more satisfactory to the English reader. Perhaps this is because Dr. Dudgeon has over Dr. Lippe the advantage of that intimate knowledge of the English language which only a native Anglo-Saxon can possess, and in addition, an uncommon ease and sweetness of style. [Eds.]

KREASOTUM.

BY THE LATE DR. C. VON BÖNNINGHAUSEN, MUNSTER.

[In 1836, Dr. von Bönninghausen published a valuable little volume containing a short review of what he regarded as being "the characteristic symptoms, and chief effects" of 123 of the principal remedies of our Materia Medica.

This work has never been translated into English. It was Dr. von Bœnninghausen's intention to rewrite the essays of which it consists, and to add to them the analyses of many other remedies which had been proved since 1836. But the busy hours of his life went past and death took him from us, with this task, like many others, uncompleted.

Among the remedies for which he had made preparatory studies, with a view to the new edition referred to, was *Kreasotum*, a remedy which, he used frequently to say, was far from being estimated at its true value. The following pages are a literal translation of his manuscript study.—D.]

• **Mind.**—Weakness of memory. Forgetfulness.

Head.—Roaring in the head. Headache after a carouse. Headache with sleepiness. Throbbing in the front part of the head. Pain, pressing outwards, in the forehead. The hair falls out. Sensibility of the scalp to touch and when the hair is combed.

Eyes.—Itching and biting in the eyes. Chronic swelling of the eyelids and of their margins. Heat in the eyes. Hot and acrid tears in the eyes, like salt water. Agglutination of the eyelids. Like a veil before the eyes.

Ears.—The external ear is ulcerated and feels hot. Moist eruption upon the ear with swelling of the glands in the neck and grey complexion.

Nose.—Epistaxis of thin, bright, red blood. Offensive odor before the nose.

Face.—Earthy, pale, green complexion. Acne in the face. Peeling off and cracking of the cuticle of the upper lip.

Teeth.—Drawing tooth-ache, which extends to the temples (and ears).

Mouth.—Scratchy sensation in the throat. Rough, hoarse speech.

Digestion.—Loss of appetite. Stomach-ache from acid food.

Taste.—Bitter or flat taste. Water, after it is swallowed, tastes bitter.

Nausea.—Morning sickness of pregnant women.

* **Stomach.**—Painful hardness in the region of the stomach.

Hypochondria.—Constriction of the hypochondria, which do not tolerate tight clothing.

Abdomen.—Ulcerative pain in the abdomen. Great distension and tightness of the abdomen. Pain in the region of the umbilicus.

Stool.—Constipation. Ineffectual, painful urgency to stool. *Constipation in case of uterine cancer.

Urine.—Frequent urgency to urinate with copious discharge. Frequent urination at night. Diabetes.

* **Genital Organs.**—Soreness and smarting between the labia and in the vulva. Excessive itching in the vagina. Ulcerative pain in the cervix uteri. ° Carcinoma uteri. ° Prolapsus uteri.

Menses.—Disposition to abortion and Metrorrhagia. Menses too soon and too copious. Deafness during the menses. Before, during and after the menses, buzzing and roaring in the head. Leucorrhœa both bland and acrid. Leucorrhœa with great weakness.

Coryza.—Frequent sneezing with dry, nasal catarrh. Grippe. Chronic catarrh of old persons.

Respiration.—Dyspnœa, as if from a feeling of heaviness in the chest, with a feeling in the chest as if one had been beaten.

Cough.—Fatiguing cough (in old persons) with copious expectoration of thick, yellow or white mucus. Cough with retching. Cough with discharge of urine. Cough with dyspnœa. Cough at evening in bed.

Trachea.—Rough and scratchy in the throat.

* **Thorax.**—Anxious feeling of heaviness in the chest. Stitches in the chest, in the mammæ, and in the heart. The chest feels as if it had been beaten.

Back.—Labor-like pains in the sacral region and in the lumbar vertebræ with severe pressure to urinate. Pains in the back at night.

* **Upper Extremities.**—Luxation pains in the thumbs. The third phalanges of the fingers seem as if they were dead with a creeping sensation in them as if produced by ants.

Lower Extremities.—Pain in the hip joint as if it were luxated. Painfulness in the crista ilii, as if from a heavy burden, or after running. Sensation as if the knee joint would suddenly give way. Ulcerative pain, as if from an ulcer, in the whole leg. Ulcerative pain and burning in the soles of the feet. Cold swelling of the feet.

Generalities.—Stitches in the joints. Lassitude of all the limbs. Weariness as if from too long a foot journey. Heaviness in all the limbs, with tired sleepiness. During repose, a sensation as if all parts of the body were in motion. Great restlessness and excitation of the whole body, more in repose than during motion. Many symptoms are aggravated during motion and in the open air. Most of the symptoms vanish after sleep. She dares not remain fasting for a long time after getting up, nor keep quiet for a long time.

* **Skin.**—Eruption, dry as well as moist, in almost all parts of the body, especially on the backs of the hands and feet, in the palms of the hands, in the ears, in the popliteal region and on the knuckles of the hands and feet, which itch very much at evening and in the night. Putrid ulcers.

* **Sleep.**—Frequent yawning and great sleepiness. Much sleep, disturbed by dreams.

Fever.—Transient chill without thirst. After the chill, thirst.

Disposition.—Peevishness, ill-temper. Excited condition. Obstinacy.

TELLURIUM.

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

(Continued from page 470.)

Eyes, continued:

— On the anterior surface of the lens of the left eye in its centre and the vertices of the curves a chalky white mass was deposited; isolated granules of various sizes, for the most part however, deposited in thick heaps, which, by transmitted light appeared black. Upon the right eye a similar but less appearance. *Dog. 2. Schræder*, according to *Hausen*.

— Itching and pressure in the left upper lid toward the inner corner, as if an eyelash were turned inward, evening. The next morning on awaking, a biting, itching swelling, pale, red, and œdematous, until after a few days ascab forms. The tenth and following days. *R.*

The left eye reddened. Sixteenth day. *R.*

— The left eye somewhat inflamed; twelfth in water. *nn.*

C. Hg.

45. Lachrymation with fluent coryza. 57.

Ears:

Pain over the left ear. 259.

Above and behind the left ear dull pain, evening in bed. *P.*

It seems to him as if a shot were fired in front of the ear, forenoon third day. *R.*

Sensation as if stopped in the ears especially in the left ear. Ten, p. m. *R.*

— Deafness.

50. Sometimes, for a moment, a sensation as if air whistled through the left Eustachian tube, and when taking a pinch of snuff or when eructating the air passes into it. Sixth and seventh days. *R.*

Itching in the ears with secretion of a thin wax, third day. *R.*

Itching in the ears. *C. Hg.*

When lying upon the left ear a sharp pressing pain from the throat into the ear on the left side. *Gsw.*

Pain on the right side in the throat extending into the ear on empty swallowing. 89.

— The left ear began to itch, to burn, and to swell with painfulness and throbbing in the external meatus; after three or four days a discharge of a watery fluid, smelling like fish pickle, which caused a vesicular eruption upon the external ear and the neck wherever it touched the skin. The ear was bluish-red, appeared as if infiltrated with water. The sense of hearing was impaired. After about twenty days. Lasted about three months. Dunham. Thirteenth group.

— * Several cures of affections similar to the above by Dr. Dunham, 14; by Dr. Wells, 15.

Nose :

55. The whole forenoon the left nasal passage obstructed; from the right nasal passage much mucus flows through the posterior opening; second day. *R.*

Obstruction of the right nostril in the morning early; fourth day. *R.*

When walking in the clear, fresh autumnal air from eleven to twelve, a. m., coryza comes on with hoarseness and lachrymation, short cough, pressure in the middle of the chest under the sternum; on continuing a longer time in the open air it passes away again; fourth day. *R.*

When going out in the open air between eleven and twelve a. m., again a severe coryza with hoarseness as yesterday; fifth day. *R.*

Nose sometimes obstructed, sometimes free; fifth day. *R.*
60. On awaking, much thick mucus in the nose; had breathed through the mouth during the night; fifth day. *R.*

Coryza with secretion of thick mucus; twelfth day. *R.*

Heaviness over the brows and paroxysms of frequent sneezing lasting several minutes; ten, a. m., thirteenth day. *P.*

The headache passes away the next day and coryza sets in. *O. T.*

Dry, nasal catarrh, as often before; but now it is more severe at irregular times. *O. T.*

65. On taking snuff, catching in the Eustachian tube. 50.

Face :

Peculiar twitching and distortion of the facial muscles of the left side, particularly when talking; the left angle of the mouth is thereby drawn to the left and upwards; first week. *C. Hg.*

An hour and a half after dinner, heat in the face; also the anterior part of the head is hot with bleeding of the gums; tenth day. *P.* Compare 73.

Perceptible reddening of the face from a sudden rush of blood to the head. 12.

In the afternoon, a gentle sensation of burning at the lips (in the forenoon he was exposed to a sharp cold air). *R.*
70. In the afternoon burning in the middle of the upper lip.

— Pimples in the face. *F. Gsw.*

— The ninth day after the last dose, a small ring-worm on the forehead just above the external angle of the right eye, about a half-inch over the brow. First a small group of round vesicles upon a red areola; the vesicles dry up, desquamate, and upon the external circumference new ones appear, with little itching. After a week the eruption is completely annular, a half-inch in diameter, the internal portion throwing off thin white scales. During the fifth week it decreases; the ring has several interruptions and a diameter of three-fourths of an inch, but just above it another, altogether similar, has appeared. In the sixth week the seat of the first is scarcely reddened, but the second is still on the increase and forms two-thirds of a circle. *Metcalf.*

Mouth and teeth :

— Flowing of tenacious mucus from the mouth. *Dog. 2.*
Hausen.

— Uncommonly abundant secretion of saliva. *R.*
Hausen.

Sensation of coolness in the mouth and pharynx as after taking peppermint, distinct on drawing in the air. *R.*

Mouth feels better and cleaner, and properly moist; he has his natural taste again, the next day. *N. Gsw.*

— Whitish coated and somewhat swollen tongue so that the impressions of the teeth are clearly shown upon the margin of the tongue. *Hausen.*

Gum bleeds so that it fills the mouth with blood; tenth day. *P.*

Very soon a slight toothache on the left side, in teeth filled with gold. *N. Gsw.*

Fauces and Œsophagus:

75. Expectoration of light mucus, easily loosened. *N. Gsw.*

The next day early in the morning much secretion of mucus from the posterior nares, of a saltish taste like smoked herrings. Compare 35. 80.

Early in the morning the mucus, which during the night dried in the choanæ, is discharged as a reddish yellow clot. *R.*

Rough, scratchy sensation in the throat, not passing away on swallowing. *R.*

Rough, scratchy sensation in the throat, worse towards evening; eleventh day. *R.*

80. Early in the morning, prickly sensation of dryness in the fauces, worse on the left side; the left nasal passage is obstructed; from the right, there is secreted a quantity of mucus backwards; second day. *R.*

After breakfast, the prickly sensation of dryness in the fauces passed away; second day.

About five, p. m., again a sensation of dryness in the throat; second day. *R.*

The sensation of dryness in the fauces, worse on the left side, comes again early in the morning of the third day. *R.*

Sensation of dryness involving the whole fauces, worst on the right side early in the morning of the fourth day. *R.*

85. Toward evening dryness of the fauces; fifth day. *R.*

The dryness on the left side of the fauces ceases during

and after a walk in the open air, from eleven to twelve a. m. *R.*

The sensation of dryness in the throat is always more marked in the evening and morning. *R.*

In the fauces above the larynx itching and burning as if he had scalded himself with too hot a drink; for several days. *Whitney.*

After the sensation of dryness on the left side of the fauces has ceased during a walk in the open air, the right side begins to be painful, worse on empty swallowing, whereby the pain extends into the right ear which always feels as if stopped; the third day. *R.*

90. On swallowing, prickly soreness in the fauces, especially on the right side early in the morning of the fourth day. *R.*

Sore throat on empty swallowing; evening, eighth day. *R.* Compare 89.

Sore throat on empty swallowing in the evening, worse on the left side, removed by eating and drinking; seventh day. *R.*

Pressure upon the tonsils. *O. T.*

The sensation of dryness in the fauces, and the sore throat always removed by eating and drinking.

95. In the pharynx, coolness as after peppermint. 71.

Sharp, pressing pain on the left side, extending from the throat into the ear. 53.

Worse on empty swallowing, dryness of the fauces. 89.

On swallowing, soreness in the fauces. 90.

On empty swallowing, sore throat. 91. 92.

100. Sore throat passing away on swallowing food and drink, worse on empty swallowing, 92.; on eating and drinking dryness of the fauces, right side. 94.

Taste, Appetite, Stomach:

Moderate metallic and earthy taste in the mouth, after several hours. *N. Gsw.*

No appetite from the beginning of the provings. 111.

— Loss of appetite; seventh day. *Hausen.*

— Appetite lost. *Dog. Hausen.*