

**MONOGRAPH ON
LILIUM TIGRINUM**

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Monograph on *Lilium Tigrinum* by Wm. E. Payne

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BY

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1870

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Institute of Homoeopathy, 1870.

LILIUM TIGRINUM.

(Tiger Spotted Lily.)

Botanical Characteristics.—The *Lilium Tigrinum* is a well-known, showy, orange-colored, coarse-flowered, garden plant, very abundant in cultivation, and is a native of China and Japan. It belongs to the *natural order*, LILIACEÆ. The *stem* is from 4 to 6 feet high, (varying in the rankness of growth in accordance with the quality of the soil in which it is planted), unbranched and woolly. *Leaves*, scattered, sessile, three-veined, the upper cordate-ovate; the axils bulbiferous. *Flowers*, large, in a pyramid at the summit of the stem, dark orange-colored, with black or very deep crimson, somewhat raised spots, which give the flower the spotted appearance of the skin of the tiger, and from which circumstance it has derived its name; perianth revolute and papillose within. It is hardy enough to thrive in open ground in the vigorous climate of the north, and is propagated by the bulbs produced in the axils of the leaves, as well as by those that surround the mother bulb. It blooms freely in July and August. The bulbs are said to be used by the Japanese as an article of food. It was first brought from China, and introduced into the royal botanical gardens at Kew in 1804. A very good representation of the *Lilium Tigrinum* may be found in the Botanical Magazine, plate 1237, taken, it is said, from the plant in the Kew gardens. Owing to a general external resemblance, there is a liability, with those unacquainted with botany, of confounding this plant with the *Lilium Philadelphicum*.

But the botanical distinctions are very marked, and easily recognized by those who have but a limited knowledge of botany.

The *Tiger Lily*, so far as known, has been regarded and cultivated only as a garden ornament. But it has been long known to botanists as belonging to a tribe of plants which has furnished several therapeutic agents of great value, of which the *Aloe*; *Allium Sativum*, (garlic); *Allium Cepa*, (onion); *Scilla Maritima*, (squill); *Asparagus*; *Dracana Draco*, (dragon's blood); and *Convallaria polygonatum* (Solomon's seal); are conspicuous examples. The *Lilium Candidum*, (white lily), which belongs to the same family, is also traditionally credited with important uterine medicinal properties.

In view, then, of this botanical relationship the inference was entirely legitimate that the *Lilium Tigrinum* possessed valuable medicinal properties. The reported death of a child in convulsions by eating the pollen of the flower, suggested the idea of proving the drug, and the hope of finding in it additional means of combatting the sometimes formidable convulsions arising from acute and chronic meningeal irritation, prompted the execution of the work. Though the hope is not realized in the proving, yet the promise in a class of diseases, which from their multiplicity have become the bane of female happiness, is sufficiently strong to inspire confident expectations that this drug will henceforth hold an important place in the *Homœopathic Materia Medica*.

The provings, fifteen in all, were made with the tinctures, or attenuations prepared therefrom, of either the whole plant with the flowers combined, or the pollen alone, gathered in the months of August and September, when the plant was in full maturity. No difference was observed in the disease-begetting power of the plant and the pollen. Both seemed equally potent in developing symptoms.

Several of the provings were made under the supervision of our able colleague, Prof. Carroll Dunham, of New York city, the most important of which is indicated by the letter W; one, a very valuable proving, indicated by the letter F, under the direction of Dr. Wm. Gallupe, of Bangor, Maine, who is a careful observer; and one, indicated by the letter Y, under the eye of Dr. J. W. Savage, of Wiscasset, Maine, to each of whom, on behalf of the profession, as well as in acknowledgement of personal favors, I return sincere thanks.

In the arrangement, the object has been to preserve, as far as practicable, groups of symptoms as they successively appeared in the proving. In carrying out this plan the same group, or a portion of it, has been repeated under different headings. This is more particularly the case under MORAL SYMPTOMS and REPRODUCTIVE ORGANS.

Here it seemed important to preserve the unity, as the relationship between the uterine functions and the mental and moral conditions is so intimate, that the former cannot be long disturbed without implicating the latter. Should the *Tiger Lily*, after sufficient trial at the bedside, be found worthy of a place in a future edition of the *Materia Medica*, a revision of the arrangement with reference to brevity can be made.

The original day-book of the provings, is published in the Transactions of the American Institute of Homœopathy for 1871.

The following is a list of the

PROVERS.

Mr. F. G. Barker — <i>Bk.</i>	Mrs. Dr. N. W. — <i>W.</i>
Mr. G. ———, a dentist — <i>D.</i>	Mrs. Dr. S. A. F. — <i>S. A. F.</i>
Dr. S. P. Graves — <i>G.</i>	Mrs. Dr. C. L. B. — <i>L. B.</i>
Dr. J. W. Savage — <i>S.</i>	Mrs. Dr. L. B. C. — <i>C.</i>
Dr. Samuel Lilienthal — <i>L.</i>	Mrs. B., student of med. — <i>B.</i>
Miss Y., a teacher — <i>Y.</i>	Mrs. J. F., student of med. — <i>J. F.</i>
Miss F. — <i>F.</i>	Mrs. P. — <i>P.</i>
	Mrs. ———, a teacher, — <i>T.</i>

MIND AND DISPOSITION.

Female.—Great depression of spirits, with fearfulness and apprehension of an impending fatal internal disease; or that it was already preying upon her; constant inclination to weep [very marked;] blurred vision, all objects appearing very indistinct. (*F.*)

Great anxiety of mind; constantly troubled; vexed feelings towards every body; don't want to speak or be spoken to. (*F.*)

Irritable and impatient. (*F.*)

Despondent and gloomy:—with loss of memory and great difficulty in expressing her thoughts, often selecting wrong words, but in making the correction would as often take other words quite as inappropriate; great fear and dread of insanity. (*F.*)

More active; things go easily [1st day.] (*W.*)

Don't want to be pleased and don't want to talk, but want to sleep, and during sleep very unpleasant dreams. [6th day.] (*W.*)

Wild feeling in the head:—with confusion of ideas; pressure, and a crazy feeling on the top o' the head rendering her incapable of recording her own symptoms; fear of insanity and that should she become insane there would be no one to take care of her; worse at night but better in the morning. [8th day.] (W.)

Opposite mental states; she feels nervous and irritable and yet says she feels jolly. (W.)

Desires to do something but feels no ambition. (W.)

Wants somebody to talk to her and entertain her. (W.)

Feels hurried and yet incapable, as if she had something to do and could not do it. (W.)

Don't want to complain and yet don't avoid people. (W.)

Aversion to being alone and yet she does not dread it; tranquil; liked to see others and hear them talk. (W.)

Disposed to muse and dream; is awake, but seems to be asleep and afar off; seems to be two distinct personalities. (W.)

Great mental and bodily indolence; perceptive and reflective faculties seem to be benumbed, whereas, at first they were over active. (W.)

Can't think; acts without thought; keeps walking fast as if by instinct; feels hurried, don't know why; is forgetful; can't decide for herself; must depend upon others. (W.)

Hurried feeling, as though the breathing would be increased, yet it is not. (W.)

Conviction that the whole system is profoundly affected by the drug; that she is not the same person she was. (W.)

Discouraged; no heart nor strength to work. First few days of proving, revolved thoughts of suicide, such as "should I throw myself into the river, would they try to find my body, and would any one care?" and "how much opium would put me to sleep for ever?" an entirely new train of thought. (W.)

Both the social and moral conditions were profoundly affected: dislikes to be alone, though formerly she preferred it, but has no dread of being alone; sexual desires strong, though formerly weak; can repress the desire by keeping very busy, but as soon as occupation ceases the desire returns in full force. (W.)

Wits languid and intuitions dull. (W.)

She feels greatly depressed, with thirst, and pressure on the bladder and rectum; thirst, depression of spirits and dullness of intellect always preceded the severe symptoms. Listless and inert yet don't want to sit still; restless, yet don't want to walk; cross and pettish, and with these symptoms a great craving for meat. (W.)

Dreads to speak lest she say something wrong, and yet has a great desire to talk; shooting pain in the right side of the head. (W.)

Sudden depression of spirits; loss of vigor; could sit down and cry; impatient with herself and wants to tear about; feels

hurried, could walk or run aimlessly for an indefinite period; desire for fine things of all kinds with dissatisfaction with what she has and is envious of others. (W.)

While listening to a lecture, feelings of irritation in the region of the uterus suddenly seized her; with a desire to hit the lecturer and strike; later in the evening felt disposed to curse and swear, damn the fire, and things generally; then to think and speak of obscene things; as these mental states came, the uterine irritation abated. (W.)

Languid and forgetful. (W.)

Felt cross and impatient with everything and everybody. (W.)

The will has not its usual control over the muscular system; felt hurried—must walk to and fro continually; could not get interested by thinking or reading; wants somebody to be with her and talk to her; felt that she should die, and did not care if she did; wondered who would take care of her body if she did die. (W.)

Inability to apply the mind steadily, and to think clearly; with inability to recall facts perfectly familiar to her, [towards evening of the 2d day] (Mrs. J. F.) great depression; with continued inability to apply the mind; nervousness; disposition to weep; severe pain in the back, and headache [towards evening of the 3d day.] (Mrs. J. F.)

Entirely incapacitated for mental labor; with aversion to speaking or being spoken to; wants to be left alone; don't want to think; sees many things to be done, but can't force herself to do them; everything seems unreal; eyes look wild; have an insane look. (Mrs. Dr. L. B. C.)

Male.—Irritable in the evening, with disagreeable dreams at night, and unrefreshing sleep. (Dr. L.)

Irritable, depressed in body and mind, and unfit to work. (Dr. L.)

Not so irritable, but wants to be let alone; don't want the trouble to answer questions. (Dr. L.)

Taciturn and reticent during the day, with a burning, pressing headache which came on between five and six o'clock, p. m., affecting mostly the right side of the forehead, increasing in severity as the evening advanced, though it did not reach its former severity; great drowsiness. (Dr. L.)

Obtuseness of intellect; with inability to find the right words with which to express his thoughts; forgets what he is about to say; vertigo, especially when walking; a feeling as if intoxicated; staggering forward. (Dr. L.)

Ideas not clear; with great difficulty in concentrating the thoughts, nevertheless the thoughts come more readily by an effort of the will, and by continued speaking. (Dr. L.)

Great fearfulness and apprehension that he was suffering from disease of the heart. (Dr. L.)

Disinclination to work, either mental or bodily. (Dr. L.)