

tidings of peace to our beloved country. He then proposed as the first toast, "The bride and groom; and peace throughout the land."

Dr. Hering then rose and said, "Our aged friend has been during the half of his long life a faithful workman in the vineyard of Homœopathy. Only those who are well versed in the profession, can have an idea of the laborious and difficult tasks there to be performed. Thousands in Europe as well as here, take the books which they use daily and which enable them to compare quickly, the symptoms of the sick with those of the medicines, without thinking of the many laborious hours which they have cost, but the Homœopathic College of Philadelphia, in acknowledgement of these valuable services, rendered in so unpretending a way, and by right of the power invested in them by the State of Pennsylvania, present to Mr. Gottlob Lebrecht Knabe, of Saxony, an honorary diploma which I now present in the name of the Faculty. My toast is, *Doctor Gottlob Lebrecht Knabe.*"

The groom in his expression of thanks made mention of all Dr. Hering's children, and particularly of the youngest who was born amidst the raging of party conflicts and the clashing of arms, and therefore was named, Siegfried, which means, peace through victory.

Thus the merriment continued until, in accordance with an old German custom, the aged pair led off the grandfather and grandmother dance, after which some of the company withdrew, leaving the floor to the young people, who continued dancing some hours longer. *Vivat sequens!*

DR. HORACE M. PAINE, Recording Secretary of the New York State Homœopathic Medical Society, has removed his residence from Clinton, Oneida County, to 104 State Street, Albany, N. Y. A homœopathic physician wishing to engage in country practice, will find Clinton a very desirable place of residence, on account of its delightful situation, its seminary and schools, cultivated and refined society, and the well established confidence in the homœopathic system on the part of a considerable portion of its most influential and intelligent citizens. Communications in reference to this subject should be directed to the above address.

DR. HENRY D. PAINE, formerly of Albany, has removed to 16 West 14th Street, New York.

DELAY.—The April and May Numbers of the REVIEW have been delayed, and the June Number will be delayed, in their issue, because of the absence of Dr. HENRY M. SMITH, the managing editor, and more particularly because of the confusion incident to the removal of the Publication Office and Press from 484 Broadway to 105 Fourth Avenue.

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REMARKS ON SCABIES.

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

Dr. Copeland says that the ancients comprehended under the names "psora" and "scabies," besides *itch*, properly so-called, eczema, prurigo, lichen, and ethyma; and modern medical writers, up to the year 1834, have given nearly the same extent of application to the name Itch and its synonyms in the various languages of modern Europe. Thus, for example, we find Hahnemann including under the name "itch," "*tenia capitis*, and all eruptions which become moist on being scratched" (eczema, therefore, and impetigo) as instances of cutaneous affections originating in what he calls a "psoric miasm."

It was not until the year 1834 that the presence of an insect in the vesicles of a certain cutaneous eruption was generally acknowledged. This fact became forthwith the basis of a new subdivision of vesicular eruptions by which the name "itch" or "scabies," was restricted to that form which was characterized by the presence of the "*acarus scabiei*" or "itch-insect" in the vesicles. Itch, then, in this severe and restricted use of the name, is a disease our generally accepted knowledge of which dates from the year 1834. What is found respecting itch in medical works ante-

rior to 1834 is to be understood as applying equally to eczema, lichen, prurigo, etc., and it must be borne in mind that, among all the cases described in many such works, there *may* not have been a single case of what we now call *true itch*, i. e., itch characterized by the presence of the acarus. We shall henceforth use the term "itch" in this restricted sense.

In the study of this, so to speak, new disease, many questions have had to be considered anew which had been already determined with greater or less certainty as regards the diseases formerly confounded with itch.

The first in importance, in its bearing both upon prognosis and upon treatment, was the question of the nature of itch, whether it were a *local* or a *constitutional* disease. And although, as Homœopaths, we have not so large a faith in the doctrine of purely local diseases as our brethren of the old school have, yet, in this case, the question has the greatest interest even in our eyes. For, a disease in which a parasitical insect plays so important a part as the acarus is by many assumed to play in itch, is just one of those very few affections which *may* be purely local, dependent solely upon the presence of the insect in the vesicles. In this case it would resemble those troublesome affections caused by the presence under the skin of the woodtick and "jigger" (*chiggre*, *pulax penetrans*) in the southern part of our country and of the Guinea worm in Africa, and for the cure of which, nothing further is needed than the expulsion or destruction of the insect.

The question is, then, does the continuance of itch in any case depend *solely* upon the continued life and activity of the insect? Or, what is the same thing, will the destruction of the insect in every case ensure the disappearance of the disease?

For the solution of this question direct experiments have been made on a large scale; while at the same time the results of treatment offer a large mass of indirect evidence. It is the object of this paper to bring into view these classes of testimony and to consider their bearing on the question of the nature of itch.

The existence of the insect in itch vesicles was popularly known long before it was acknowledged as a constant fact by scientific men, and Sulphur was in high repute among the people as a remedy for itch. After the general recognition of the acarus as an essential element of the disease and the consequent establishment of a more stringent diagnosis, the experience of medical men in hospital practice soon justified this high regard in which Sulphur was held. The remedy was used both internally and, in the form of ointment, externally, and of its curative action no doubt was, or could be entertained.

When, however, the question of the nature of the disease, as to whether it were a constitutional or a purely local malady, came to be mooted, it was suggested that the Sulphur acted curatively only when externally applied, and that its action was limited to the destruction of the insects, upon the extermination of which, it was alleged, the disease of course disappeared.

Experiments were instituted to test this hypothesis. A number of acari being caught, were subjected to the action of Sulphur. They perished in the course of a few hours. Others, which were at the same time buried in Lycopodium powder or in flour, retained a vigorous vitality for more than a day. It was thus demonstrated that Sulphur has the power of speedily destroying the acarus, and this was held to account for the speedy cure of cases of itch in which Sulphur had been applied externally.

Hebra, of Vienna, carrying out these experiments more extensively and more rigorously, reasoned, that if the disease depend solely on the presence of the insect and disappear with the destruction of the insect, then a cure might be effected by the local application of any substance, even of a *non-medicinal* substance, which might possess the power of speedily killing the acarus. He therefore caught a number of insects, and, among other experiments, plunging several into lard and other kinds of grease, found that they perished in a very short time. He accordingly treated a

very large number of patients by simple inunction with lard or oil, and with, as he reports, complete success.

These experiments made on an extensive scale and corroborated by the reports of other observers, seem to demonstrate the fact that itch is a local disease, originating in, and depending solely upon the presence of a parasitical insect, and requiring therefore for its cure, simply the extermination of this insect.

There are, however, certain incontestable facts which cannot be accounted for by this simple view of the disease.

1st. Itch may be cured, as has been proved again and again, by both Allopaths and Homœopaths, by the internal use alone, of Sulphur; but this treatment, as a general rule, requires a considerably longer time, than when external applications are conjoined with it, or are used alone. A disease, however, which thus yields to a purely internal treatment, can scarcely be deemed a local disease. An hypothesis it is true has been advanced to account for these cures and at the same time to avoid admitting the constitutionality of the disease, viz., that the Sulphur, absorbed into the circulation, is deposited in the vesicles, and thus, by a species of local application, kills the acarus and cures the disease. But this is an untenable over-refinement and will certainly not hold good with reference to those cases which are cured by Homœopaths with infinitesimal doses of Sulphur.

2nd. Devergie affirms that in those cases of itch which have been "cured," so to speak, by the simple inunction of lard or analogous substances, the eruption reappears after a time more or less brief, while this is not the case where patients have been treated with Sulphur, either internally or externally. Yet the inunction of lard *undoubtedly kills the acarus*, and, if this be all that is needed for the cure of the disease, we are at a loss to account for its reappearance after the one treatment and *not* after the other.

Hebra is silent respecting the reappearance of the disease in the numerous cases reported by him as treated by simple

inunction; indeed, from the nature of his hospital practice, we know that he must have lost sight of almost all of his patients very soon after his treatment ceased. Devergie, on the contrary, has very great opportunities for observing the secondary results of treatment, the Hospital St. Louis being a kind of *winter poorhouse*.

3rd. Devergie, moreover, warns his pupils emphatically against the treatment of itch by the *external application alone* of either *Sulphur* or *simple lard*—assuring them that serious lesions of internal organs not unfrequently follow these speedy cures.

Now it is pretty generally admitted, that the sudden suppression of eczema and analogous eruptions by external applications, is attended with considerable danger, and this is accounted for by the assumption that these are constitutional diseases; and they are so considered *on this very account*, namely, because a local treatment fails to *eradicate* them but merely changes their seat in the organism. But, according to Devergie and other medical writers, itch when locally treated manifests the same phenomena of lesions of internal organs. By parity of reasoning therefore, itch is to be adjudged a *constitutional* disease.

4th. Finally, Hebra relates that, in order to solve the question of the propagation of itch, he inoculated himself and some of his friends with the fluid discharged from the itch vesicles but without effect. He then placed acari in an active state upon his hands and the hands of his friends, but *without any result*. He finally inserted several of them beneath the skin of his hand and left them there. For *several successive* days he looked in vain for traces of them. On the *sixth day*, after considerable febrile symptoms and other signs of constitutional disturbance, he noticed *in his groin* vesicles resembling itch-vesicles, but *not containing acari*. On the *eighth day* vesicles containing acari were first discovered on the hands.

A more perfect picture of the onset and development of a constitutional disease could scarcely be imagined than this history furnishes. Were this disease *simply* the presence of

a parasite beneath the skin, its inconvenient symptoms would have appeared as soon as the acarus was introduced under the skin by Hebra. If one walk with unprotected ankles in a southern wood and thus expose himself to the "jigger," not a single hour elapses before he feels the tingling smarting which ceases only when the insect has been removed or destroyed. With the itch, on the contrary, eight days passed away before local signs were observed, and the first indications of disease were *fever* and an *eruption* on a distant part of the body.

With the evidence thus cited before us, we are in a position to assume that itch is a constitutional disease. The manner of its onset, with constitutional disturbance, several days after the inoculation of the insect, all traces of the inoculated insect being meanwhile lost, these facts together with the effects of its too speedy suppression, compel us to this conclusion.

On the other hand we are constrained to concede to the acarus an important part in the disease. It is admitted on all sides that he is the sole agent in its propagation from one individual to another. And it is also proved that his destruction in the vesicles greatly facilitates the radical cure, and *in every case* causes at least the temporary disappearance of the eruption.

These facts, most important in a practical point of view, have seemed to me to present a basis for a satisfactory theory of the disease which shall acknowledge the important functions exercised by the insect and shall at the same time affirm the constitutionality of the disease.

And in this connection, a reference to the *morbus pedicularis* may not be inappropriate, at least, to that variety in which the parasite is the *pediculus corporis*.

So persistent is this disease, in some cases, in spite of the utmost cleanliness and care, and so speedily, in the course even of a few hours, do the patient's body and its surroundings swarm with incredible numbers of the vermin, after so thorough a cleansing that not one had been discoverable,

that authorities so recent and so eminent as Rayer and Devergie have felt constrained to admit the doctrine of spontaneous generation in the case, at least, of these parasites and to assume that they were generated in or upon the bodies of certain persons by virtue of a constitutional taint or miasm.

Erasmus Wilson does not admit the doctrine of spontaneous generation. He thinks that if due allowance be made for the "prodigious fecundity," of these insects, their speedy reappearance in the innumerable hosts referred to, may be understood. But when called upon to account for their persistent reproduction on *certain* persons while *others* quite as likely to come within reach of their ova are not infested at all, he is obliged to assume that the skin and excretions of certain persons, by reason of some constitutional peculiarities of those persons, furnish a favorable *nidus* for the development of the ova and of the resultant insects. He says, "It is difficult to understand the extraordinary increase of these creatures on the skin, in certain cases, even among persons of cleanly habits and we cannot but come to the conclusion that certain states of the fluids of the body are peculiarly favorable to their nourishment. Then, they are sometimes found to be produced during an illness and, *in some families*, have been known to invade the body shortly before death, and so become an admonition of the approach of death." And, speaking of the treatment of this affection, Serrurier, after dwelling on the advantages of cleanliness and of diverse external applications which kill the insect, says, "When, as is most often the case, the phthiriasis depends or seems to depend on some constitutional disease, the local treatment will be but palliative and no cure can be effected without combatting the constitutional disease by constitutional means."

And, passing for a moment, to still another variety of parasites, the opinion is gaining ground, among students of Natural History, that the ova or the lower forms of intestinal worms are very generally diffused and that very few human beings are

not continually receiving them into the system; but that these ova, in the majority of individuals, perish and that they develop only in the bodies of those persons in whom the fluids and secretions are of such a character as to favor their development, and that, furthermore, the fluids and secretions are in such a state as to favor the development of the worms only when the individual is in a diseased condition. It follows from this that there is a *diseased* condition, which precedes and prepares the way for the development of worms; there is, so to speak, a stage of helminthiasis in which, *as yet*, no worms exist *as such*. This explains the not unfrequent removal of what are known as "worm symptoms," while yet no worms are evacuated. If this be the true view, it would follow that drugs, if there be any which *merely kill* the worms, without affecting the patient, would be only palliatives. They would not change that morbid state of the patient which favors the development of the omnipresent ova and there would be a speedy relapse.

Just so, it may well be that the ova of the *acarus scabiei* and of the *pediculus corporis* respectively, develop only on the body of a patient whose fluids are so changed, under the influence of some diseased state, as to be favorable to their development. If this be so no external local treatment, addressed chiefly to the destruction of the insect, could be other than palliative. The ova being almost universally diffused would soon develop again in this favorable nidus. However such external destructive means might seem to expedite a cure, the only radical curative would be a constitutional treatment which should make the body unfit for the development of the vermin.

Recurring now to the subject of the *morbus pedicularis*, we observe that Attomyr states that in proving Psorinum he witnessed the production of body lice. This statement was called in question by many of his colleagues, among others most vehemently by Griesselich, the authority of whose criticism however, is weakened by the consideration that he doubted and denied *everything*. But Attomyr affirms that

he *cured* several cases of *morbus pedicularis* with Psorinum. This too was doubted. It is remarkable, however, that the elder Rapou of Lyons, without knowing Attomyr's *clinical* experience, gave Psorinum successfully in a very obstinate and strongly marked case of the disease and subsequently treated a large number with it with uniform success.

OBSERVATIONS ON SPIGELIA.

Read before the Onondaga County Homœopathic Medical Society,
October, 1864, by C. W. BOYCE, M.D., Auburn, N. Y.

To take a general view of the action of Spigelia upon the organism, it may be said to be manifested chiefly upon the nervous system of animal life. Spigelia is eminent among the remedies of our *Materia Medica* for the extent to which its action seems to be exerted upon the nerves themselves or their envelopes. Upon the substance of the *nervous centres* however, its action is probably very slight.

1. Spigelia excites the *nerves of special sense* in a marked degree, and this, without any clearly defined inflammatory affection of the *organs* of special sense. In this regard, it differs from Belladonna, Rhus, and other remedies which excite particularly the nervous system of *animal* life. But there is an exception to this statement. In the tissues of the eye Spigelia excites inflammation, its symptoms giving a well marked picture of rheumatic scleritis.

Spigelia exerts a marked action on the trifacial nerve, producing prosopalgia, which involves the orbit, the zygoma and the superior maxilla; also upon the nerves of the tongue; perhaps also upon the *portio dura*. The prosopalgia of Spigelia, is distinguished by sticking, burning pains with subsequent swelling and soreness of the parts affected. In this respect it closely resembles the prosopalgia of Colchi-

cum, from which however it is distinguished by the remarkable *exaltation* of the *special* senses and by the general nervous erethism and excitement and intolerance of pain which characterize Spigelia, whereas Colchicum on the other hand has an equally remarkable tolerance of pain, and patient, enduring disposition, with a general semi-paralyzed condition.

2. There is no evidence of any definite modification of the organic substance of any part of the body, unless such action upon the pericardium be inferred *ex usu in morbis*.

3. The sphere of action of Spigelia is not extensive. It embraces the nerves of animal life, and of special sense and the fibrous and perhaps the muscular tissues of the heart and of the smaller extremities.

The effect of Spigelia upon the heart's action seems to be due to a morbid condition which the drug excites in the pericardium, and hence its value in pericarditis.

4. The pains of Spigelia are sticking, tearing, and burning pressing. They are aggravated by motion and in the afternoon and at evening. They often prevent sleep. There is great lassitude and heaviness of the limbs. Great sensibility of the whole body to touch; the least touch on any part of the body, sends a shudder through the whole frame.

5. There is no marked periodicity in the symptoms,

Let us now examine more closely the different parts of the body chiefly affected.

Head.—There is vertigo when looking down and when walking. The memory is impaired, and mental effort is very irksome.

The headache is very characteristic and presents a good picture of a form of so-called "nervous headache." In general, the sensations are dullness, heaviness and pain in the head; the pain is much increased by shaking or jarring the head, as by walking, especially if one make a misstep or cough or sneeze; by moving the facial muscles, by speaking aloud or by any loud noise, as well as by touch or by a bright light.

These things increase the pain so that it seems as though the head would burst; the patient is compelled to support it with the hand, or to bind it around. (Here we have headache with over-sensibility of the senses of sight, hearing and touch, with relief from binding the head. These symptoms resemble the headache of Silicea which has likewise exaltation of the special senses and relief from binding up the head, but it is to be carefully noted, as characteristic, that the relief to the Spigelia headache comes from the *pressure* of the bondage, while to the Silicea headache, the relief is from the *warmth*; for warmth relieves the Silicea headache, while it rather *aggravates* the headache of Spigelia.)

The *pains* are a heaviness and feeling as of a load or weight in the head; a pressing from *without inwards*, aggravated by stooping forwards unless the forehead is supported by the hand; a sensation of swashing and surging of the brain within the cranium (compare China, and Rhus and Apis) at every step or on the least motion or when speaking loudly, and very severe when a false step is made or the body is jarred; relieved by repose. This swashing sensation is often accompanied by a tearing, digging pain in some small well-defined portion of the head; generally, semi-lateral, as, for example, in the left parietal region, or the space extending from the left occiput to the left forehead. As regards the localities affected, the pain is generally circumscribed and is often confined to one side; more frequently the left.

The occiput is the seat of many pains which extend into the nape of the neck causing stiffness and at the same time restlessness. In the forehead and in the frontal protuberances we find pulsating stitches; pressure from without inwards; boring and burning pains; the latter are probably superficial and seated in the super-orbital nerve. In the frontal protuberances tearing pain extending into the eye and aggravated by *motion of the globe of the eye*.

In the temporal region, we find pulsating stitches, pressure inwards and burning, extending into the zygoma.

We pass now to the *Eyes* which are acted upon not only

as regards the tissues, especially the muscular and fibrous tissues, but also as regards the special sense of vision.

In addition to the affections of the eye proper, we find in the left *orbit* pressing neuralgic pains extending down to the zygoma and leaving on the zygoma a tumor which is sensitive to touch.

The conjunctiva is moderately inflamed. There is moderate pain as if sand were in the eye, a slight secretion of muco-pus and bland lachrymation.

The affection of the deeper tissues of the eye-ball is shown by the dull and flat aspect of the eye, the supra-orbital pains, redness and inflammation of the sclerotic with ptosis, pain in eye and brow; the eyeball is painful when moved and feels tense as if too large for the orbit (*Paris quad.*); sticking pain in the eye. The eye is painful when moved in any direction (*Bryonia*) an intolerable pressive pain, so great that, rather than endure it, the patient, when desirous of looking from side to side, moves the whole head, instead of merely the eyeball. Heat and burning in the eyes.

Vision. The sensibility of the retina is *increased*, inducing photophobia. It is likewise *perverted*, causing *illusions*, as if hairs or feathers were on the lashes, and these illusions are increased by wiping the eyes; sparks and a sea of fire. The pupils are dilated.

The sense of *hearing* is exalted *in connection* with the *headache*.

In the zygomatic region of the left side of the face, burning or tearing pressive pains which leave a dull sensation of swelling as the pain abates. There are stitches from the upper maxilla to the vertex.

We pass now to the symptoms of the *thorax*.

There are stitches in the chest in various parts; and on both sides, most frequently the left. These stitches are generally from within outwards, and are aggravated by respiration (most by inspiration) and by motion. They occur under the nipple of either side, and, on the left side, are directed towards the scapula and left arm.

The following symptoms: violent stitch in the left side just under the heart recurring periodically; stitch in the diaphragm on the left side, so violent as to arrest breathing; dull stitches, synchronous with the pulse, in the region in which the heart's impulse is felt; stitches between this spot and the epigastrium;—these symptoms, together with those which denote modified action of the heart, viz.: very violent pulsation, audible to the patient and visible to the bystanders; violent palpitation and anxiety; tremulous motion of the heart; palpitation increased by sitting down and bending forwards, and by deep inspiration and retention of the breath; palpitation as soon as he sits down after rising in the morning, and, in the præcordial region, a heavy painful pressing load causing constriction and anxiety with cutting and gripping as from wind in the abdomen;—these symptoms all clearly point to an affection of the heart and pericardium, and, in such diseases, clinical experience has shown *Spigelia* to be of exceeding value.

CLINICAL INDICATIONS.—It is evident from our hasty and partial review of the symptoms, that *Spigelia* may be clearly indicated in cases that would come under the following groups.

1. *Headaches*; generally semilateral, so-called nervous; accompanied by great exaltation of the special senses; (compare *Silicea*, *Conium*,) aggravated by motion, noise, light and thought; involving generally the *left* eye and orbit without congestion of the head. In such affections (if attended, as frequently, by nausea and vomiting they resemble "sick headaches") *Spigelia*, compares with *Silicea*, *Belladonna*, *Apis*, *Ignatia*, *Thuja*, *Sanguinaria*.

2. In *Sclerotitis*. Also in nasal catarrh when the discharge is chiefly from the posterior nares into the pharynx, and attended by neuralgic affections of the pharynx and region of the ear and lower jaw provided always the general symptoms correspond.

3. Above all, in acute or subacute affections of the heart which present symptoms similar to those of *Spigelia* above

quoted, it is an invaluable remedy; as for example, in acute pericarditis, with anxiety and weight in the præcordia, stitches through the heart arresting respiration, oppressed and accelerated palpitation so forcible as to be audible and visible and excited or aggravated by change of position or by the slightest motion. In such cases, *Spigelia* compares with *Aconite*, *Bryonia*, *Kalmia*, *Lachesis*, *Naja*. [And with the new remedy *Cactus grandiflorus*.—D.]

TELLURIUM.

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

(Concluded from page 517.)

Heart and Pulse:

Wakened in the night (after lying on the left side) with a dull pain in the region of the heart which passed away when he lay on the back. *P.*

Continuous pain in the region of the heart; seventeenth day. *P.*

Pain in the region of the heart continued longest; from fourth day not again until the seventeenth; appears to be in the apex of the heart. *P.*

200. The ventricles of the heart filled with polypoid coagula. *Rabbit. Gmelin.*

— The right ventricle and vena cava distended with blood. *Dog. 2. H.*

The serum in the heart and other organs violet. *Rabbit. Gmelin.*

Palpitation of the heart and throbbing through the whole body with full pulse, for one hour; then copious sweat for one and a half hours. *N. Gsw.*

Increased pulse with vertigo and nausea. 5.

Nape. Back:

On the left side of the nape a sensation like a sudden de-

tention and regurgitation in a large blood-vessel, after pain and rush of blood above the left eye. 13.

205. Sensation of numbness in the nape and occiput. 40.

Dull pains in the middle of the back between the shoulders. *N. Gsw.*

— The spine from the last cervical to the fifth dorsal vertebra, sensitive to pressure and touch with a fear, when these were threatening, already on approaching, as if it were much more sensitive, than it really was. This sensitiveness seems to radiate, and especially upwards into the nape, sideways into the shoulders, forward through the trunk, as far as the sternum. The distress is increased by exertions but only partially relieved by repose. Appeared during the second month and continued almost for two months. *Dr. Dunham.*

Pain in the back at the upper end of the sacrum extending upwards until the ninth day, at night. *P.*

Sensation of weakness in the back the whole day until the ninth day. *P.*

Pain in the chest from the middle of the chest through to between the shoulders, 187, from behind through. 206.

210. Cutting toward the left scapula through from the left nipple. 190.

— In the evening pain and sensibility of the region of the kidneys, increasing during the night and extending into the hypogastrum. *P.* 170.

In the renal region pains from the sacrum out 213, towards the sacrum. 170.

— The kidneys colored blue-black throughout their whole substance. *Dog. Hansen.*

Itching on the back. 312.

Sacrum:

Early in the morning painful pressure or pain as if beaten at the sacrum, worse when stooping, but not passing away on resuming the upright posture; after some time it extends in the form of a drawing pain into the region of the kidneys; is diminished by walking in the open air, soon comes again when sitting. *R.*