

Lectures
on
CLINICAL
MATERIA MEDICA
in **FAMILY ORDER**



E. A. Farrington, MD

Fourth Edition, Revised and Enlarged by
HARVEY FARRINGTON, MD

LECTURES
ON
CLINICAL
MATERIA MEDICA
(with gist of each lecture)

By

E.A. FARRINGTON M.D.

Fourth Edition, Revised and Enlarged by
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PUBLISHER'S NOTE

Homoeopathic literature is a vast treasure which is filled with all kinds of gem-stones and crystals. Though all of these are valuable and precious, some are very popular these days while others have been forgotten by most of us. But some people know their worth and quality and use these less known but very useful gems (books) frequently to have that extra edge over other physicians. The latest mission of *B. Jain Publisher* is to take out these under-the-heap gems, polish and revamp them by adding new features relevant to these modern times and improving the layout and print quality, so as to provide every homoeopath the best of homoeopathic literature without tempering with the original gems (books).

Our new book *Lectures on Clinical Materia Medica (with gist of each lecture)* by E.A. Farrington, M.D. is a sincere effort towards the above-mentioned mission. *Clinical Materia Medica* by Farrington is a gem which many popular Homoeopaths use and employ daily to become great Homoeopaths (but like typical Homoeopaths they will not tell others).

Dr. E.A. Farrington's *Clinical Materia Medica* is more than 100 years old book, and what a gem it is. Though it is a very nicely written book, it is not as popular as Kent's *Lectures on Materia Medica*. In fact unlike Kent's book there are no repetitions and it is very lucid as compared to lectures by Kent. So, we at B. Jain decided to revamp this precious jewel of homoeopathic literature in a big way to bring out this new book. This new book will be a boon to every aspiring as well as experienced homoeopath who desire to deliver best to the suffering humanity. No tempering has been done with the lectures. Gist has been added as a value-added feature.

In the start of the book we have placed the life-sketch of Dr. Farrington so that the readers can know about their teacher who

will basically give the informative lectures in the following pages. This will create the bond which is very much necessary in the process of learning.

The book has 73 lectures and related remedies have been considered together which makes the book very interesting and fluid. In these lectures Dr. Farrington is like a practical physician who knows the demands which are made of from young doctors on entering practice. When going through this book you will feel as if Dr. Farrington is standing in front of you and delivering the lecture, which is really amazing.

In the start of each lecture there is a flow-chart which gives the action, relations and other things about the remedies under consideration. In this new book all the spellings have been corrected according to the *Dorland's Medical Dictionary*. Also, the drug names and abbreviations are according to the *Synthesis*. This is to standardize and maintain the uniformity.

The unique feature of this book is the *Gist of the Lecture* which follows each lecture. The presentation of this gist is in enumerated form and the purpose is to provide to the reader a summary at the end of each lecture, which will help him to learn the materia medica. Each point in the gist is like a catch-line which will open in the mind of the reader the relevant portions of the master's lecture. Also, new medical terminology has been infused into the gist portion. By going through the lecture once and then going through the gist for a number of times, you can practically learn the complete book which deals with more than 400 remedies. We hope this value-added feature will make this book very popular and sought after in the corridors of colleges as well as with practitioners of this healing art all over the world.

Another unique feature is the therapeutic index and the index of remedies at the end of the book which makes this book indispensable and permanent at the physician's desk.

In the therapeutic index modern medical terminology has been incorporated, for example, *migraine*, *lymphadenopathy*, *angina pectoris*, etc.

Last but not the least, the book is now in a new font and style which makes it very attractive and easy to read.

Finally, we are thankful to Dr. Rohit Jain, B.H.M.S., who is an all-round university topper and gold medalist and is now working with us as Director, Editing Department, for editing this book and preparing the valuable gist.

We also thank Mrs. Radha Vijayan, who is a very experienced DTP operator, for typesetting and book designing.

This new book is an attempt to lighten the labor of all who want to master the materia medica.

Dr. P.N. Jain

PREFACE TO THE FIRST EDITION

DURING the year following the death of Dr. Farrington, the editor of this volume published several of the lectures here presented, in the *Hahnemannian Monthly*, *North American Journal of Homoeopathy*, and *Monthly Homoeopathic Review*. These were well received by the profession. Some of them were, moreover, translated and published in German, French, and Spanish journals. A number of physicians expressed the desire to have the lectures appear in the book form. The consent of Mrs. Farrington to such publication were therefore obtained, the Doctor's manuscript was placed at our disposal, and Dr. S. Lilienthal kindly consented to revise the lectures after their completion in manuscript.

In order that the work should be thoroughly representative of Dr. Farrington, those concerned in its preparation for the press decided that the author's style should be closely followed. These lectures are therefore presented exactly as delivered, excepting where a change was suggested by his manuscript or by his published writings.

There have also been incorporated in the volume numerous abstracts from the comparisons in the "*Studies in Materia Medica*," published in the *Hahnemannian Monthly* in the years 1880, 1881, and 1882. These will be found in the lectures on Lachesis, Apis, Cantharis, and Sepia. The lecture on Moschus is essentially a reprint of the study of that remedy in the *Hahnemannian* for this addition of the above-mentioned matter of the lectures proper, for as Dr. Kornoerfer truly says in his memorial sketch of his deceased friend, they "belong to the classics of our school." The regret is that they cannot be incorporated in their entirety.

The reader must remember that in a course consisting of seventy-two lectures, it would be utterly impossible to include a complete presentation of the homoeopathic materia medica. This fact was always kept in mind by Dr. Farrington. It was his aim, therefore, to present to his students, only such matter as would enable them to establish their knowledge of materia medica on such a firm foundation that their post-graduate study of that science would be a comparatively easy task. How well he succeeded in his object can be attested by the many physicians whose fortune it was to receive instruction from his lips.

It should be said of Dr. Farrington's manuscript, that it gave marked evidence of constant study. Interlineations and notes of reference were frequently added. Erasures were few, for what he therein recorded was only placed there after having been thoroughly confirmed by the clinical experience of himself, or of some other competent observer. Fully did he realize the importance to homoeopathy of a materia medica which should be, in all respects, perfect.

PHILADELPHIA,
OCTOBER 1ST, 1887

CLARENCE BARTLETT, M.D.

PREFACE TO THE SECOND EDITION

WHEN the first edition of this work was published, in the autumn of 1887, a large number of copies were printed, sufficient, it was thought, to satisfy the demand for some time to come. So flattering was the reception accorded it, this large edition has been exhausted, and a new one has been called for. In the preparation of this the editor has had, as before the assistance of the author's manuscript lectures, together with notes of students whose privilege it was to receive instruction from Dr. Farrington in more recent years than was accorded the editor. The result of this revision has been the addition of a number of symptomatic indications for drugs. These additions have been pretty evenly divided over the whole work.

In presenting the second edition of Farrington's *Clinical Materia Medica* to the profession, the editor cannot refrain from expressing his admiration of the thoroughness of the work of its distinguished author. A review of the index shows that more than four hundred drugs were considered by him; many of these received but minor mention, while others he treated of *in extenso*, as their importance warranted. The therapeutic index shows, moreover, the hardly a class of ailments to which humanity is liable but what has received more or less attention. The therapeutics of diseases like scarlatina, diphtheria, and typhoid fever, as to be expected from their importance, were thoroughly considered. Others, but seldom met with in actual practice, were given but a passing notice. In all his teachings Dr. Farrington showed himself to be practical physician, fully alive to the demands to be made upon the needs of the student on entering practice.

OCTOBER 1, 1890

C.B.

PREFACE TO THE THIRD EDITION

OWING to the continued favor of the profession, the second edition of my father's work is now exhausted, and it becomes necessary to issue a third, which is herewith presented in substantially the same form with the one preceding. I have gone over the whole work, carefully comparing the text with the original material and correcting one or two palpable errors, also pressing into service a large volume of notes on *Materia Medica*, chiefly comparisons, which was not made use of before.

PHILADELPHIA, P.A.,
August 19, 1896

HARVEY FARRINGTON, M.D.

PREFACE TO THE FOURTH EDITION

Farrington's *Clinical Materia Medica* has made for itself a place among the classics of homoeopathic literature. It has become a standard text book in the colleges, and is consulted by practitioners generally in this country and, in fact, wherever Homoeopathy has made its way. It has been translated and published in the German language, in Spanish (Maxican), and an edition in Bengalee (Indian) has been contemplated, if not already issued.

Though lacking in the perfection that the author himself would have given it had he written it with his own hand, it nevertheless bears the charm and freedom of expression of the fluent lecturer who is well-versed in the materia medica and a past-master in its practical application. In editing this, this fourth edition of the work, these essential characteristics have been faithfully preserved. The revision has consisted chiefly in the elimination of a few inelegant expressions, due to a too literal transcription from the notes of the stenographer. Over forty pages of new matter has been added, including a full lecture on *Natrium arsenicatum*. But with only a few minor exceptions, these additions have been made from original manuscript notes and articles from current literature by the author himself.

Much time has been expended in compiling the indexes, which will now be found to contain the names of some of the lesser remedies mentioned in comparisons, the alkaloids and other references previously omitted.

To master the homoeopathic materia medica requires years of study and close application. Those who are conscientiously toiling to this end will find much in the following pages to lighten their labor.

In conclusion, I wish to acknowledge my indebtedness to my brother, Dr. Ernest A. Farrington, for valuable assistance in preparing the work for the press.

CHICAGO, ILL.,
January, 1908

HARVEY FARRINGTON, M.D.

IN MEMORIAM

PROFESSOR E. A. FARRINGTON, M.D.

By Aug. Korndorfer, M.D., Philadelphia, P.A.

The subject of this sketch, Dr. Ernest A. Farrington, was born on January 1, 1847, at Williamsburg, Long Island, N.Y. and died at Philadelphia, December 17, 1885. During his early years his family moved to Philadelphia, at which place he received his education, and rapidly rose to eminence in his profession.

Having already, during his early childhood, given evidence of exceptional intellectual ability, he passed through his school life with the highest commendation of his teachers.

After his entrance to the High School he seemed to develop in intellectual capacity rarely witnessed in one so young. He grasped and utilized facts with such vigor that his teachers looked upon him as quite a phenomenal boy. Often have I heard his teachers, professors of the High School, remark upon his aptness, clearness of thought, and remarkable proficiency in the various studies embraced in the curriculum of the school.

It may here be worthy of passing note, that during his entire school and student life, he endeared himself to his teachers, not less by his genial manners, than by his remarkable intellectual qualities.

Having completed the prescribed course at the High School, he made a most brilliant examination and was graduated, not only at the head of his class, but with the highest average of that time attained by any graduate of the institution.

During the following summer he visited his birthplace, spending the summer there and in New York city. Early in the fall he returned to Philadelphia, there to resume his favorite occupation, study.

Under the preceptorship of his brother, H. W. Farrington, M.D., he in the fall of 1866, matriculated in the Homoeopathic Medical College of Pennsylvania.

Here, again, the characteristics of his early life became the remark of his fellow-students, and it was not long before he was looked upon as one of the brightest student of his class. His quickness of perception, his ready memory, his devotion to study, and conscientious estimate of the responsibilities of his calling, marked him as one of the most promising students of our school. Coupled with all this, was an unusually strong religious bent of mind. His religious views were, however, of that happy type which but illuminate life's way, never casting shadows of doubt or gloom. His highest aim was to do right because it was right; that he accomplished this, all who knew him will attest.

When the Hahnemann Medical College of Philadelphia was chartered, in 1867, it became a question of serious import to him as to whether he should continue in the College with which he was connected or join the new institution. After lengthened consideration, he decided to sever his relationship with the old College. He became the second matriculant of the Hahnemann Medical College of Philadelphia. Here, again, he won unstinted praise, and graduated March, 1868, having enforced the full conviction upon the minds of all, both Faculty and class, that he had no superior in the class of "68." To the honor of all, let it be said that envy never tainted the commendation of one; every graduate delighted to accord to him his full meed of praise.

He entered practice immediately after his graduation, establishing himself at the residence of his father, 1616 Mount Vernon Street. His arduous labors in the pursuit of knowledge, during the years of college life, followed by even greater efforts during his early practice, made perceptible inroads upon his otherwise strong constitution; this led him, during the summer of 1869, to take a short European trip, from which he returned much improved in health. He reentered practice with renewed vigor, and speedily succeeded in securing a large and appreciative *clientele*.

On the 13th of September, 1871, he consummated in marriage an engagement which had for some time existed with Miss Elizabeth Aitkin, of Philadelphia, an event which brought more than usual joy, as in his wife he found a most congenial and helpful spirit, both as to his professional and religious life. Four children, three boys and one girl, have blessed this union.

Farrington was essentially a teacher among men. Already we find him, in the spring of 1869, filling a lecturer's appointment as teacher of Forensic Medicine in the spring course of the Hahnemann Medical College. "These lectures proved to be so satisfactory that the Faculty, on the resignation of the Professor of Forensic Medicine, after the session of 1869-70, elected him to fill the vacancy. Within two years, the chair of Pathology and Diagnosis becoming vacant, he was appointed to fill the same, and in 1874, upon the resignation of Dr. Guernsey, then Professor of *Materia Medica*, he was called to fill that most important chair.

His ambition was now about to realize the attainment of its highest aim. This had really been his true field of labor—here his deepest studies were made; here was, indeed, his life work.

Possessed of superior analytical powers, he never felt satisfied to accept a view or theory save it were demonstrably true; he, therefore, made deep and thorough research and study upon every question involved in the subject of homoeopathy; the law, dosage and potency questions all were subjects of much interest, but above all, his delight lay in the study of the *Materia Medica*.

His daily association with Hering quickened this his natural desire, and he was soon recognized by that master spirit of our school as one well fitted to a place in the highest rank among the expounders of that most intricate science, *Materia Medica*. Hering delighted to say, "When I am gone, Farrington must finish my *Materia Medica*."

His labors in this direction were not restricted to simply reviewing old provings, but were rounded out unto fullness by personally supervising provings of both old and new drugs. While he certainly possessed a wonderful memory for symptoms, the most prominent feature of his teaching may nevertheless be said to have been his ability to thoroughly analyze the specific drug action, showing not only the superficial but also the deeper relationship of symptoms.

Family and class relationship of drugs he studied with deepest interest. In fact, his "*Studies in Materia Medica*," a few of which have been published in the *Hahnemannian Monthly*, belong to the classics of our school.

On his election to the chair of *Materia Medica*, he devoted much of his time to the development of a method which, while full and comprehensive, would at the same time present a simplicity which would enable every student to intelligently study this most difficult subject.

He infused such new life into this usually prosy subject, that it soon became the favorite hour with many, and to all an hour of interest and profit. To the earnest student it became rather a recreation than a task. His analytical mind carried the students through labyrinths of symptoms and mazes of modalities, with such clear and concise directions as to the way, that the thoughtful student might ever after feel able to traverse the same alone.

His writings all bear the impress of a master mind. Already in 1871, scarcely three years subsequent to his graduation, we find him dealing with the philosophical elucidation of drug prescribing, in language indicating depth of knowledge rarely found even among our oldest practitioners. In illustration, permit a short quotation from his report of a case published in the *Hahnemannian Monthly*, April, 1871.

"It is a singular fact that all of the tribe of *Senedonidea*, Ord. *Compositae* which we have proved (*Cina*, *Artem. vulg.*, *Cham.*, *Tanacet.*, *Arnic.*, *Senecio grac.*) have relief from some form of motion.

"The *Artemisia vulgaris* resembles the *Cina* in nervous troubles, but, as it is in conjunctive relationship, it can not be used immediately before or after *Cina*. As a disjunctive relative and hence one that follows well, *Silicea* corresponds to the somnambulistic state, and *Silicea*, *Nux vom.* and *Caut.*, to the irritation of the solar plexus giving rise to spasm.

"The *Absinthium* (wormwood), another member of the *Artemisia*, when drunk in brandy (a famous drink used to stimulate the brain by actors, etc.), I have seen produce the delirium embriosorum, which was only relieved by *pacing the floor*, showing again the general relief from motion."

Thus we find him, as a beginner in years, treating the *Materia Medica* as by the hand of a master. The literature of our school has been greatly enriched by his pen; for though he did not strive to gratify ambition in giving to the profession massive volumes, he performed that which he felt duty to demand, *i.e.*, gave of his time in work not only upon his lectures, but also to societies, and in our journal literature.

The *American Journal of Homeopathic Materia Medica*, the *Hahnemannian Monthly*, the *North American Journal of Homoeopathy*, and other journals, have each received valuable articles from his pen. His *Studies in Materia Medica* alone, published in the *Hahnemannian Monthly*, aggregate about two hundred pages, and his comparisons, published as an appendix to the *American Journal of Homeopathic Materia Medica*, from 1873 to 1875, embrace over 150 pages more. His other articles were numerous and instructive.

Dr. Farrington was a homoeopathist by conviction. With him it was not a light thing to be physician, and he could only practice that which he could see to be true. Expediencies, for the sake of gaining the *eclat* of those who, through want of knowledge, grant unstinting praise to pleasant error, had not attraction for him. He preferred to sacrifice and to sustain his own sense of doing right rather than gain financial success by pandering to the ignorance of wealth, where it demanded departure from the law of cure in an experimental treatment of disease.

The influence which such a mind must exert upon a profession cannot be overestimated. Essentially scientific in its bent, progressive in its character, earnest in its labors, logical in its reasonings, and philosophical in its judgements, the results reached even most persistent opponents were compelled to receive with respect. While thus a true and most consistent homoeopath, he necessarily became identified with every movement which might tend toward the advancement of learning. Especially did he desire to see medical education brought to a far higher level than has ever been attained in his country.

Dr. Farrington was also an active participant in our County Society work. On the floor during debate, he was listened to with that attention which ability only can command. In the Chair, which for three successive years he occupied, he presided with dignity and justice.

He was also member of the State Society and of the American Institute of Homoeopathy, which letter he joined in 1872. For many years he was a member of its "Committee on Drug Provings," during which time he was identified with its Bureau of Materia Medica. At the time of his decease he was chairman of the bureau. In 1884 the Institute appointed him a member of its Editorial Consulting Committee on the new "Cyclopaedia of Drug Pathogenesis," etc.

In December, 1879, when the *Hahnemannian Monthly* was purchased by the Hahnemann Club of Philadelphia, he was selected by his colleagues of the Club as the sole editor of the journal, but on account of impairment of health and multiplicity of duties he felt impelled to decline the charge; though later, at the earnest solicitation of the Club, supplemented by that of the General Editor, he accepted the position of Contributing Editor, which position he filled until the time of his death; in fact, his article, a book review, was written but a few weeks prior to his decease.

Thus we find him throughout his life striving to accomplish the work which he valued so highly. No labor seemed too great, no effort too severe, so long as it tended to promote the advance toward that standard to which he felt the profession should aspire. An earnest advocate of higher education in general, he especially longed for the time when the professional standard should be placed at its highest.

Dr. Farrington was not less esteemed for his generous friendship than for his professional ability. He was noticeably a man of strong convictions nevertheless, with such characteristic breadth of thought and liberality of mind that he never allowed the strongest antagonism in scientific views to chill a friendship once formed.

His genial manners rendered him a most delightful companion, as all who ever had the opportunity to enjoy social intercourse with him will heartily attest.

His last illness began about the 14th of December, 1884, prior to which time he had contracted a cold to which he gave slight heed. Subsequently, owing to necessary exposure in the performance of his professional duties, laryngitis set in; he, nevertheless, delivered several lectures after the throat symptoms had assumed decided severity. During a

lecture prior to the Christmas holidays, aphonia took the place of the existing hoarseness, rendering further lecturing impossible.

It became necessary for him to secure a substitute during the month of January, 1885, but feeling much improved, he insisted upon resuming lectures during the month of February. He continued his duties in the College until after the Spring examination. During this time the disease invaded the bronchia, developing into a severe bronchitis; this, however, yielded partially during the latter part of March and April. At this time the most careful physical examination did not reveal the slightest sign of lung involvement. He now felt convinced that a trip to Europe would materially advance his recovery. He therefore sailed for Europe, accompanied by his wife, on the 9th day of May. On the 31st of May he wrote from Paris: "I am about the same, as yet, but live in hope." Under the advice of Dr. Herrmann, of Paris, he concluded to "go to Baden-Weiler, a beautiful little town in the Black Forest, noted for its mild climate, mountainous scenery, and restful surroundings." Here again disappointment came to him in that a wet season set in, which continued until his departure, although he remained for several weeks hoping for a favorable change. A stay of several weeks at Brighton, England, highly recommended by several English physicians, afforded no relief. Much discouraged he finally sailed for him. Disappointment and injury alone had resulted from his journey.

He now began to feel that his race was nearly run; that the great work in which he had engaged must be laid aside, and hopes long entertained must be abandoned. The first realization brought a feeling of bitter disappointment, which, however, speedily gave place to a clam conviction that the Lord's way was best. His mind seemed at perfect ease, and through he made fruitless efforts to obtain relief, he maintained an unwavering confidence in the law of cure. Some of his lay friends, seeing that homoeopathy must fail, strongly urged him to seek the advice of a prominent allopath. This he positively refused, afterwards remarking to the writer: "If must die, I want to die a Christian." His faith in the law was unbounded; he believed it divine in origin, and therefore wholly true.

In religious faith he was Swedenborgian, holding devoutly to the views of that great expounder of God's law. In his church life, as his

professional, he showed that zeal and learning which soon made him a light among his brethren. He was loved and esteemed by his church as but few laymen at his age are loved. Conscientious, zealous and learned, he seemed destined to be a leader among men. He was early called to his work on earth—that work he faithfully performed. Early the call came to his work on high—confidently he entered thereon. Seeking higher planes of usefulness here, he looked forward to his higher field of labor there in pleasurable anticipation. A good man has been called away. May his living example inspire many to emulation.

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Lecture 52

SILICEA

Silicea { Asaf., Phosphorus, Conium, Graphites.
Sulphur, Calcareo ostr., Lycopodium.
Gettysburg water. < Mercurius.

SILICEA in its crude state is inert. It is insoluble, and hence has very little effect on the system. When potentized according to the formula of Hahnemann it becomes one of the most valuable drugs in our materia medica. It is a grand illustration of the efficacy of potentization.

The great and important effect of *Silicea* lies in the nutritive changes which are made by it. As nutritive changes are more evident in the growing child than in the adult, you will find *Silicea* symptoms appearing mostly in children from infancy up, not that it is contraindicated in the adult, but its use is shown more evidently in the young. The child, then, is imperfectly nourished, not from defective quality of the food it takes, but from defective assimilation. The head is disproportionately large; the fontanelles, especially the anterior, are open; the body is small and emaciated, with the exception of the abdomen, which is round and plump, as is often the case in scrofulous children. The head, including the scalp, neck and face, is covered with an offensive sweat. The face is pale, waxen, earthy or yellowish. The bones are poorly developed, as are also the muscles, consequently the child is slow in learning to walk. *Silicea* is especially adapted to rachitic children. The fibrous parts of the joints are inflamed, swollen or ulcerated. This gives the joints, especially the knees, a knob-like appearance.

Silicea is complementary to *Thuja*, especially in nervous affections and for the bad effects of vaccination. Whatever we may say in favor of the necessity of vaccination, we do know but that this operation may be followed by unhappy symptoms, and that, too, when the purest of virus has been used. Hence, at times, you have to counteract the bad effects that may follow the operation. We know that in Paris some 30,000 or 40,000 children were vaccinated after each was given a dose of *Sulphur*, and this is supposed to prevent the outbreak of any other disease than the vaccinia itself. If such bad effects as erysipelas, convulsions or diarrhea should follow, then you will give *Silicea*, which will cure the case. *Thuja*, itself, is complementary here, and comes in very well for diarrhea following vaccination, and also when the vaccination fever is high. Pustules, like those of smallpox, together with a rash, appear all over the body. *Melandrinum* is also useful for ill-effects of vaccine, but as yet it has been only imperfectly proven.

You notice that to the right on the board I have placed *Mercurius*, prefixed by a "crescendo" mark. That means that *Mercurius* does not follow well after *Silicea*. Their symptomatologies are apparently similar, and yet they do not seem to agree, although *Silicea* will antidote some of the effects of crude mercury, but, as potentized medicines, they do not follow each other well, hence you must be careful in deciding between the two drugs.

Fluoric acid antidotes the over-use of *Silicea* in bone affections. *Hepar* also antidotes some of the effects of *Silicea*. We are now ready to take up the effects of the drug. First, on cellular tissue *Silicea* has long been known as a valuable drug, because of its affinity for cellular tissue. It produces inflammation of this extensive tissue of the body, going on to suppuration, and suppuration, too, which is rather indolent or sluggish in type, not necessarily malignant, but tending to perpetuate itself and become chronic. The termination of the *Silicea* cellulitis, then, is in suppuration, which is persistent, in ulceration which is persistent, or in induration. I have already illustrated this in the application of *Silicea* to the tonsils when these glands suppurate and refuse to heal, *Silicea* is more than ever the remedy when this occurs in rachitic children. You will see it also in the treatment of boils or furuncles, furuncles which occur in crops and which do not heal readily, but continue to dis-

charge a rather thin, watery and even ichorous pus, usually having a foul odor, or less commonly a thick pus. *Silicea* may frequently be suggested as a remedy to prevent boils, on account of its tendency to produce inflammation of the connective tissue.

So, too, it would be suggested in that dread disease, carbuncle, particularly when it is situated between the shoulder and nape of the neck, a common site for carbuncle.

Silicea may also be used for induration. For instance, following the treatment of boils and abscesses, or other inflammations of this kind involving the parenchyma of an organ, you may have plastic exudation, which results in induration. This induration *Silicea* will cause to be absorbed, thus placing *Silicea* alongside of *Graphites*, a drug which you will remember tends to absorb indurated surfaces, even going so far as to effect the obliteration of cicatrices.

The same has been said of *Phytolacca*, but I think that this lacks confirmation. It certainly lacks the confirmation that *Graphites* has had.

Sometimes you will find that *Silicea* is unsuccessful in these indurations. Then a dose of *Sulphur*, interpolated, makes *Silicea* act better.

Silicea may be given with good result in all forms of ulcers, both benign and malignant. Its distinctive features are ulcers from bone diseases, as caries or necrosis, scrofulous ulcers which appear about joints, ulcers which appear in the back from vertebral caries, and ulcers which appear about the hip in hip-disease, particularly if connecting with fistulae. The pus is thin and offensive, and often mixed with blood and sometimes with little particles looking like cheese. There is very little tendency to heal spontaneously. These ulcers are relieved by warm and aggravated by cold applications.

Silicea acts upon the bones. We find it indicated in scrofulous children where the bones are curved, as for instance in spinal curvature. Not only is it indicated in lateral curvature, but where there is caries of the vertebral column itself.

It may also be indicated in diseases of the hip, or knee-joint, when the discharges are thin and offensive, and when there are fistulous tracks opening into the joint. The patient is of a scrofulous

diathesis, and presents the constitutional characteristics that I have already mentioned as belonging to the *Silicea* patient. In addition to the symptoms there enumerated, the *Silicea* patient may have an offensive foot sweat, and this tends to make the toes sore and even raw. Sometimes there is an offensive axillary sweat. (I believe that the best remedy for axillary sweat is *Petroleum*.) The child also has tendency to swelling of the glands, which suppurate. Now with these symptoms there is a peculiar susceptibility to touch. I would here compare it with *Lachesis*, which as you will remember has extreme hyperesthesia of inflamed parts. I dwell on this symptom for two reasons; first, because it will help you to differentiate from the closely allied lime salts, and secondly because it illustrates a property of *Silicea* which you will see when we come to speak of its action on the nerves.

Let us now stop to compare *Silicea* with its related remedies. *Asafoetida* has offensive discharges from the bones. It is distinguished, however, by the intolerable soreness around the ulcer. For instance, in caries of the tibia, with an external outlet and discharging pus, the parts around the ulcer are so sore and tender to the touch that the patient cannot bear the softest dressing.

Phosphorus is very similar to *Silicea* in bone disease. It resembles it in abscess, particularly in mammary abscess, with fistulous openings. It is similar, too, in the caries of bone, particularly in necrosis. *Phosphorus*, like *Silicea*, has over-excitability of the nervous system.

Platinum mur. is also a valuable drug in caries of the bones.

Another is *Angustura*, which is particularly useful in caries of the long bones, as the humerus, tibia, femur, etc.

Strontiana carbonica is especially useful in caries of the femur with coexisting watery diarrhea.

Gettysburg salt is rich in carbonate of lithium, and is very useful for symptoms precisely like those of *Silicea*, namely, carious ulcers, or ulcers about joints, such as occur in hip-disease or in caries of the vertebrae. The discharge is acrid and excoriating.

Sulphur, *Calcarea*, and *Lycopodium* are similar to *Silicea* in the scrofulous diseases of children. The distinction between *Calcarea* and *Silicea* is as follows : the *Calcarea* head sweat is confined to the

scalp, and is sour rather than offensive. The feet also are damp from sweat, but the sweat does not, as in *Silicea*, make the feet sore or raw. *Calcarea* lacks the sensitiveness to touch of *Silicea*.

In this sweating of the head, the body being dry, *Silicea* is exactly opposite to *Rhus tox.*, which has sweating of the body, the head being dry.

The mucous membranes do not escape the action of *Silicea*. We have otorrhea, the discharge from the ear being offensive, watery, and curdy. Often you find the membrana tympana perforated, the purulent discharge thence containing little pieces of bone, the result of involvement of the mastoid process or the ossicles of the middle ear by the disease.

There is keratitis, especially with tendency to the formation of sloughing ulcers, which tend to perforate the cornea like those of *Nitric acid*. In the *Silicea* child they are not vascular, so there is not much infiltration of the surrounding tissues. Hypopyon is present. The lids are swollen and covered with suppurating styes.

The nose is also affected. *Silicea* is especially useful in nasal catarrh when ulcers exist on the mucous membranes, and these discharge a thin, bloody excoriating matter; or they may be dry, and then there is annoying dryness of the nose. It is also useful when the catarrhal process extends backwards and involves the outlets of the Eustachian tubes, producing an intolerable itching and tingling in this locality.

We also find *Silicea* indicated in some forms of hay-asthma, especially that which begins with itching and tingling in the nose and violent sneezing and excoriating discharge from the nose.

Silicea has also an action on the lungs. It produces hoarseness and roughness and dryness, with a tickling cough which seems to come from the supra-sternal fossa very much like *Rumex crispus*. There is also a feeling as if a hair were lying in the throat, larynx or trachea. The cough is excited by cold drinks, as under *Rhus tox.* and *Scilla*, by the very act of speaking, as in *Phosphorus*, *Rumex*, *Ambra grisea*, etc., and worse at night when lying down, just like *Rumex*, *Phosphorus* and *Lycopodium*. Sometimes it ends in the vomiting of mucus.

Silicea is useful in the suppurative stage of tuberculosis, when the cough, at first dry, becomes loose, with the expectoration of offensive muco-pus. You will find it of great service in the phthisis mucosa of old people. After great exertion the patient expectorates nasty pus, which is horribly offensive. But *Silicea* will seldom cure these cases. It can only palliate.

Phellandrium aquaticum is an excellent remedy in the last stages of phthisis when the expectoration is terribly offensive.

I would advise you to remember *Capsicum* for bronchial catarrh when the breath is not offensive except during the cough. You know that the *Capsicum* patient is of lax fibre and cannot get up the expectoration; so some of it lies there and undergoes decomposition. The air of ordinary expiration is not offensive, but as soon as the patient brings that from the very depths of the lungs, the offensive odor becomes quite marked.

In the *Silicea* diarrhea the stools are offensive and usually painless and lienteric. The child vomits its food. These symptoms are associated with the characteristic skin lesions and constitutional peculiarities which go to make up the *Silicea* child.

The constipation of *Silicea* is quite characteristic. The stool partially escapes from the rectum and then seems to slip back again. I think that this symptom is easily explained. There is defective expulsive power on the part of the rectum. With a great deal of straining the stool is partly pushed down. When the bearing ceases then it slips back.

Next you have to remember the action of *Silicea* on the nervous system. It has here a very peculiar effect, which was pointed out first by Dr. Dunham. It causes a tendency to paralysis and paralytic weakness. Here, too, the trouble seems to be due to defective nutrition of the nerves themselves, both in the brain and spinal cord. Then you will have to remember it as a remedy in paralytic weakness accompanying disease of the spinal column. Often, with this condition, there is the peculiar constipation I have just described. With all these paralytic troubles there is an over-susceptibility to nervous stimuli. The senses are morbidly keen. The brain and spine cannot bear even an ordinary concussion or vibration. The surface of the body is tender and sensitive to the touch. Cold aggravates the symptoms and heat relieves.

Silicea may be given in convulsions of an epileptic character, with well-marked aura, when it starts from the solar plexus, as in *Bufo* and *Nux vomica*. The attacks are also said to come in certain phases of the moon. The patients are worse from any over-strain of the mind or emotions.

The headache of *Silicea* is of a nervous character and provoked by any excessive mental exertion. It is generally worse over the right eye. It is aggravated by any noise, motion or concussion, and better from wrapping the head up warmly. It is not the pressure, but the warmth, that relieves. Sharp, tearing pains rise from the spine into the head. At the height of the paroxysm there is apt to be nausea and vomiting from sympathetic involvement of the stomach.

You should here compare *Menyanthes*, *Paris quadrifolia* and *Strontiana carb*. *Menyanthes* was first confirmed by Dr. Dunham. It has a peculiar headache coming from the nape of the neck, over the head. There is a bursting pain, as if the membranes of the brain were tense, and were pushing the skull open. This is relived by pressure rather than by warmth.

Paris quadrifolia has headache of spinal origin, which arises from the nape of the neck and produces a feeling as though the head were immensely large.

Strontiana carb. produces headache coming up from the nape of the neck and spreading thence over the head. It is just exactly like the headache of *Silicea*. You will have to distinguish by the collateral symptoms.

There are other nervous symptoms produced by *Silicea*. The patient has vertigo, which, like the pains, seems to rise from the spine into the head. It also causes difficulty in balancing. He has a fear that he will fall, and always to the left. Speech is somewhat confused. He finds it difficult to grasp the exact expression he wishes, and this even in ordinary conversation, and yet, when warmed up to his subject, he sometimes speaks quite fluently. Sluggishness is a contraindication of *Silicea* in nervous conditions. You cannot use it in torpid, flabby, nerveless persons. Remember that exactly the opposite is the case with disease of the lower tissues.

Silicea acts just as powerfully on the spine as it does on the brain, causing general motor weakness. Here, too, it is attended