

which it was my purpose to watch for eight days before deciding in favour of some other remedy. After the lapse of eight days the patient was again better than ever; during these eight days he had not had a single paroxysm of asthma, not had he another attack during the eighteen months that he continued under my treatment, notwithstanding his tubercles still existed. The beats of the heart that had previously been very tumultuous and irregular, had likewise returned to the normal standard. From my long practice I might relate more than a hundred of such cases where *one dose* of a single remedy achieved a finer result in the space of two months than twenty impatiently—administered drugs in too or three years. Observation, however, has shown to a certainty that in *chronic diseases, where one remedy alone is capable of achieving the whole cure, slight symptoms of an incipient improvement will* according to my observations, *show themselves in the first week or first fortnight, and if these preliminary symptoms do set in, the physician cannot watch subsequent aggravations with too much care, unless he wishes to spoil everything by the premature exhibition of another remedy.*"

CYCLAMEN EUROPÆUM

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In the photographic projection of this remedy we are struck simultaneously with two aspects which this patient presents. First, the thinness and whiteness of the skin; second, with the air of depression and weakness.

More than likely, our patient will be a blond of passive and phlegmatic temperament, who expresses an enfeeblement throughout her entire constitutional makeup. She is completely disinclined for anything savoring of labor, and evidences a generalized debility and torpor of both body and mind. She

fatigues so readily that she even finds her part of the consultation or examination unduly wearying, and we are impressed by the fact that her greatest desire is to do *absolutely* nothing. The effort required to provide information, to answer questions, to call upon recollection for symptom-incidents, is both seen and sensed. The pallor and lack of vital turgor in the skin provides a backdrop for the weariness of her days. Not only are the senses in general definitely dull and blunted, but the functions of the special senses are sadly enfeebled or even suspended. In her lack of awareness of, or an apparent interest in, any situation confronting her, one might presume that she was living in some remote sphere. She is the living embodiment of an anæmic picture plus that of a neurasthenic exhaustion. Should we be able to entice her from this phlegmatic situation, she might show animation and a bit of sparkling brightness, but these would endure but very briefly and would be quickly followed by a return to weeping and depression.

Not only will our patient manifest the depression and weepiness, but this is a peculiar, *silent* weepiness in which the patient desires to be alone and undisturbed. She will possess a low degree of claustrophobia, in that she feels confined and shut in because the room is too small, and yet she will have great difficulty in overcoming her dread of venturing out into the open air.

In many ways she might remind us of her close relative, *Pulsatilla*, but she is to be distinguished by *Pulsatilla's* open weeping, the craving for sympathy, and the eagerness for the outdoor air. *Pulsatilla*, too, lacks the sharp chlorosis that is found in *Cyclamen* and also lacks the thirst.

While the mental state is essentially taciturn, out of humor, and depressed, with slovenliness, indolence, weakness of memory, and a troubled conscience, we will also note vacillations in which quickness of mind and spirited cheerfulness will appear. In the sphere of the special senses, we will note diminution of hearing and blunting of the sense of *smell and taste*, accompanied by a tongue heavily coated white and an unusual pallor of the fauces,

Vertigo is troublesome and peculiarly is worse when standing, and should she lean against any support, the brain seems to continue in a forward movement. Headaches arise in the morning, with sparklings and scintillations before the vision, and here it is similar to *Kali Bichromium*, in that, as vision clears, the headache becomes the more intense. Her eyes appear dull and hollow, are surrounded by blue rings, the pupils are lazily dilated, and vision is blurred and reduced.

The digestive tract will express a tastelessness of food, a weakness of appetite, and hunger with speedy satiety after eating only a little, similar to *Lycopodium*, but in *Cyclamen* there follows a disgust and aversion to the rest of the food plus a marked sense of nausea. There is decided aversion to butter, and general aggravation from fats, and a peculiar benefit from lemonade, which she craves. Each meal is followed by a great desire to sleep. Digestion evidences weakness in frequent eructations and hiccough and a sense of fullness and nausea.

In the respiratory tract there is much suffocative cough, shortness of breath, pressure and smothering, all stemming from weakness, as though there were no strength with which to breathe. Weakness of the voice when reading aloud is also a common complaint.

The asthenia is also expressed in the cramping and itchings of the extremities, the soreness of the heels while walking, the sense of deadness in the toes following a walk, and the weariness and stiffness of the legs, with drawing and tearing sensations where the skin passes closely over bone.

Oddly enough, the patient, save for the mental depression, is definitely improved by being forced to exercise.

The general alterations in the female sexual sphere are the product of the remedy's direct action upon the cerebro-spinal system. In ancient times the action of *Cyclamen* upon the pelvic organs was well known, and its external application was presumed to hasten difficult labor, and it was believed that if handled, or if taken internally, it would produce abortion or precipitate premature labor.

This remedy has marked action in the pelvic sphere, and here we have two distinct situations—amenorrhœa and metror-

rhagia. In our younger women it is not uncommon to note amenorrhœa with attending paleness of face, lips, gums, and loss of appetite. There is disinclination to move or work, a constant drowsiness, the weeping mood, and the desire to be alone. Here two peculiarities may be borne in mind : the *ceasing* of the menstrual flow *as long as she moves about at work* ; its re-appearance upon sitting down or resting, and its continuation again through the *night after* retiring. There is also suppression of the menstruation after dancing. Such a point may not prove too infrequent in daily practice. There will be delayed menarche, springing from the generalized debility and the chlorosis, and a scanty, pale flow at long and irregular intervals.

In the older woman there will be excessive, dark, clotted, membranous hemorrhage-type of flow in which a blood work-up would bring out the deficiency of prothrombin and fibrinogen. Here also *two oddities* present themselves as concomitants of the abnormalities of the pelvic sphere : one, the sensation of air issuing from the nipples of the breast ; and, two, the presence of milk in the breasts of virgin women. These pictures should lead us to a consideration of ovarian and thyroid sufficiency.

Given these unusual symptoms and the systemic background heretofore described, a prescription of this remedy will bring most pleasing results. *Ferrum, China, and Ammonium Mur.* should be carefully studied in differentiation. Note too that, while closely allied to *Pulsatilla*, *Pulsatilla* is also antidotal, as are *Coffea* and *Camphora*.

—*The Layman Speaks, Nov. '56.*
