On The
Physiological and Therapeutical
Actions
of
Aconite and Aconitia.

Part II. — Therapeutical.

Prefatory Note. The results about to be detailed in this part of the paper were obtained after the use of the Tincture of
Aconite, carefully prepared according to the directions of the British Pharmacopoeia by Messrs. Woolley, Sons, and Co. of Manchester. Applied to the lips, it produced the usual physiological effect of tingling, which continued for hours afterwards. The paper is copiously illustrated with charts and sphygmographic tracings. The charts appear somewhat of a complicated nature, and will be more readily understood after the following explanation: The tracings on each chart are in two colours, black and red: the black indicates that the observations were taken whilst the patient was not taking Aconite: the red shows observations taken during the period of administration of the drug. On each chart, and in a line with each observation, are indicated the period of time when the observation was taken, and the quantity of the drug which was being administered. Noteworthy events occurring during the course of treatment are duly recorded, and a summary of results completes each chart.

1. The general therapeutic effects of Aconite: In the mildest form of therapeutic aconitism, the first manifestations of the action of the drug are essentially of a sensory nature, the results of its action on the peripheral sensory nerves. This action is an instant one.
and is mainly experienced in the course of the cutaneous nerves, but occasionally is developed in the nerves supplying the mucous mem-
branes of the gastro-intestinal tract. This intestinal variety is especi-
ally liable to occur in individuals in whom the nervous system is
below par, and who are more particularly the subjects of so-called
'Sensitive Diarrhea': it is manifested mainly by diarrhoea and abdomi-
nal pains, is nervous in character, and unaccompanied by recognizable
vascular changes. In his classic work on 'Poisons', the memorable Pro-
fessor of Medical Science in this University, refers to this action of the
drug, and cites 2 cases where he was prevented from continuing the
use of the medicine on account of the gastro-intestinal symptoms in-
duced. My experience has been abundantly to confirm this observation.

This sensory disturbance, then, is almost the only manifestation
of Aconite in its earliest stage, and further than this I have not
felt justified in pushing the drug. I have, however, frequently
administered the medicine for prolonged periods in various cardiac
affections, without producing any effect whatever on that organ;
although the sensory nerves were under the influence of the drug.
This, it will be observed, is in strict harmony with the plains:

iological action of the drug as detailed in Part I of this paper.

As examples of this mild form of Aconitum, the following cases may be added:

1. A female, aged 17, suffering from Mitral Insufficiency, Palpitation and Chorea, commenced to take Inoctrine of Aconite in daily doses of 6 minims on 10th February 1876. She continued to take it until the 20th March of the same year, the quantity being gradually increased, until 48 min daily was reached. On the latter date, she commenced to experience a sensation she had not formerly felt, consisting mainly of a feeling of burning in the extremities and face, commencing within 20 minutes after the administration of a dose of the medicine. There was no alteration in the rate or character of the pulse. On the medicine being withheld the symptoms soon disappeared.

2. A female, aged 57, suffering from General Paralysis of the Insane commenced Inoctrine of Aconite, in 15 min dose daily, on 9th March 1877. On the 16th of the same month she complained of pains in the stomach

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* See charts, pp. 47 & 67.
and bowels, with diarrhoea, which ultimately assumed a most intractable form despite the stoppage of the drug. 4.

3. Half-a-drachm of the Tincture taken by reportes produced a feeling of fulness and uneasiness in the gastric region, but without pain or diarrhoea.

Aconite appears to have no cumulative action. As a rule, both in man and animals, symptoms induced through its action disappear immediately on the cessation of the drug. Its main contra-indication I have found to be an enfeebled nervous system.

The action of Aconite on the Temperature: In the physiological part of the paper, it has been shown that the administration of Aconite is invariably followed by a rise in temperature. That this rise is succeeded by a fall. This effect seems only to take place in poisonous doses; given in therapeutic quantities.

4 See ephygnographic tracing p. 54.
it appears to produce little or no effect on the temperature. Attached are charts illustrative of its action in various forms of pyrexia, and in a considerable minority only have any effect been produced. In one case of traumatic fever (A) its administration on the supposition of rigor did not prevent the development of a sharp attack of Alburnumia with increased temperature which fell spontaneously after the cessation of administration of the drug. In another case (B) its exhibition was followed by a sharp rise, succeeded by a sudden fall. It will be observed in cases of Traumatic Fever, that any fall of temperature that may have followed the use of the drug, was of short duration, and was almost invariably succeeded by a corresponding rise. In no case did the temperature curve assume characters indicating the employment of an effective antipyretic. With regard to its action in other forms of pyrexia I have generally found it notably ineffective as a reducer of temperature. This will be apparent from the series of charts appended. In one only-a case of acute rheumatism with mitral incompetence (C)—was its use in hourly mininm doses followed

by an evening fall of temperature. In a case of acute locomotor
syphilis, according to Kühne, the drug is most successfully em-
ployed, the temperature fell soon after the administration of
the drug, but subsequently underwent a corresponding rise. In
the various forms of phthisical pyrexia, its use was followed
by no beneficial effect. It is useless in the pyrexia of ma-
hignant disease, and in a case of strumous suppuration of
the ankle-joint; higher temperatures were obtained with, than
without the drug.

My experience of the drug has not extended to the acute
specific fevers, and I am therefore not in a position to speak of
its action in this class of diseases.

Appendix one charts showing the action of the drug on
the temperature in various forms of pyrexia.

(Note: A double line on chart (black + red) indicates the temperature curve without
our corresponding, regular periods,
and with Acoto, thus —

See charts p. 15, 16, 17.
A. See chart p. 27. B. Handbook of Therapeutics - Kühne - 3rd edition. p. 384.)
Disease: Hydro-Thorax, Thoracentesis

Notes of Case: Thomas

Date of Operation: 18th Nov. 1855

Temperature Chart:
- Normal Temperature of Body: 98°
- Temperature (Fahrenheit): 97° to 107°

Results of Treatment:
1. A diminution of temperature followed by an increase took place on the exhibition of the drug.
2. A similar diminution and increase occurred when the drug was stopped.
3. The highest and lowest temperatures were obtained during the course of the exhibition of the drug.

Entered at Stationers Hall. Printed and Published by Wodderspoon & Swane, 7, Soho Sq., London. T. Gould's Clinical Chart.
**Disease:** Compound Fracture of Tibia & Fibula.

**Notes of Case:** George Robinson.

**Date of admission:** 20th October, 1875.

**Results of Treatment:**
1. A diminution of temperature took place on the exhibition of Aconitum.
2. Greater diminishings occurred on the cessation of the drug.
3. Highest and lowest temperatures obtained without Aconitum.

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>107°</td>
<td></td>
</tr>
<tr>
<td>106°</td>
<td></td>
</tr>
<tr>
<td>105°</td>
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<tr>
<td>101°</td>
<td></td>
</tr>
<tr>
<td>100°</td>
<td></td>
</tr>
</tbody>
</table>

**Period of Observation:**
- 8:30 a.m.
- 11:30 a.m.
- 2:30 p.m.
- 5:30 p.m.
- 8:30 p.m.
- 11:00 p.m.
- 2:00 a.m.
- 5:00 a.m.
**Disease:** Laceration of Seals

**Notes of Case:**

**Name:** Edward Bradshaw

**Age:** 15

**Case Book No:** 3

**Results of Treatment:**

1. A marked diminution of fever took place on the exhibition of Aconite, succeeded by a rise.
2. A similarity in the temperature curve whether the drug was exhibited, or no.
3. The lowest temperature reached was during the exhibition of the drug, highest during non-inhibition.

**Chart:**

<table>
<thead>
<tr>
<th>Time (Hours)</th>
<th>Temperature (°F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>103</td>
</tr>
<tr>
<td>3-6</td>
<td>103</td>
</tr>
<tr>
<td>6-9</td>
<td>105</td>
</tr>
<tr>
<td>9-12</td>
<td>106</td>
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<tr>
<td>12-15</td>
<td>105</td>
</tr>
<tr>
<td>15-18</td>
<td>102</td>
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<tr>
<td>18-21</td>
<td>101</td>
</tr>
<tr>
<td>21-24</td>
<td>99</td>
</tr>
<tr>
<td>24-27</td>
<td>97</td>
</tr>
</tbody>
</table>

**Date of Admission:** 26th Nov. 1855

**Date of Recovery:**...
DISEASE.

Track of Fracture of Femur

Notes of Case.

Joseph Birkett

Case No. 140

Results of Treatment:
1. The temperature was slightly diminished during the exhibition of Acetum
2. The highest and lowest temperatures were obtained during the period of non-exhibition.

Date of admission: 2nd Nov. 1875

Entered at Stationers' Hall, Printed and Published by W. and J. Shove, 7, Serle St., Lincoln Inn.
Results of Treatment:

1. The exhibition of Aconite in the first instance had no material effect on the temperature.
2. Its exhibition on the second occasion was followed by an intemperate temperature.
3. Lower temperatures were obtained without than during the exhibition of the drug. Lower temperatures, without Aconite's highest, with Aconite.
Showing the Temperature in a case of Laceration of the Hand, with and without Acunit.

**Results of Treatment.**

1. The temperature during an intravenous alkaline attack was not apparently reduced by Acunit, but subsequently fell on the effect of the drug.
2. The temperature during two succeeding evenings at the height of the fever, was as great with as without Acunit.

**Notes of Case.**

Name: Jones

Age: 14

Case Book No.

**Disease.**

Laceration of Hand.
Disease. Laceration of Scalp.

Notes of Case.

Thomas Dawson

Results of Treatment:
1. A diminution of temperature without Aspirin.
2. As low a temperature obtained without as with Aspirin.
3. No marked effect from Aspirin.

Temperature (Fahrenheit)

98°
97°
100°
101°
102°
103°
105°
106°
107°

Language

Normal Temperature of body.

<table>
<thead>
<tr>
<th>Days of Life</th>
<th>2nd Nov</th>
<th>3rd Nov</th>
<th>4th Nov</th>
<th>5th Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periods of Observation</td>
<td>8 a.m.</td>
<td>2 p.m.</td>
<td>8 p.m.</td>
<td>8 a.m.</td>
</tr>
</tbody>
</table>

Data of admission. 2nd Nov 1875

Entered at Statler's Hall.
Disease: Strumous Suppuration of Ankle-joint

Notes of Case:

Name: Charles W.
Age: 14

Medicines:

Date of admission: 15 July 1875

For results of treatment see Chart No. 114
Disease.

Continued from Chart A.

Notes of Case

Charles W. (With 2 charts).

(Char. B.)

Medicine.

Temperature (Dashed line)

Normal Temperature of body

Date of admission.

1875 July

6th

8th

9th

10th

11th

12th

13th

14th

15th

16th

17th

18th

19th

20th

21st

22nd

23rd

24th

25th

26th

27th

28th

29th

30th

31st

For "Results of Fresh"

milk see next chart.
Charts B, C - Continued

Case Book No.

Name: Charles W.
Age: 14

Notes of Case:

Date of admission: Jul 5, 1895

Disease: 

Time
Bowels
Urine

Temperature (Fahrenheit)

Results of Treatment (Charts A, B, C):

1. Highest temperatures were obtained during the exhibition, than the non-exhibition of the drug.
2. The evening evacuation was more marked while the drug was being administered.
3. The highest and lowest temperatures took place during the period of exhibition.

Entered at Stationers Hall
Printed and Published by Wodderspoon & Shaw, 7, Serle St, Lincoln's Inn
Gould's Clinical Chart
Chart A.

Disease: Phthisis Pulmonalis

Notes of Case:

Patrick

Age: 14 years

Case Book No.

(With chart)

Date of admission:

Results of Treatment

Continued on chart B
Results of Treatment
(Charts A, B, and C)

1. The daily range of temperature was increased during the administration of the drug.
2. The average morning and evening temperature was lower during the period of incubation.
3. The individual highest temperature attained was during the period of non-incubation; the lowest temperature was attained during both periods.
Disease: Phtisis Bulmonalis

Notes of Case:
Mary Ann
Age: 19 years

Name: [illegible]

Date of admission

Date of observation

Temperature (Internal):

Results of Treatment:
1. A diminution of temperature succeeded the exhibition of the drug.
2. The highest and lowest individual temperature was attained during the periods of new exhibition.
Showing the temperature in a case of Pneumonia Pulmonalis, with, and without, Accurate

Disease: Pneumonia Pulmonalis

Notes of Case: Susannah Anderson

Medicine: Case Book No.

Results of Treatment:
1. A more regular temperature, without exacerbations, was attained during the period of exhibition.
2. The individual highest and lowest temperature was obtained during the period of non-exhibition.

Date of admission: 15th August 1875

Entered at Stationers Hall, London, 1875

Printed and Published by W. Dodson & Shaw, 7, St. James's Street, Lincoln's Inn.

Gentle's Clinical Chart.
Showing the Temperature in a Case of Phthisis Pulmonalis, with and without Acidity.

**Disease:** Phthisis Pulmonalis

**Notes of Case:**
- Name: Thomas Farrell
- Age: 14 years

**Medicine:**
- First Acute on 1st day
- Second Acute on 2nd day

**Results of Treatment:**
1. The temperature was slightly diminished during the exhibition of the drug.
2. The highest and lowest temperature was reached during the period of non-exhibition.

**Date of admission:** 15 July 1845

Entered at Stationers Hall
Printed and Published by Wolterspoon & Shove, 7, Serle, St. Lincoln's Inn
Godwin's Clinical Chart
Showing the temperature in a case of Phthisis Pulmonalis with and without Acetate. 1844.

<table>
<thead>
<tr>
<th>Date of admission</th>
<th>8th July 1845</th>
</tr>
</thead>
</table>

Results & Treatment:
1. The administration of the drug for one day produced the lowest normal temperature yet attained, but this result was not repeated at the second trial.
Shewing the Temperature in a Case of Phthisis Pulmonalis with, and without Acinic

**Disease:**
Phthisis Pulmonalis

**Notes of Case:**
Thomas Farrell
14 years.

**Medicine:**

<table>
<thead>
<tr>
<th>Temperature (Fahrenheit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>104°</td>
</tr>
<tr>
<td>103°</td>
</tr>
<tr>
<td>102°</td>
</tr>
<tr>
<td>101°</td>
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<tr>
<td>100°</td>
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<tr>
<td>99°</td>
</tr>
<tr>
<td>98°</td>
</tr>
<tr>
<td>97°</td>
</tr>
</tbody>
</table>

**Day of Discharge:**
15th July

**Results of Treatment:**
1. The evening exacerbation was greater with, than without, the Acinic.
2. The highest and lowest temperature was obtained during the exhibition of the drug.

**Date of Admission:**
15 July
DISEASE.
Diabetes Mellitus (gangrenous)

Notes of Case:
Edward Mills

Date of admission: 12th June 1875
Entered at Stacioners Hall
Result: Died on 19th July

Date: 26th Sept.

Temperature on Admission:
106°

Results of Treatment:
1. Higher temperatures were obtained during the exhibition than the non-exhibition of the drug.
2. The highest temperature was obtained during the exhibition and the lowest during the non-exhibition of the drug.
DISEASE.
Acute Suppurative Tonsillitis.

Notes of Case.

Case: Hollingworth

Measurements:
- Temperature
- Pulse
- Respiration
- Date

Results of Treatment:
1. A gradually rising temperature caused by the administration of acrids; it then fell, but subsequently attained a greater height than during the period of non-administration.
2. A sudden, and very marked fall took place immediately on the cessation of the drug.
3. The highest temperature was attained during the period of administration; the lowest during the period of non-administration.
Showing the Temperature in a case of Acute Rheumatism, with Mitral Incompetence, with retention acetate.

Disease:
Acute Rheumatism,
Mitral Incompetence

Notes of Case:
Joseph Kennedy
13 years

Results of Treatment:
1. A slight increase followed by a gradual decrease ensued on the exhibition of the drug.

Date of admission:
25 October, 1895

Recovery (from Rheumatism)
DISEASE: Orchitis Mammae

Notes of Case:

Sarah Hill, Aged 40.

Case No.

No. of Observations: 4.

Results of Treatment:
1. A diminution of temperature took place prior to the 44th day of the outbreak.
2. This diminution was not materially interfered with during the period of incubation.
3. The highest temperature occurred during the period of acute exhibition, and equally low temperatures occurred during the period of incubation and exhibition.

Date of admission: 18th April, 1909, 8.45 A.M.

Discharged: 25th April, 1909, 8.45 A.M.
DISEASE.
Medullary Sarcoma

Notes of Case.

NAME: Ann Taylor

Case Book No.

(With 2 Charts)

(Chart A)

Temperature (Centigrade)

97°

98°

99°

100°

101°

102°

103°

104°

105°

106°

107°

108°

109°

110°

111°

112°

113°

114°

115°

116°

117°

118°

119°

120°

121°

122°

123°

124°

125°

126°

127°

128°

129°

130°

131°

132°

133°

134°

135°

136°

137°

138°

139°

140°

141°

142°

143°

144°

145°

146°

147°

148°

149°

150°

151°

152°

153°

154°

155°

156°

157°

158°

159°

160°

161°

162°

163°

164°

165°

166°

167°

168°

169°

170°

171°

172°

173°

174°

175°

176°

177°

178°

179°

180°

181°

182°

183°

184°

185°

186°

187°

188°

189°

190°

191°

192°

193°

194°

195°

196°

197°

198°

199°

200°

For Results of Treatment see next chart.
<table>
<thead>
<tr>
<th>Date of Admission</th>
<th>2nd June, 1875</th>
</tr>
</thead>
</table>

**Diseases:**
- Medullary Sarcoma of Leg without Incision

**Urine:**
- 107°
- 106°
- 105°

**Temperature:**
- 104°
- 103°
- 102°
- 101°
- Normal Temperature of Body
- 98°
- 97°

**Results of Treatment:** (Charts A & B)
1. A steady and regular increase of temperature was experienced both during the exhibition and non-exhibition of the drug.
2. The morning and evening temperature was slightly lowered during the administration of the drug.
3. The daily range of temperature was greater during the period of non-administration.
4. The highest temperature was obtained during the period of non-exhibition; the lowest, during the period of exhibition.
<table>
<thead>
<tr>
<th>Periods of Observation</th>
<th>Temperature (Fahrenheit)</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>18°C, 7th, 25th</td>
<td>100°F</td>
<td></td>
</tr>
<tr>
<td>19°C, noon</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>19°C, 11th</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>21°C, 14th</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>22°C, 16th</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>23°C, 18th</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>24°C, 20th</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>25°C, 22nd</td>
<td>101°F</td>
<td></td>
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<tr>
<td>26°C, 24th</td>
<td>101°F</td>
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</tr>
<tr>
<td>27°C, 26th</td>
<td>101°F</td>
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<tr>
<td>28°C, 28th</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>29°C, 1st</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>29°C, 9th</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>30°C, 1st</td>
<td>101°F</td>
<td></td>
</tr>
<tr>
<td>31°C, 9th</td>
<td>101°F</td>
<td></td>
</tr>
</tbody>
</table>

Results of Treatment:

- Death.

Disease:

- Typhoid fever, dysentery, cholera.

Notes:

- Excreted at St. George's Park, Date 2nd of February 1910.
- Periods of Observation:
  - 1st to 7th
  - 9th to 16th
  - 18th to 25th
  - 27th to 31st

Medicine:

- No treatment.

Additional Notes:

- Temperature (Centigrade):
  - 35°C to 41°C
  - 5°C intervals

- Date of Observation:
  - 2nd of February 1910

- Place of Observation:
  - St. George's Park
Showing the Temperature in a Case of Chronic Prostatitis (with exacerbations) with and without Acute Throat.

Notes of Case:

Robert
Illcok

Disease: Chronic Prostatitis with exacerbations

Temperature (rectal)

<table>
<thead>
<tr>
<th>Time</th>
<th>107°</th>
<th>106°</th>
<th>105°</th>
<th>104°</th>
<th>103°</th>
<th>102°</th>
<th>101°</th>
<th>100°</th>
<th>99°</th>
<th>98°</th>
<th>97°</th>
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<tbody>
<tr>
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<td>Medical</td>
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<td>Medical</td>
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</tbody>
</table>

No Acute Throat.


For Results of Treatment see with chart.

Book No.

(Chart A)

Period of Admission: 1st February 1896.
Showing the Temperature in a Case of Chronic Prostatitis with and without Aconite. 34

Disease:
Chronic Prostatitis.

Notes of Case:
Robert Ulick

Date of admission: 1st February, 1896.

Results of Treatment (Charts A & B)

1. A reduction of temperature followed on the exhibition of Aconite.
2. This reduced temperature was maintained on the re-institution of the drug.
3. The highest temperature obtained was during the non-exhibition of the drug, as was also the lowest temperature.

Temperature (Fahrenheit)
**Disease:**
Suppurative Pelvic cellulitis.

**Notes of Case:**

**Name:** Joseph Jackson

**Date of admission:** 29th Sept, 1878

**Period of Observation:**
- Chloroform without Anaesthetics, commenced on 29th Sept, 1878
- Observations with Anaesthetics, commenced on 28th Sept, 1878

**Results of Treatment:**

1. The temperature curve was very similar whether the drug was administered or not.
2. The highest temperature was reached during the period of chloroform exhibition; the lowest during the period of exhibition.

**Temperature Chart:**

<table>
<thead>
<tr>
<th>Time (Hours)</th>
<th>Temperature (°F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>107</td>
<td></td>
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<tr>
<td>106</td>
<td></td>
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<td>98</td>
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<tr>
<td>97</td>
<td></td>
</tr>
</tbody>
</table>

**Graphical Representation:**

- Time in hours.
- Temperature in °F.
- Graph showing fluctuations in temperature over time.

**Chart Details:**

- Entered at Stationers Hall.
- Printed and Published by Wodderspoon & Son, 7, St. Erne St, Lincoln's Inn.
- Goult's Clinical Chart.
The action of Aconite on the Pulse & Respiration: - of 5 cases of Traumatic Fever appended, in 2 it had no appreciable effect. The respirations and pulse maintaining a striking uniformity of curve throughout. - In one case B. the respirations rose markedly towards the end of the second day of administration. - In another case C. the respirations rose whilst the pulse fell. - In one case only - did the pulse and respirations fall under Aconite, and rise again on the cessation of the drug. In other illustrative charts of various forms of pyrexia, the respiratory and pulse rate will be found to be unaffected by Aconite, or at least presenting no constant or characteristic sign of its action. The most noticeable effect is seen where a sudden respiratory fall, preceded by a slight increase succeeded the exhibition of the Aconite.

Appended are charts showing the action of the drug on the respiratory and pulse rate in various forms of pyrexia.

D See chart p. 41.  E See charts p. 46, 48, 49.
Note: Pulse + “Respirs” without Aconite = .
DISEASE.
Laceration of Scalp.

Notes of Case.
Thomas Dawson.

Case Book No.

Date of admission: 27th Nov. 1875
Recovery.

1875, Xmas No. 30.

Shewing the Pulse and Respiration in a Case of Laceration of the Scalp with Puncture Acute

Results of Treatment.
No marked effect on the Pulse or Respiration.
**Disease:**
Laceration of Scalp

**Notes of Case:**

Name: Edward Brookshard

**Case Book No.:**

**Time:**
- 107°
- 106°
- 105°
- 104°
- 103°
- 102°
- 101°
- 100°
- 99°
- 98°
- 97°

**Temperature (Patterned):**

**Bowel:**
- No Bowel

**Urine:**
- No Albumin

**Pulse:**
- 90
- 80
- 70
- 60
- 50
- 40
- 30
- 20
- 10

**Results of Treatment:**

The exhibition of Aconite has proved no appreciable alteration in the circulatory or respiratory curve.

**Date of Admission:**
6th November, 1845

**Entire at Stationers Hall.**

**Printed and Published by Wedderpoon & Shaw, 7, Serle St., Lincoln Inn.**

**Gould's Clinical Chart.**

20
**Disease:**
Fracture of Base of Cranium, of left femur, and left dislocation of elbow.

**Notes of Case:**
Joseph

**Results of Treatment:**
1. Towards the termination of the 4th day of Infection, the Respiration increased in frequency, and attained their maximum rate.
2. The Pulse-rate was not appreciably altered, or only very slightly diminished.

**Date of Admission:**
November 1895

**Entered at Stationers Hall:**
Printed and Published by Wedderburn & Shave, T. T. 5th St. Lincoln Inn

**Page:** 39.
Notes of Case

Rachel Whitfield
14.

Results of Treatment:
1. On the first exhibition of the drug, the respiration became very slightly increased, while the pulse slightly fell.
2. On the second exhibition, this was repeated.
DISEASE.
Compound Fracture of Tibia & Fibula

Notes of Case.

[Handwritten notes: Patient's name, George, Admission date, 25.]
**Period of Observation**

<table>
<thead>
<tr>
<th>Date</th>
<th>Pulse</th>
<th>Temperature (Fahrenheit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 21st 10am</td>
<td>90</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td>49</td>
<td>101</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>11:30</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>8:30</td>
<td>105</td>
</tr>
</tbody>
</table>

**Respirations**

<table>
<thead>
<tr>
<th>Notes of Case</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Respirations</td>
<td>No Medicine</td>
</tr>
</tbody>
</table>

**Results of Treatment**

A few repetitions were made. The pulse was taken for several periods in each of which no variations could be observed, and the temperature remained at 103 degrees F. No improvement was noticed.
Results of Treatment

No marked alteration in the number of respirations or pulse rate, nor exhibition of Acridities.

Date of admission. Discharged

Not Improved.
Showing the Pulse and Respiration in a Case of Paracentesis Thoracis with and without Acetate.

Disease: Hydro-Pneumothorax.

Notes of Case:

Thomas
4th

Date of admission: 18th Nov. 1875

Results of Treatment:
1. Pulse rate not affected by Acetate.
2. Respiration not affected by Acetate.

Temperature (Fahrenheit):

Normal Temperature of body:
98.6

Pulse:
90

Diary of Action:

Entered at Stationers Hall.

Printed and Published by Woddespoon & Shove, 7, Serle St., Lincoln's Inn.

Gould's Clinical Chart.
DISEASE

Acute Gonorrhoea
Cystitis
Suppurative Pleural and Kidney
Peritonitis

Notes of Case

Name: Edward Radecki
Age: 21

Case Book No.

Date of admission: 5th February 1876

Entered at Stationers Hall
Printed and Published by Wodderspoon & Shaw, 7, Sackville St, Lincoln's Inn

Gould's Clinical Chart

Results of Treatment

1. A low rate of respiration was obtained during the period of ebullition.
2. The pulse rate was also lowest during the same period.
Showing the Pulse and Respiration in a Case of Miliary Inomocytosis with and without Acetate.
<table>
<thead>
<tr>
<th>Disease</th>
<th>Notes of Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Subjective Tonsillitis</td>
<td>Hellingworth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Temperature (Fahrenheit)</th>
<th>Date of Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.0</td>
<td>20 January 1872</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulse</th>
<th>Normal Temperature of Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>98.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Respiration and Pulse first rose, then fell, and again rose - all to a very short degree - under the influence of acetic.</td>
</tr>
<tr>
<td>2. A fall in the respiration of both occurred on the cessation of the drug.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00</td>
<td>1st Morning</td>
</tr>
<tr>
<td>5:00</td>
<td>1st Evening</td>
</tr>
<tr>
<td>9:00</td>
<td>2nd Morning</td>
</tr>
<tr>
<td>1:00</td>
<td>2nd Evening</td>
</tr>
</tbody>
</table>

Entered at Stationers Hall

Printed and Published by Wedderpoon & Shave, 7, Serte St, Lincoln's Inn

Gould's Clinical Chart
**Disease:** Acute Rheumatism; Mitral Insufficiency

**Notes of Case:**

**Date of admission:** 12th October, 1845

**Results of Treatment:**

1. The respirations were more or less shallow.
2. The effect on both was to cause an interrupted fall, followed by a rise of short duration.

<table>
<thead>
<tr>
<th>Time</th>
<th>Temperature (Fahrenheit)</th>
<th>Pulmonary sounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>97°</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98°</td>
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</tr>
<tr>
<td>99°</td>
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<tr>
<td>101°</td>
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<tr>
<td>102°</td>
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<tr>
<td>105°</td>
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<tr>
<td>106°</td>
<td></td>
<td></td>
</tr>
<tr>
<td>107°</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Recovery:** 17th October, 1845
The Action of Aconite on the character of the Pulse.

I have repeatedly found that irregularity in the pulse does not disappear under the use of Aconite—at least permanently; and on the other hand, that a pulse previously regular does not lose this character, if the drug be administered in therapeutic doses. The vascular tension is not changed, or only slightly diminished, but this latter is doubtful. The essential characters of the pulse remain unaffected, as shown by the sphygmograph.

Appended are various sphygmographic tracings (with explanatory notes) indicating the character of the same pulses with, and without Aconite. The double red line under a tracing indicates that the patient at that period was being treated by Aconite.
Case 1. George Powell, age 68, with a weak intermittent heart and pulse.

The following tracings were taken on the 21st February, 1897.

(Tracings 1, 2, & 3)

(No Acute) 1.

(No Acute) 2.

(No Acute) 3.

On the 21st February 1897, digital Acetate, m.15 daily, was commenced (continued on next page).
The following tracings were taken on 28th Feb., 1899
(Tracings 4A and 5A)

(Note. The cardiac irregularity continues)

The following tracings were taken on 3rd March, 1899
(Tracings 6A and 7A.)

For further tracings, see next page.
The following tracings were taken on the 1st March 1847
(Tracings 4 and 5.)

Trac: Acu.: 4.
mv 15, daily.

Trac: Acu.: 5.
mv 15, daily.

(Note: The cardiac irregularity, of which there is no tracing in tracings 6A & 7A is again present, and the summit wave of 5 is slightly more pointed. The pulse rate continues unaltered.)

The following tracing was taken on the 22nd March 1847.
(Tracing 6.)

mv 15, daily.

The administration of the drug was stopped on 8th March 1847, the patient having become furiously maniacal.
Case 2. Maria King, aged 59, with a faint presystolic murmur, and labouring under General Paroxysms of the Insane.

The following tracing was taken on 9th March 1847.

No Acnide. 8.

On the 9th March, 1847, Trich. Acnide, m. 15 daily, was commenced, and the following tracing was taken on the 14th March 1847.

Dr. King. P. R. O. 10/0. 0/3/77. 1/30 0. 0.

Trich. Acnide. 8.
m. 15 daily.

The exhibition of the drug was stopped on the 17th March, having been followed by a severe and obstinate attack of dysenteric diarrhoea.

(Note: The pulse rate has fallen, and the arterial tension has very slightly diminished.)
Class 3. Robert Hope, rch, with a well-marked double aortic murmur.

The following tracing was taken on 1st March, 1874 (Tracing 9).

No Acustic 9.

On 1st March 1874, Trinit. Acustic m/15 daily was commenced.

Trinit Acustic: 10.

The above tracing (10) was taken on 1st March, 1874.

The following tracing was taken on 10th.

(Tracing 11).

Trinit Acustic: 11.

The following tracing was taken on the 14th March 1874.

(Tracing 12).

Trinit Acustic: 12.

On the 14th March 1874, the dose of Acustic was increased to m/21 daily. (For further tracings, see next page).
The following tracing was taken on the 22nd March, 1894.

(Tracing 13)

Trinitrinitrate (13) in 24 daily.

The following tracings were taken on 28th March, 1894.

1 Tracing (14 + 15)

Trinitrinitrate (14) in 24 daily.

R. Heister. Re. 8. R. 12. 28.3.1894. (Prophylaxis.)

Trinitrinitrate (15) in 24 daily.

R. Heister. Re. 8. R. 12. 28.3.1894. (Prophylaxis.)

On the 31st March, the drug was stopped.

Note: The pulse rate remained almost unaltered; the arterial tension was slightly diminished.)
Case 4. Elizabeth Stanley, aged 31, with a blending systolic diastolic murmur, and blood having the microscopical characters of ischaemia.

The following tracings were taken on 14th March, 1874. (Tracings 16 and 17).

No acornit. 16.

No acornit. 17.

On 9th March 1874, Tinct. Acornit. m 15 daily, was commenced.
The following tracing was taken on 8th March 1874.

Tinct. Acornit. m 15 daily 18.

For further tracings, see next page.
Case 4 (continued)

The following tracing was taken on 14th March 1899.

(Tracing 19)

On 14th March 1899, the dose of Acridite was increased to m 18 daily.
The following tracings were taken on 21st March 1899

(Tracings 20 & 21)

On the 14th April the exhibition of the drug was stopped
having been followed by an attack of diarrhoea.
(Note: Pulse slightly reduced, and arterial tension increased)
Case 5. Giles Ashmead, aE 50, weak cardiac action, and murmurous sounds.

The following tracings were also taken prior to the exhibition of the Remit:

(Tracing 244 on 28th February)

No Acorni 294

(Tracing 253-254, on 1st March)

No Acorni 234

No Acorni 244

(See preceding page for tracings while taking Acorni.)
Case 5 (cont'd)

Trinit. Acrid.: m 15 daily
25 A

The above tracings were taken whilst the patient was taking 15 m. Trinit. Acrid. daily
as was also the following tracing (D.7).

Trinit. Acrid.: m 15 daily
26 DA

On the 14th March, the dose of Acrid. was increased to 21 m. daily.
The following tracings were taken on the 21st March, 1894:
(tracings 29 + 29.)

Trinit. Acrid.: m 21 daily
28 DA

For further tracings, see next page.
In the 28th March 1844, the dose of Aconite was increased to 2 drs daily. The following tracings were taken on 28th March (Tracing 24 & 25).

Tracings: Aconite
- 28th March: 30 drs
- 29th March: 31 drs
- 30th March: 32 drs

The following are tracings taken on the 28th March 1844, 3 days prior to the commencement of the exhibition of Aconite.

(Tracing 32 & 33)

Notes: Average pulse rate not materially affected: arterial tension diminished.
Case 6. Joseph Guinmell, aged 69, with well-marked presystolic mitral murmur.

The following tracings were taken on 3rd March 1874.

No Aconite 33a.

On 3rd March, 1874. Commenced Tr. Aconite. m. 15. daily.

No Aconite 34p.

The following tracing was taken on 8th March, 1874 (Tracing 34).

Tr. Aconite m. 15 daily 33b.

Stopped the Aconite on 15th March, 1874. Patient having become depressed.

The following tracing was taken on 14th March (Tracing 33).

No Aconite 336.

The following tracing was taken on 22nd March, 1874 (Tracing 347).

No Aconite 347.

Note: Rules note excluded; activity diminished.
The Action of Aconite on the Urine: I have appended 10 charts illustrating the action of Aconite as a diuretic. The patients to whom these charts refer were hospital cases under the direct personal care and supervision of the Reporter, and willingly assisted him to the utmost of their power in obtaining accurate daily returns of the amount of urine voided by them. The result was, in 5 cases the urine was increased, in the other 5 it was diminished. The remarkable fact was ascertained that the cases in which Aconite failed to increase the urinary secretion were precisely those in which diuretics are frequently indicated — 4 of these being Cardiac cases, the 5th a case of chronic nephritis. No no cardiac case was the amount of urine increased. So far as they go, these results appear to show that Aconite has no effect as a diuretic. Neither does it affect the constituents of the urine. (in fl. oz.)

Appendix are charts showing the amount of urine excreted without, and with Aconite. The black line indicates the curve of the amount excreted without Aconite; the red, with Aconite.
**Disease:** Aortic Incompetence

**Notes of Case:**

- **Name:** Mary Ann Rhodes
- **Age:** 35
- **Temperature Chart:**
  - Temperature range from 35 to 42 degrees C.
  - Various temperature readings marked along the chart.
  - Dates from 1876.

**Results of Treatment:**

1. Daily average quantity of urine without Acetate 19.9 oz.
2. Daily average quantity with Acetate 15.9 oz.

**Amount of Urine in 24 Hours:**

- Various amounts marked along the chart.

**Chart Details:**

- Dates from 1876.
DISEASE.
Aortic Incompetent Albuminuria

Notes of Case.
Name: James

Date of admission: 30th June, 1845
Entered at Stationers Hall.

Amount of Urine (in oz.) in 24 hours.

Temperature (Fahrenheit).

Results of Treatment
Average daily quantity of urine without albumine 43.5 oz.
Average daily quantity with albumine 36.6 oz.

Date
1845 August 15
15th
16th
17th
18th
19th
20th
21st
22nd
23rd
24th

Doctor

15
16
17
18
19
20
21
22
23
24

T. Serle, St. Lincoln's Inn.

Gould's Clinical Chart.
Showing the amount of urine in a case of Aortic incompetence, by Hydro-therapy, with and without Acrum.

**Notes of Case.**

**Name:** Wilson

**Temperature:**

<table>
<thead>
<tr>
<th>Time</th>
<th>105</th>
<th>100</th>
<th>95</th>
<th>90</th>
<th>85</th>
<th>80</th>
<th>75</th>
<th>70</th>
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<th>60</th>
<th>55</th>
<th>50</th>
<th>45</th>
<th>40</th>
<th>35</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8°</th>
<th>9°</th>
<th>10°</th>
<th>11°</th>
<th>12°</th>
<th>13°</th>
<th>14°</th>
<th>15°</th>
<th>16°</th>
<th>17°</th>
<th>18°</th>
<th>19°</th>
<th>20°</th>
<th>21°</th>
<th>22°</th>
</tr>
</thead>
</table>

**Results of Treatment:**

1. Average daily amount of urine without Acrum: 19 oz.
2. Average daily amount with Acrum: 26 oz.

**Reference:**

*Gould's Clinical Chart*
Disease: Mitral Incompetence

Notes of Case:

Maria Charlesworth

Case Book No.

Date of admission: 14 February 19...

Results of Treatment:
1. Average daily quantity of urine without Acute 92.8 cc.
2. " " with 92.8 cc.
3. Specific gravity without 102.3.
4. " " with 102.2.

Note: The double lines at top of page indicate the specific gravity of the urine.
Showing the Amount and Specific Gravity in a Case of Chronic Nephritis, with and without Acute.

Disease: Chronic Nephritis

Notes of Case:

Name: George Brooks

14 years

Specific Specific Gravity

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date</th>
<th>Amount of Urine</th>
<th>Specific Gravity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephritis</td>
<td>1877</td>
<td>10.50</td>
<td>109.0</td>
</tr>
<tr>
<td></td>
<td>1878</td>
<td>109.5</td>
<td>109.0</td>
</tr>
<tr>
<td></td>
<td>1879</td>
<td>109.5</td>
<td>109.0</td>
</tr>
<tr>
<td></td>
<td>1880</td>
<td>109.5</td>
<td>109.0</td>
</tr>
<tr>
<td></td>
<td>1881</td>
<td>109.5</td>
<td>109.0</td>
</tr>
</tbody>
</table>

Results of Treatment:

1. Average daily quantity of urine without albumen 38.1 oz.
2. Average daily quantity with albumen 30.9 oz.

Note: The line towards top of page indicates the daily quantity of the urine.

Printed and Published by Wolderspoon & Shaw, 7, Svera St. Lincoln's Inn.
Disease:

Phthisis Pulmonalis

Notes of Case:

Susannah Anderson

20

Amount of Urine in oz. in 24 hours:

Temperature (Fahrenheit)

Results of Treatment:

1. Average amount of urine without Acrids.
2. Average amount with Acrids.

Entered at Stationers Hall.
<table>
<thead>
<tr>
<th>Date</th>
<th>Amount of Urine in ozs in 24 hours</th>
<th>Temperature (Fahrenheit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1845 July</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23rd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25th</td>
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<tr>
<td>26th</td>
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<td>27th</td>
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<tr>
<td>28th</td>
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<td>29th</td>
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<tr>
<td>Aug</td>
<td></td>
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</tr>
<tr>
<td>1st</td>
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<td>2nd</td>
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<tr>
<td>3rd</td>
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<td>4th</td>
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<td>8th</td>
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<td></td>
</tr>
<tr>
<td>9th</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Results of treatment:**

1. Commenced treatment on 23rd of August with aquavit.
2. Urine analysis:
   - Without aquavit: 24 oz.
   - With aquavit: 30 oz.
3. Temperature fluctuates but generally remains within normal limits.

**Medications:**

- Fract. Aconit. 2 oz.
  - Every 2 hours
- Mixture 2 hours
- No Aconit.

**Notes:**

- Client shows signs of improvement.
- Temperature chart shows gradual decrease.

**Disease:**

- Shumersalum of Aurelia.
Disease: Phthisis Pulmonalis

Notes of Case:

Name: Thomas Farrell
Age: 14 years

Results of Treatment:
1. Average daily amount of urine without Aconite, 28.4 oz.
2. Average daily amount with Aconite, 14.1 oz.

Date of admission: 15th July 1845

Entered at Stationers Hall
Printed and Published by Wodderspoon & Shaw, 7, Serle St. Lincoln's Inn
Gould's Clinical Chart
DISEASE: Tuberculosis Pulmonalis

Notes of Case:

Name: Patrick M. Rumock

Results of Treatment:

1. Average daily amount of Urine without Acetate: 35 oz.
2. With Acetate: 38.5 oz.

Date of admission: 1856, Sept. 8th
Showing the Urine in a case of Phthisis Pulmonalis, with and without Acetate.

**Disease:** Phthisis Pulmonalis

**Notes of Case:**

| Name       | Mary Anne
| Age       | 19
| Sex       | Female

**Case Book No.:**

**Results of Treatment:**

1. Average daily amount of urine without Acetate: 284 oz.
2. Average daily amount with Acetate: 32 oz.

**Date of Admission:** 5th September 1875

Entered at Stationers Hall. Printed and Published by W. C. Stuart & Sons, 7, Sir John Street, Lincoln's Inn. Gould's Clinical Chart.
On the Action of Aconite in Neuralgia:—Its action in
nervegia, first pointed out by Dr. Turnbull, and subsequently
confirmed by Dr. Fleming in his inaugural dissertation at this
University, is in direct conformity with its physiological action on
the sensory nerves. The main indications for its use in neuralgia
I have found to be 2. (1) that the affection be purely
peripheral, and (2) that it be of the inflammatory variety.
In other forms of neuralgia it produces no effect, and its
discriminate use is therefore frequently followed by total failure.

Conclusions:—
The therapeutic effects of the drug may be thus briefly
summarized:—
1. In traumatic fevers, and in other forms of pyrexia (other than the
acute specific fevers), aconite is of no avail as an antipyretic
so far as that it has no action as a reducer of temperature.

A "On the Preparation and Medical Employment of Aconiteia by the Endemic
B "An inquiry into the Physiological and
Medical properties of the Aconitum Napellus, Schui, 1845."
2. In therapeutic doses it has no effect on the Respiratory or pulse rate, and only affects the latter by doubtfully diminishing the arterial tension to a very slight degree.

3. It has no diuretic action, and is particularly devoid of this property in Cardiac or Renal Cases.

4. It has undoubtedly a curative effect on Neuralgias, but only if they be of a peripheral and inflammatory nature.

5. The first manifestations of mild acridism are of a purely sensory character, and are referable to the action of the drug on the sensory cutaneous, gastro-intestinal nerves.