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Ulceration *

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Ulceration is one of the terminations of inflammation, a loss of tissue by molecular or granular disintegration, presenting an open sore, discharging pus, ichorous usually,—and unhealthy in character in proportion to activity. A simple raw surface is not at all times ulceration; when epithelium is removed simply, the accident is called an *abrasion*; true ulceration is removal of proper vascular tissue. Ulcers are found in all parts of the body, affecting all tissues alike, but more frequently on the skin and mucous surfaces. The vascularity of the part must also play an important part, and we consequently find that the lower extremities, where the return of the blood is easily interfered with, or parts of small blood supply, are oftener affected.

We may divide ulcers into three great classes, each of which may be subdivided into varieties. We will find the classification a rational one, as the causation, semiology, and termination are different in each. The first group are called *idiopathic*, which includes all those varieties that make their appearance without any assignable cause, or, at least, are apparently unconnected with any constitutional disturbance. This purely local character is, of course, only apparent, as we believe the ulcer itself to be merely a symptom.

The second group, or *symptomatic*, are all ulcers that are recognized as directly connected with some known morbid process, or are often accompaniments of such conditions.

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The third class, or *specific* ulcers, are the syphilitic, scorbutic, etc., and are such as always present the same characters, and are constant symptoms of deep-seated specific diseased action.

The classes and sub-divisions may be tabulated as follows :

1. Idiopathic.	{ Simple. Weak. Indolent. Inflamed.
2. Symptomatic.	{ Sloughing. Varicose. Irritable. Hæmorrhagic.
3. Specific.	{ Scorbutic. Strumous, Cancerous. Syphilitic. Mercurial. Lupus.

The last group will not receive any attention at this time, a description falling more properly under different and special headings.

As with all surgical affections, we find the causes to be both *predisposing* and *exciting*.

The *predisposing causes* are mainly anything that deranges assimilation, and according to ERICHSEN may be considered under three heads :

1. *Deposition Normal, Absorption too Active*.—An illustration of this cause will be found in cases in which from pressure parts become devitalized, and are removed by absorption, not detached in masses as in gangrene, but a granular, molecular disintegration.

2. *Absorption Normal, Deposition Deficient*.—Here we have an example where nutrition is cut off by arterial obstruction, by starvation, or any cause that either prevents nutrient material from reaching the point injured ; the individual is deprived of proper nutriment ; or derangements of

assimilation prevents proper appropriation even when the supply is ample.

3. *Elimination of Spoiled Dead Matter.*—This last is evidently analogous to gangrene or sloughing. Large masses die from want of nutrition, action of destructive agents as fire and corrosive acids, etc., and after ejection some derangement of assimilation prevents repair.

Of course any competent surgeon could multiply illustrations of these three forms of perverted nutrition, and they need not detain us longer now. One fact, I think, will be very apparent, viz., that a simple wound, or any traumatism, cannot result in true ulceration, except from interrupted blood supply (which will mostly be of short duration)—and that as a constitutional vice is at the bottom of the trouble a cure must be sought by addressing our treatment to the *individual* and not the ulcer. Local measures must produce either a simple suppression and translation of the trouble to other parts, produce only temporary benefit or imperfect cure; or else fail utterly to affect the condition, unless it be to aggravate the local trouble. The predisposition may also be foretold, to some extent, by consideration of questions of sex, age, and social position. Thus *women*, from the interference with circulation from faulty attire, as well as the disorders incident to pregnancy, are more liable to ulceration than men. *Old persons*, whose circulation is feeble and easily interrupted, as well as the tendency to disorder of senility, (as calcareous and atheromatous degenerations of arteries,) and whose powers of repair are often enfeebled from digestive abnormalities, are oftener afflicted with ulcers than young person. *Poverty* is, perhaps, the most potent among the predisposing causes as all the requirements, faulty nutrition, imperfect or inadequate nourishment, squalid dwellings and the nature of the daily occupation, are here fulfilled. Finally the nature of the *occupation* must be considered. Trunk-makers, from the use they make of oxalic acid; those who work in chemical works; and any

occupation that necessitates a lowering of vital tone, or the handling of corrosive substances, must be causative, or predisposing to the formation of ulcers.

The *exciting causes* are anything of a traumatic nature or otherwise, that interrupts or impedes the circulation of the part, or causes loss of tissue. The most common cause is undoubtedly *inflammatory action*. Next in frequency comes *wounds* and all manner of textural injury; of course the mere reception of injury is not alone sufficient, as without some abnormal condition such lesions heal at once. *Devitalization* from pressure, arterial occlusion, etc., comes next in frequency. Finally, the *action of fire* or corrosive substances, as some kinds of acids. Probably, however, three-fourths of our cases will be readily traced to trauma.

Very frequently cases will be brought to our notice, who have small ulcers in various parts of the body, which popular fiction has taught them to believe are "safety-vents," and that fear of disastrous consequences alone induces them to keep them open. If the treatment proposed is local, or purely operative, they may well dread their closure; but in most cases a patient search for the similar remedy, will discover a medicine that will safely, speedily, and surely close most of these "safety-vents" will be found a hæmorrhagic ulcer, or a lupus.

Let us now consider each variety of ulcer separately, reserving a description of the specific group until we reach specific diseases.

Simple Ulcer.—This is the typical ulcer. It is a round or oval sore, edges slightly raised and rounded, not sharp-cut—shallow, granulations firm and healthy-looking, pus laudable and not profuse. There is usually no pain, but a tenderness to touch or pressure, without tendency to bleed. These sores are usually readily healed, and often heal without surgical assistance, but are slow and tardy. The typical remedy is *Calendula*.

Weak Ulcer.—This is usually a second stage of the simple

ulcer, which has been maltreated by non-stimulation topical applications. Occasionally, however, these characters obtain from the beginning. The granulations become large and flabby, they are lighter in color, have a gelatinous look. Pus is thin, watery, not acrid, or may disappear entirely. The edges become pale, quite high, still rounded but sharper than before. No pain, little tenderness, and no tendency to bleed. In two or three cases in which the granulations were simply enormous, I produced a speedy and lasting cure with *Sempervivum tectorum*. The remedy was used locally because I had no attenuation at the time.

Inflamed Ulcer.—Like the last, this variety is oftener the result of maltreatment of the simple ulcer, particularly with stimulating, or irritating local applications. At first the granulations become much larger but very firm, and darker in color; they then commence to slough off, and soon disappear entirely or partially. The pus becomes thick, offensive in odor, and streaked with blood. Edges raised, sharper outline, and very much inflamed; the inflammation also extends for some distance around the ulcer. The pain is severe, of varying character, but oftener, perhaps, pulsating, and the ulcer and its neighborhood becomes very sensitive to touch or pressure. The remedies oftener called for are *Arn.*, *Ars.*, *Bell.*, *Puls.*, *Merc.*, *Asafæt.*

Indolent Ulcer.—This is a form of ulcer essentially masculine, and is so often found on the lower leg of old men, that chronic, may be secondary upon the other varieties, or assume its peculiar characters from the first. The granulations are either wanting entirely, or else are very few, small, but firm. The pus is either thin, scanty and offensive in odor, or as is more common, is wanting entirely. The edges are elevated or flat, hard, irregular, ragged outline, and dark color. The skin, for some distance around, is dark-colored, covered with scabs or scales, and seems firmly bound down to the bone. They are absolutely without sensation, for the most part, and the condition may last for an indefinite period

without change. They are oftener found on the leg, near the ankle, but in all cases somewhere on the leg. *Baryta c.*, *Graph.*, *Sil.*, *Sulph.*, and *galvanism* are the remedies most frequently indicated.

Sloughing Ulcer.—Usually this variety succeeds, or is secondary to the inflamed. The first symptom will be a disappearance of the granulations, the edges become sharp-cut and of a livid or dark color; the pus is thin, ichorous, and putrid, or cadaverous; base become grayish and filled with a tough slough, which can be freely moved about but not removed; the probe will penetrate deeply around the edges of the slough. The sore extends rapidly, the edges seeming to visibly melt down into the ulcer, and the outline is soon very irregular. The pain is considerable, and the constitutional disturbance is extreme, with much fever, and at times some delirium. *Arsenicum*, *Merc.*, *Lach.*, *Nitric acid*, *Sil.*, and *Sulph. acid*, are the most common remedies.

Irritable Ulcer.—Women, about the middle period of life, who are also of a "nervo-bilious" temperament, frequently, suffer with this peculiar form of ulceration. They are usually small, circular, irregular edges, which are sharp and flat; no granulations; deep, base filled with a tough slough; the pus is thin and acrid; excessively painful, particularly at night; and very sensitive to touch, *Asafœtida*, *Bell.*, *Cham.*, *Merc.*, *Nitric acid*, *Sepia*, are the common remedies. One case was cured with *Puls.*, and one with *Chin.*, but ordinarily one of the above are all that are needed.

Varicose Ulcer.—This form of ulcer is not due to a rupture of one of the pouches of a varicose vein, but to a modified nutrition of the part from the venous derangement. The character and semiology of the ulcer does not vary much from either of the other varieties; perhaps the indolent and irritable, the preceding, and the hæmorrhagic, yet to be described, are the common characteristics. The history of the case and the appearance of the part, is very essential to a perfect diagnosis, and when the varix is deep, which occurs

but seldom—the difficulties are almost insurmountable. The varicose disease must be cured before we can make much impression on the ulcer. *Hamamelis*, *Nux vom.*, *Lach.*, *Sulph.*, are the remedies most frequently indicated, as the ulcer frequently improves and disappears as the varix gets better.

Hæmorrhagic Ulcer.—This is a small, circular, deep, purplish-colored ulcer, very frequently met with among women, particularly those who are suffering with amenorrhœa. It is an exceedingly painful and sensitive sore, and resembles very closely the irritable. It is quite regular in shape, and the edges sharp; the appearance is frequently as if cut out with a punch. At the menstrual period it oozes blood, and is the common form of the so-called "safety-vent." The discharge is various, sometimes there is none with the exception of the blood at the proper period. *Kali bich.*, *Ars.*, *Carbo veg.*, *Phos.*, *Sil.*, *Sulph.*, have all produced cures in my hands, perhaps the first more often.

TREATMENT.—I hold it to be a cardinal principal in the treatment of ulcers, that all local applications should be rigidly forbidden, medicated or otherwise. The cure is perfect and durable, just in proportion as the sore is kept dry, un-irritated, and free from all kinds of mechanical and instrumental interference. This is not to be carried to the extent of disregarding cleanliness, but this must be effected by permitting water to drip over it from a sponge, rather than any harsher methods. Indeed it is *sine qua non* that the sore should be clean, as retained discharges may cause much trouble. While it is perfectly possible to heal an ulcer on the leg while the patient goes about his daily avocations, it will materially assist a cure if he is kept quiet, and the leg elevated. In the case of varicose ulcer, the support that a well-fitting bandage gives to the enlarged veins, not only affords the patient much comfort, but even may materially aid in the cure. Here, therefore, strapping, elastic bandage, or even a smoothly applied roller, may be advantageously employed. My rule is to use a high dilution of the indicated

remedy, at least not below the 30th, giving several doses a day, until some evidence of improvement is manifest; then suspend the medicine while this improvement continues. We may judge of the progress that is being made by the changes in the shape, general appearance and sensibility of the ulcer. For example, when the healing process is about commencing, the first change will be a flattening down of the edges, and a diminution in the intensity of the color; a biting or itching will take the place of the former pain; the pus will either become more laudable, or will diminish *gradually* in quantity; the granulations will take on a healthy appearance; and the gap will fill up from the periphery towards the centre. When the healing begins in the centre it will not continue to completion, but break down before it reaches the periphery.

The number of remedies that may be consulted in the treatment of ulcers is immense, including nearly every article in the *Materia Medica*. After much experience in this direction the following has been compiled as embracing those more commonly called for:

Simple Ulcers.—*Ambra g.*, *Amm. m.*, *Arn.*, *Ars.*, *Bovista.*, *Bry.*, *Calc. c.*, *Calend.*, *Carbo v.*, *Caust.*, *Chin.*, *Clem.*, *Con.*, *Cuprum.*, *Dule.*, *Hepar s.*, *Kreos.*, *Merc.*, *Mexer.*, *Natr. c.*, *Nux vom.*, *Puls.*, *Ranunc.*, *Rhus tox.*, *Rhus rad.*, *Ruta g.*, *Staph.*, *Verat.*

Weak Ulcers.—*Ant. c.*, *Ars.*, *Baryta.*, *Calend.*, *Carbo veg.*, *Caust.*, *Cham.*, *Chin.*, *Con.*, *Cuprum.*, *Graph.*, *Merc.*, *Mexer.*, *Nux v.*, *Petrol.*, *Puls.*, *Semperviv. tect.*, *Sep.*, *Sil.*, *Sulph.*, *Thuja.*, *Zinc.*

Indolent Ulcers.—*Acid mur.*, *Acid phos.*, *Amb. gris.*, *Ant. c.*, *Arn.*, *Ars.*, *Baryta.*, *Bell.*, *Bry.*, *Calc. carb.*, *Calend.*, *Carbo veg.*, *Caust.*, *Cham.*, *Chelid.*, *China.*, *Clem.*, *Cuprum.*, *Dule.*, *Euphorb.*, *Graph.*, *Iod.*, *Kali.*, *Lach.*, *Lyc.*, *Merc.*, *Mexer.*, *Nux v.*, *Petrol.*, *Phos.*, *Puls.*, *Rhus rad.*, *Rhus tox.*, *Sabin.*, *Secale.*, *Sep.*, *Sil.*, *Sulph.*, *Thuja.*, *Verat.*, *Zinc.*

Irritable Ulcers.—*Acid mur.*, *Ac. nit.*, *Ac. sulph.*, *Arn.*, *Ars.*, *Baryta.*, *Bell.*, *Calend.*, *Canth.*, *Carbo v.*, *Caust.*, *Cham.*, *Chin.*, *Con.*, *Cuprum.*, *Dros.*, *Euphorb.*, *Graph.*, *Hep.*, *Hyos.*, *Iod.*, *Lyc.*

Kali c., Merc., Nux v., Petrol., Rhus rad., Rhus tox., Sepia, Sil., Sulph.

Inflamed Ulcers.—*Acid mur., Ac. nit., Amm. c., Apis, Arg. nit., Arn., Ars., Aur., Bell., Bovista., Calend., Canth., Carbo v., Caust., Clem., Hep. s., Hyos., Kali c., Kreos., Lyc., Merc. s., Natr. c., Natr. m., Phos., Ruta., Sep., Sil., Staph., Thuja.*

Sloughing Ulcers.—*Acid nit., Ac. sulph., Arg. nit., Ars., Aur., Bry., Calc. c., Calend., Canth., Carbo v., Caust., Cham., Chelid., Chin., Con., Euphorb., Hep., Lach., Merc. s., Ranunc., Rhus tox., Secale., Sil., Tart. emet.*

Varicose Ulcers.—*Hama. virg., Amm. mur., Arn., Ars., Calend., Carbo v., Chin., Cundurango., Merc., Sulph., Tart. emet., Verat.*

Hæmorrhagic Ulcer.—*Acid phos., Amm. c., Ars., Bovista., Calc. c., Calend., Carbo v., Caust., Cham., Graph., Kali c., Kreos., Lyc., Merc., Natr. m., Nux v., Puls., Sulph., Sepia.*

Ulcers from Abuse of Mercurius.—*Aur., Bell., Carbo veg., Hep. s., Lach., Lyc., Nit. ac., Phos. ac., Sep., Sil., Sulph., Thuja.*

Acid mur.—Stinging, itching, and painful ulcers; foetid odor in the ulcer, although it is covered with a scurf; when touched there is a stinging pain; putrid ulcers, with a burning pain or heat in the edges; jerking pains. *Pus* foetid and scanty. *Worse* in the afternoon and during the forepart of the night; also from cold, on lying down, on trying to lift any heavy weight, and in windy weather. *Better* from pressure, and on scratching. Left side chiefly.

Acid nit.—Drawing pain in the ulcers, which are very sensitive, and have an offensive odor; burning pain and heat in the edges; shooting and pricking pains; superficial ulcers; ulcers produced by *Mercury*. *Pus* foetid. *Worse* in the morning, evening, and at night; also from bathing in cold water, on awakening from sleep, when lying on the affected side, and from being touched. *Better* in dry weather. Left side. (Since writing the notes from which this is copied, the following additional symptoms have been found, and

proven reliable in one or two cases: Readily-bleeding deep ulcers; fistulous ulcers difficult to heal; pricking in the ulcers. *Pus* copious, bloody, corroding, or ichorous).

Acid phos.—Inveterate ulcers; itching; indurated base; burning pain; ulcers without much feeling; painless ulcers; putrid, sensitive ulcers, with sore pain. *Pus* foetid and dirty-coloured. *Worse* after midnight, and in the morning; also when lying on the painful side, before menstruation, from being touched, and on getting warm in bed. *Better* on changing the position, and moving about. Either side.

Acid sulph.—Gangrenous ulcer; corrosive sensation in ulcer; biting and cutting in the ulcer. *Pus* is corrosive. *Worse* in the forenoon and in the evening; also on getting up after lying down. Right side generally.

Ambra grisea.—Burning or itching in the ulcer; painless; chronic ulcers worse every spring; stinging in the ulcer. *Pus*, grayish, or salty ichor. *Worse* in the evening; also on lying down, or when awaking, and getting up after sleep. *Better* on getting up and moving about after sitting some time. Either side.

Ammonia carb.—Putrid ulcers; flat ulcers, with a pungent sensation. *Pus* white and putrid. *Worse* in the evening; also on awakening from sleep, from cold, when lying on the painful side, after lying down, before the catameno, and from wet poultices. *Better* from keeping the limb elevated, and outward pressure. Either side.

Antimonium crud.—Fistulous, deep or flat ulcers; pain as if they were burnt; spongy ulcers with an itching or pricking; ulcers with high exuberant granulations; spongy ulcers with a sore pain in them. *Pus* scanty. *Worse* in the evening; also from bathing them, on getting heated near the fire, and on turning the part. *Better* in the open air. Left side.

Argentum met.—Boring pain in the ulcer. *Pus* copious, gelatinous, bloody, or yellow, and sometimes corrosive. *Worse* in the forenoon, and in the afternoon; also when lying

down in bed, and on descending an eminence. *Better* in the open air, on ascending an eminence, and on rising from the seat and moving about. Left side chiefly.

Arnica mon.—Jerking pain in the ulcer; bluish ulcers; readily-bleeding ulcers; indurated ulcers; induration of the surrounding skin; inflamed and itching ulcers; painless; pricking, pulsative, and sensitive ulcers; swollen ulcers with shocks, and feeling of tenseness. *Pus* bloody or gelatinous. *Worse* in the evening and at night; also from any bodily exertion, walking and moving, or turning the affected part. *Better* from warmth, when letting the limb hang down; from pressure, and when lying down. Left side.

Arsenicum alb.—Burning in the interior of the ulcer; pains are felt while sleeping; burning as if the ulcer were on fire; mortifying, putrid ulcers, with high edges, and shining redness of the surrounding skin; the base of the ulcer is either of a black-blue color, or has the appearance of lard; foetid ichor, and proud flesh in the ulcer; thin scurf on the surface, it bleeds slightly on bandaging it; flat, gangrenous, or inflamed ulcers; the surrounding skin is of a dusky-red, or rather of a purple color. *Pus* copious, bloody, ichorous or corrosive, putrid, thin and watery. *Worse* at night; also before falling asleep, and again on awaking, from the cold, and in cold weather, any exertion of the body, lying on the painful side, on ascending an eminence, after moving about, from drinking liquors, and in windy weather. *Better* from warmth on getting warm in bed, lying on the sound side, descending, and on rising from the bed. Either side.

Asafoetida.—Ulcers with intermittent, pinching pain. Excessively painful; pain relieved or changed to other kinds of pain on touching them.

Aurum met.—Mercurial ulcers; itching, shooting, or burning pains; bluish-red, deep, fistulous, swollen and painful ulcers. *Pus* is yellow and foetid. *Worse* in the morning; also during rest. *Better* from motion, and while lying down.

in bed. Right side. (Low-spirited, sad, and constant thoughts of suicide).

Baryta carb.—Gnawing pain; burning, or a pain as if burnt in the ulcer; corroding pains; scabby, crusty ulcers; indurated ulcers, difficult to heal; inflamed, itching ulcers; painless ulcers; pricking and pulsating; swollen ulcers, with a feeling of tenseness. *Pus* scanty, or totally wanting; gelatinous and scanty. *Worse* in the night; also from cold, lying on the sore side, lifting the part affected, and from pressure. *Better* when lying on the sound side. Left side.

Belladonna.—Desire to remain still; dread of motion; burning in the ulcers on touching them; soreness and inflammation around the edges, with a black crust of blood in the centre; deep, scabby ulcers with cutting pains; fistulous indurated ulcers, with induration of the surrounding skin; painless, though inflamed ulcer, or those with pricking, redness, and inflammation of the skin, for some distance around them; inflamed, sensitive, and swollen ulcers. *Pus* scanty, bloody and ichorous. *Worse* at night; also on motion, however little, and from the slightest touch. *Better* while standing. Right side.

Bovista?—Itching and burning in the ulcers; scabby ulcers; inflamed, itching ulcers; painless ulcers; pricking or pulsating in the ulcers. *Pus* scanty, ichorous, putrid, viscid, or yellow. *Worse* in the morning and evening. Left side chiefly.

Bryonia alba.—Ulcers with a smarting pain; stinging when moving; throbbing in the ulcers; induration of the edges. *Pus* brownish. *Worse* at night, after midnight, and in the morning; also before falling asleep, from exertion of the body, on getting heated, when lying on the sound side, on going up an eminence, from motion, or motion of the part, from making pressure on the side of the limb opposite to the ulcer, on rising from the seat or the bed, in summer and winter, when the weather changes, and during walking. *Better* when descending an eminence, lying on the sore side, from scratching, and while sitting still. Right side.

Calcarea carb.—Unwholesome, readily-ulcerated skin; scrofulous ulcers; fistulous ulcers, with redness, hardness, and swelling of the surrounding skin; carious ulcers; cutting pain; inflamed or putrid ulcers; high and feebly granulations, without much pain; painful soreness; tearing and throbbing in the ulcers; the ulcers are white or yellow. *Pus* scanty and albuminous. *Worse* in the mornings; also just before falling asleep, on awaking, when letting the limb hang down, before menstruation, from wet poultices, in the spring of the year, when turning the part, and in wet weather. *Better* when keeping the limb elevated, in dry weather, and from rubbing or scratching. Right side.

Calendula off.—Excessive secretion of pus; inflamed ulcers: painful as if beaten: surrounding parts are red; stinging in the ulcer during fever. *Worse* at night, with some fever.

Cantharides.—Ulcers with itching and lacerating; burning in the ulcers; smarting and stinging in the ulcer. *Pus* copious, inodorous, slightly yellow, and sometimes tinged with blood. *Worse* in the afternoon, and at night; also from drinking coffee, from rubbing, and from scratching. *Better* when lying down. Right side.

Carbo veg.—Pressure and tension around the ulcer in the leg; an ulcer which has become cured breaks out again, and instead of pus, emits a bloody lymph; the surrounding parts are hard to the touch; burning in the ulcer. *Pus* brownish, foetid, or foetid sanies; cadaverous-smelling and corroding scanty secretion. *Worse* in the morning, and at night before midnight; also in the open air, evening air, before menstruation, and from warmth. Either side.

Causticum.—Bleeding ulcers, with blisters on the surrounding skin; boring and burning in the ulcers; burning in the edges; pain as if burnt; sensitive ulcers, with pustules around them; swollen, with a feeling of tenseness in them. *Pus* is bloody and corroding, greenish or gray, ichorous and thin as water, sometimes yellow. *Worse* in the afternoon, and sometimes during the forepart of the night; also from

cold, on just waking up, from drinking coffee, from rubbing or scratching, in clear, dry weather, and in a north wind. *Better* in damp weather, and on wetting the ulcer. Right side.

Chamomilla vulg.—The skin is unhealthy, and every cut or abrasion ulcerates; an existing ulcer hitherto painless, suddenly becomes painful; darting or lacerating, smarting or burning pain at night; creeping in the ulcer, with excessive sensitiveness to the touch; great sensitiveness to the currents of air, and to the wind. *Worse* at night; also in the open air, during menstruation, from motion of the affected part, wet poultices, pressure on the side of the limb opposite to the ulcer, on rising from the seat or bed, from drinking coffee, from toe, heat of the bed and in windy weather. *Better* from cold. Left side principally.

Chelidonium.—Old, putrid, spreading ulcers; when lying in bed at night there is a chill with a warm body; deep, fistulous, spreading, itching ulcers. *Worse* in the morning; also in the open air, on turning the part, and when walking. *Better* from a firm pressure. Either side.

China off.—Boring, with painful sensitiveness in the ulcer; beating pain, only when moving the part; burning and pressing, or digging; foetid, flat and gangrenous ulcer. *Pus* bloody, ichorous and foetid. *Worse* at night; also in the open air, from motion, from the lightest touch, and in windy weather. Left side chiefly.

Clematis erecta.—Burning, creeping, jerking, throbbing or shooting in the ulcer; shooting pain in the ulcer, only when touched; scabby, deep ulcers; indurated ulcers, with high elevated edges, difficult to heal; itching in, and around about the ulcer. *Pus* serous, yellow, acrid or ichorous; scanty secretion, or total suppression of pus. *Worse* at night; also from poulticing. *Better* when washing the sore. Left side.

Conium mac.—Pains at night which rouse the patient from sleep; bleeding ulcers; the edges become black; gangrene of part of the ulcer; creeping, with a tensive pain; ulcers

which are blueish, have a livid appearance and are tumid ; pain in the part as if it were being beaten to pieces ; burning, crusty and deep ulcers ; painless, hard and fistulous ; swollen ulcers, hard to heal ; inflamed ulcers, with a feeling of tenseness. *Pus* fetid, watery and ichorous. *Worse* at night ; also on descending an eminence, on beginning to move, before menstruation, pain from rubbing or scratching, or when either sitting or standing a long time. *Better* on ascending an eminence, on letting the limb hang down, from motion, and from prsssure. Right side.

(to be continued).

Upon the proper examination of a patient hinges success or failure in homœopathic practice, for one imperfectly made, is as sure to lead astray in medicine, as starting from false premises leads to erroneous conclusions in logic ; and right here may be found an explanation for many failures in the applications of our law of cure by heedless or incompetent practitioners.

The obstacles which interfere with a thorough and adequate "taking of the case", coupled with the tedious drudgery of hunting "the provings", for the nearest *simillimum*, discourage the indolent and demoralize the mere mercenary practitioner.—A. R. MORGAN, M. D., 1895.

When to repeat is a question that sometimes sorely perplexes even the most conscientious, intelligent and loyal homœopathician. Medicines of themselves are neither homœopathic nor allœopathic, all depends upon the mode of use, and the use becomes strictly homœopathic only when remedies are applied in conformity with certain definite rules which have been well epitomized under the legend, SIMPLEX, SIMILE, MINIMUM, meaning the single similar remedy in its smallest efficient dose ; and every departure from these fundamental rules, whether due to ignorance, heedlessness or inexperience, is unhomœopathic.—A. R. MORGAN, M. D., 1895.