

ORIGINAL PAPER

Ambergris, Crocus and Tiger Lily[☆]

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Apart from the pleasant, almost romantic, association of these names, the remedies are closely allied, and it is of value to consider them together. As will be presently noted, there is such a great resemblance, even identity, in many of their respective symptoms that it is impossible not to believe that, fundamentally, there must be a great resemblance in their respective modes of attacking the human body, and an identity in the principal human tissues affected by them. It must be remembered that each tincture is a complex affair, chemically, and, as always in these cases, certain elements and compounds therein may count especially in the final resulting action. But in the present state of our knowledge, deplorably deficient as it is with regard to an exact estimate of (for instance) the mineral constituents of complex tinctures, there is little value in speculating whether or no these entities could be simplified and their provings brought home to one or other of their component parts. The elemental remedies which they recall most are those of the platinum, palladium, stannum group, yet there is no reason to suspect the presence of any of these metals, so for the moment it must be confessed that the drugs must be considered as a whole or not at all.

Observe first one of the more obvious symptoms common to the three, nervous hypersensitiveness, which is marked both physically and psychically. It deserves analysis, for if it can be understood, it may give a clue to the central action of the drugs. *Ambra* shows it most psychically. Intense shyness characterizes the patient, who blushes at the least (or no) provocation, who is hampered in the performance of almost any quite ordinary action if another person is present. If the patient needs nursing, for instance, the fulfilment of the simple reflexes of defaecation or micturition are absolutely inhibited in presence of the nurse; but far short of this not unnatural embarrassment, any break of the solitude desired intensifies the shyness and self-consciousness. Self-consciousness, that is the aspect of the matter to stress. There is also sensitiveness to physical contacts, any strong sensory stimuli distress (particularly, in my experience, scents, though this is not underlined in the *Materia Medica*), but it is pre-eminently the psychical reactions that matter. Thus music is more intolerable even than mere noise, and this is no simple auditory sensitiveness, but is due to the associations and psychical reactions of music. *Ambra* subjects are often devoted to music until they fall ill, and then cannot endure it. Later, the hearing becomes dulled, as Kent points out, but that I believe to be an attempt at mind protection, for it is unaccompanied by any organic ear disease. Like the familiar "complexes" of to-day, this attempt at protection intensifies until, if forced to listen to music, physical symptoms (cough, for instance) will be aggravated. A very intelligent patient who, before and after this experience (which followed influenza), loved music deeply, told me that in her case every note vibrated in her head to a painful degree, and the mixed vibrations of an orchestra were literally jangling and intolerable, though perfectly harmonious to the rest of the audience. It is interesting to speculate on the curious fact that during this century of polyphonic music, great poets have more and more been "non-musical", whereas in Elizabethan and Caroline times, to say poet was virtually also to say musician. I suspect the poet's ear may be so sensitive that it needs very gradual adaptation to the complex sound masses of modern orchestration, and the *ambra* condition may be a development of the poet's ear on the part of an ordinary individual. Certain it is that neither Tennyson, Arnold, Rossetti, Swinburne or Morris cared much for music.

I should like any of you who meet typical *ambra* cases to test in them, as I mean to test, the sense of verbal rhythm, for in the poets that appears to be very highly developed. *Crocus* patients are sensitive to music, but rather welcome it, though usually it aggravates the unstable nervous state. With *Lilium* the special sense most disturbed is the visual, as its subjects have all sorts of eye symptoms, with or without conjunctivitis. Particularly are the head pains associated with ocular disturbance. *Lilium* subjects are also very self-conscious, and though not specially shy in company, are very apt to be moved by sudden impulses if spoken to or disturbed. Impulses of anger these are, leading to sudden actions of impatience and ill-temper. The precedent state may be a deceptive inertness, but, analysing, it will be found that the inertness was rather a day-dreaming, an absorption in the self and its affairs, and it is the break in that process which is resented. The *Ambra* patient is intensely conscious of self, but being less self-absorbed, is afraid of company; the *Lilium* patient resents it. With *Crocus*, hypersensitiveness to outside

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impressions produces so marked a mental instability that the rapid, almost incoherent changes of mood mask the self-consciousness which nevertheless persists. *Crocus* patients are typically hysterical in the sense in which novelists or newspaper men use the term, and with these patients the personality is actually more or less disintegrating. But that means that in the effort to get back to some sort of stable consciousness, there is no time for anything but an attempt to deal with the separating selves, and entire oblivion of any outside personalities is inevitable. The *Crocus* patient laughs, cries, sings, shouts, weeps, all but simultaneously, especially laughs—laughs uncontrollably. Bergson says that laughter is social criticism, and Burton that it implies a sense of self-superiority, and it is probable that *Crocus* patients laugh in this sense. They are apt to be self-conscious and pleased with themselves, recalling the mood of platinum.

So much for psychical sensitiveness. But there is physical sensitiveness, too, more than has been indicated yet, and significantly enough it is most marked in relation to the genital organs. The sensitiveness is characteristic of all three drugs (least of *Crocus*), and is accompanied by positive sensations in *Ambra* and *Lilium*. These are of itching, burning, even of pain in vagina and external pudenda—sexual desire is so increased that the drugs have to be considered in actual nymphomania, and where this depends on or is influenced by exaggerated sensitiveness are likely to be of service. Both drugs also show leucorrhoea—the *Ambra* period is an increased one, the *Lilium* period often lessened, the *Crocus* profuse haemorrhage is notorious and one of the leading symptoms of that remedy. *Lilium* gives much the most definite indications of power over the ovaries, for pains in the ovarian region (both sides) are very marked and severe. With the pelvic condition goes a sensation of combined weakness and bearing down which the patient may express as a feeling as though prolapse was imminent, and as though some supporting external pressure is desirable and gives relief. This is not altogether the bearing down that goes with sepsia. The sense of dropping down, for instance, is often described as starting from chest or upper abdomen—not concentrated in the pelvis—in other words it is more a nervous and less a structural condition; pelvic examination may not reveal any marked dropping of the uterus. I think it is rather part of the nerve sensitiveness which leads to a general increase of reflex muscle contractions. Vaginal spasm plays a large part in the sensation, and note in this connection that tenesmus of bladder and rectum is a very well marked and irritating symptom and that there is a *Lilium* diarrhoea (early morning and urgent) which is clearly a matter of violently increased peristalsis rather than of disease of the bowel. It is true that Dr. Kent describes a dysenteric stool as occurring in *Lilium* patients, but he more than hints that his choice of *Lilium* in such cases would only be made if the nervous symptoms corresponded closely. That is, the appearance of blood and mucus is more or less accidental and not due to ulceration. The *Ambra* patient is more prone to constipation. Turn now to the pelvic symptoms of *Crocus* and first and foremost comes haemorrhage, profuse, characterized by black viscid clots. I do not know why some drug haemorrhages are arterial and some venous, and some more clotted and some less, though occasionally I can guess at a reason. At least I think the differing kinds of haemorrhage are worth noting as indications.

Typical *Crocus* haemorrhage is as described. Haemorrhage is more noticeable than pain but the curious sensation as though something alive were moving in chest or abdomen is well established as a genuine symptom. It has led to the use of the drug in imaginary pregnancy but the sensation is much more often described even by ignorant patients as "like something alive" than misinterpreted by them as really being so caused. *Lilium* will prove palliative even in fibroid and malignant disease as regards the haemorrhage, and in the latter cases may relieve pain though pain is not prominent in its symptomatology. Its reputation for tumours, by the way, is much older than Hahnemann. It has been praised for other than uterine haemorrhages, but I cannot confirm this myself and am inclined to doubt this power. To sum up so far, we have to note: In *Ambra* great psychical sensitiveness, considerable physical sensitiveness, considerable haemorrhage, some pain; in *Lilium*: great physical sensitiveness, great pain, considerable psychical sensitiveness, little haemorrhage or none; in *Crocus*: great haemorrhage, little pain: great mental instability with some likelihood of symptoms referred to sexual causes. All these symptoms being centred physically round the pelvis and its organs, and mentally centring round exaggerations or perversions of self consciousness. Surely they are best interpreted as due to some modification or modifications of the internal secretions of the generative glands and associated structures perhaps produced by the drugs. A change in quantity or quality in these secretions probably underlies the heightened sensitiveness, this in its turn may keep the spinal centres unduly active, with their reflex excitability spreading from generative areas to rectum and bladder areas as with *Lilium*. Finally, to what else should be attributed the changes in the personality all so definitely associated with the patient's feeling of self? Our (so-called) normal self is only a fraction for daily working purposes of our possible consciousness, but it is a fundamental assumption that the internal secretion of generative glands plays an enormous part in its development and its details. The time of puberty is often a very bashful season as this new life element makes its appearance, becoming a much more confident affair as sex life matures. Does *Ambra* perhaps check the amount of this secretion while *Lilium* increases it? The speculations are of little use to prescribe on. We rightly hold to symptomatology for this purpose, and yet it may be that in time we shall interpret symptoms more readily and simplify our task. The fundamental conception of Dr. Hughes was a sound one, that of relating symptoms to a tissue change, but he necessarily with the knowledge of his time, failed to consider the deeper tissues whose mastering influence we barely yet realize. But if we do realize it and learn enough we may come to restate the Hughes doctrine with fuller knowledge and more enduring success. It will be a curious irony of fate that will then link the names of Richard Hughes and Edward Blake, but that Blake was a pioneer in this matter none can now doubt.

Grasping at least this central conception of the probable pelvic origin of the symptomatology of all these drugs, some details can be fitted into each picture. They will be caused either directly by the changed internal secretion balance affecting other tissues or more often perhaps through the changed nervous system reacting back on other parts of the body mechanism.

Much the most important of these are the heart symptoms of *Lilium*, pain, recalling the cactus pain, of the heart, feeling as if grasped or squeezed, fluttering palpitation and a quick low tension pulse. Note the low tension: there is a fine work to be done by making blood-pressure observations of many conditions, and I would point out for those who shy off at any suggestion of re-proving of our materia medica on the side of exacter physical measurements (apparently because these are held to depreciate Allen or Hering or Kent, though they do nothing of the sort), that much of his work could be done clinically. Thus if a case works out to *Lilium*, estimate the blood-pressure before and during and after treatment, and a contribution to knowledge is made. But I am digressing.

These heart symptoms are clearly related to the psychological symptoms and deeply influenced by them. Often psychical, cardiac and pelvic symptoms will succeed in waves, now one, now the other group becoming prominent. Neither *Crocus* nor *Ambra* affects the heart very directly, though palpitation is a symptom of both. But *Ambra* is an asthmatic remedy, and the condition which it relieves is cardiac asthma rather than bronchial. There is a definite spasmodic cough, but the nervous element in its causation is obvious. Expectoration is scanty and not purulent. A symptom stressed by Dr. Clarke is that of eructation accompanying cough. All remedies like these that are suitable for unstable nervous systems develop the flatulence which we usually find in the corresponding patients, and the *Ambra* cough, being sudden and violent, causes some belching of the *Ambra* gastric flatulence.

Dr. Kent insists on the value of *Ambra* in troubles of the old. I would add also of the very young (childhood and second childhood), and is not this another suggestion that the effect of the drug is rather to diminish the value of the sex gland contribution to internal secretion balance, as in childhood and in senility these glands are of less importance than during maturity.

Ever since Hahnemann asserted the importance of mental symptoms, his followers have been able to follow the changes of view as to the relative importance of physical and mental phenomena with a certain calmness, born of the sure knowledge that the law of similars holds good throughout all symptomatology. Recently we have had a great stressing of the power of the mind over the body, to adopt the journalistic phrase, and no doubt the pendulum is presently going to swing back. But as students of drug action our position is now clearer. The value of mental symptoms actually is in the clue which they give to the internal secretion balance which they reveal, and some day we shall have at least an additional materia medica in terms of gland secretions. It is true that virtually all life phenomena are reversible. The physical conditions the mental, but the mental can reverse the current and influence the physical. These verbal distinctions are mere temporary conveniences, and will soon be obsolete, but we may find use in them for the moment. But when we use drugs, we are working from physical to mental, though we take the mental symptoms as our guide. When Nietzsche says, "To know fear, yet compel thy fear; to see the abyss, but to see it with pride," he is really wanting (among other things) to stimulate adrenal secretion, as it can be stimulated, from the mind. But a dose of *Argentum Nitricum*, which would simultaneously affect the tissue, might be a help. So with these and all our drugs, the more we can see them in the main stream of their action, and relate subsidiary to primary effects, the better we can group and remember them. But even when we have provisionally associated drug symptomatology with tissue effects, whether mainly local, as for instance with *Hydrastis*, mainly general (i.e., internal secretion balance) as with these drugs, or compounded of both as with *Sulphur* or *Pulsatilla*, we are still left wondering whether behind the disturbed adrenal, or ovary, or pituitary, or thyroid, there may not be a further secret. We meet a *Lilium* patient and think, "disturbed ovarian internal secretion, but *what* disturbed it?" Here we come back to Hahnemann. We are always coming back to that colossal genius, and begin to think of the chronic disease theory, and the poisons that may lurk deep in the background. It is not to our credit that we leave the chronic disease conceptions so untouched. Syphilis we realize, and sycosis may well be read gonorrhoea, but what of psora? The question is too big for present discussion, but I suggest finally about these three drugs that they tend to be found in the more superficial, rather than in the deep acting group. They will aid the diseased or poisoned pelvic organs to resist disease or poison, or to combat effects of either, but they will not cure by striking at the trouble behind. Consequently, if the symptoms that bring to us patients who suggest these drugs are recent, no others may be needed. Otherwise they must be supplemented, and in my experience *Lycopodium*, *Silicea*, and salts of sodium and potassium are the most likely to be needed. No one can be more conscious than I how elementary a study I have made of these three drugs; the most I hope to have done is to associate together some of your experiences, that they may be the groundwork for better use in future needs.