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# HARTMANN'S

# THEORY

OF

# CHRONIC DISEASES

AND THEIR

# HOMŒOPATHIC TREATMENT.

## THIRD GERMAN EDITION.

REVISED AND CONSIDERABLY ENLARGED BY THE AUTHOR.

## TRANSLATED, WITH ADDITIONS,

AND ADAPTED TO THE USE OF THE AMERICAN PROFESSION,

BY

CHARLES J. HEMPEL, M.D.

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THE

# TRANSLATOR'S PREFACE.

THIS volume completes Hartmann's work on the treatment of Acute and Chronic Diseases. I commend it to the careful attention of all those who are anxious to possess a systematic *exposé* of the homœopathic treatment of acute and chronic diseases. It is the only complete work of its kind in existence, and will be found a most acceptable guide of practice, not only to beginners, but also to older practitioners.

I ought to state, here, that Hartmann generally prefers the attenuations from the 30th downward, especially in the treatment of syphilis and chlorosis, where, he contends, large doses of low attenuations are absolutely necessary to a prompt, safe and thorough cure.

In this, I believe, all wise observers agree. On the other hand, the so-called high potencies are, in certain cases, valuable in practice, Hartmann's opinions to the contrary, notwithstanding. Of course, if we wish to see effects from the high potencies, we must in the first place be sure to select the proper, that is, the specific remedy. I have seen effects from the high po-

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tencies, a denial of which would infallibly and necessarily lead to the rejection of all evidence of any action of our medicines whatsoever. Hartmann contends, and I fully agree with him in this, that the successful treatment of syphilis and chlorosis requires large doses of the specific remedial agent. To this I would add, that another numerous class of diseases requires, in a large number of cases, the exhibition of large doses of the specific medicine, viz: hysteria, neuralgia (with a few exceptions), the numerous ailments arising from nervous irritation, and intermittent diseases, especially fever and ague. The specific remedy for neuralgia, nervous irritation, and hysteria, is *Aconite*, as will be demonstrated in the Organon to which allusion has been made in former volumes; the principal specifics for fever and ague in our country are: *Cinchona* and *Arsenic*, the former of which has sometimes to be given in five drop doses, at repeated intervals, to effect a permanent and reliable cure.

CHARLES J. HEMPEL.

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## SEVENTEENTH CLASS.

### § 178. *Apoplexia cerebralis, Apoplexia sanguinea, encephalorragia.*

By apoplexy, we understand a more or less sudden, entire or partial loss of consciousness, accompanied with loss of sensation and motion; the latter (sensation and motion) are sometimes still existing, but very feebly; the vital functions, circulation and respiration, continue, sometimes a little slower and more laboured; at others even with more vigour. In almost all cases apoplexy is preceded by precursory symptoms, which are, properly speaking, symptoms of general plethora, such as: dulness and heaviness of the head, derangement of the sensual functions, obscuration of sight as if through gauze, buzzing in the ears, hardness of hearing, indisposition to perform mental labour, great desire to sleep, the sleep being unrefreshing and disturbed by dreams; injected state of the eyes, increased redness and temperature of the scalp, throbbing of the carotids and temporal arteries, cold hands and feet, the extremities go to sleep, they feel numb, as if the patient were walking on velvet; the cerebral nerves feel irritated, with hard aching pain through the brain. The abdominal organs are frequently very torpid, the pulse is slow, full and intermittent, the patient has frequent nightmare, etc.

In sudden and total sanguineous apoplexy the brain feels as if torn, the cerebral functions cease suddenly, the patient falls down without consciousness or sensation, totally or partially paralyzed; stool and urine pass off involuntarily, the patient is comatose, breathing stertorous, slow, pulse hard, full and slow, the eyelids hang down as if paralyzed, the mouth is drawn to



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the side not paralyzed, the eyes are staring and protruded, the pupils insensible and frequently dilated; speech is difficult or entirely lost, etc. In many cases the patient vomits, the face looks livid and turgescent.

If the cerebral functions cease totally or partially, in consequence of the pressure of the extravasated blood upon the brain, the symptoms of nervous apoplexy or paralysis of the brain make their appearance, resembling very closely those of a violent concussion of the brain; the patients, totally paralyzed, look pale as death, they seem to be in a deep swoon, their pulse is feeble and irregular, vomiting and nausea are present. In some cases, after this condition has existed for a couple of hours, the pulse becomes fuller, the face looks red, and all the other symptoms of hyperæmia make their appearance, precisely as after concussion of the brain.

In other cases the patients complain of a sudden violent headache, become pale and vomit; sometimes they are able to walk a few steps, the seated pain in the head and the vomiting continuing all the time; the face looks pale as after death, the pulse is soft, the patient is conscious but stupified; little by little the redness of the face and the stupor increase, the patient answers slowly and with difficulty; coma finally sets in, from which the patient cannot be roused. These cases are probably induced by the bursting of a cerebral vessel, and the gradual extravasation of blood in the brain.

In most cases partial paralysis remains; sometimes one side remains paralyzed (hemiplegia), in other cases an extremity, or the patient may remain paralyzed crosswise; in some cases one half of the face, or the tongue and larynx, remain paralyzed, without loss of consciousness.

Serous apoplexy is said to be characterized by paleness and bloatedness of the face, cachectic appearance, leucophlegmasia, gradual setting in of complete or partial paralysis, vomiting, fits of nausea; it is occasioned by debilitating causes, metastasis, suppression

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of the secretions, cerebral diseases, terminating in serous effusions. Post mortem examinations have, however, shown that an extravasation of blood had taken place in supposed serous apoplexy, and a simple effusion of serum in apoplexy which was characterized by all the symptoms of an extravasation of blood, showing that, in practice, it is of scarcely any use to distinguish serous and sanguineous apoplexy. (Canstatt).

Gastric, bilious or abdominal apoplexy, is induced by constitutional predisposition, excesses, chagrin, over-eating, constipation; it is characterized by a coated tongue, eructations, disposition to vomit, bilious vomiting, yellow tinge of the eyes and shrivelling of the skin; the præcordial region is distended, sensitive, the patient sometimes grasps at these parts.

§ 179. *Causes.* Apoplexy is more frequent among old than young people, and likewise among males than females; in many families it is hereditary. A constitutional predisposition for sanguineous apoplexy is indicated by a stout and short body, a disproportionately large head, a short and big neck, with the head set upon broad shoulders, corpulence, dark-red, livid countenance, distention of the frontal and temporal veins. This predisposition is increased by a plethoric constitution, piles, rich living, sedentary habits; it exists most frequently among literary men, and persons given to idleness and luxurious living.

*External causes.* Traumatic, dry and cold weather, excessive heat, stroke of the sun, sudden transition from cold to warm, and vice versa; apoplexy is very apt to take place at the time of the spring equinox, or in consequence of the abuse of spirituous drinks, or of narcotic substances, scurvy, etc. It is occasioned by metastasis, sudden suppression of hæmorrhage, sweat on the feet, closing of ulcers, etc. It is likewise occasioned by tight cravats, which prevent the proper reflux of the blood from the brain, by tumours of the neck, goïtre, angina, impeded circulation of the blood in the lungs, occasioning a repletion of the cerebral vessels; by asthma, whooping-cough, emphysema of the lungs,

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or by organic affections of the heart and the large vessels, hypertrophy of the left heart, contraction of the aorta; or by disorganizations of the cerebral vessels.

*Prognosis*: Apoplexy is the more dangerous the more frequently the attacks occur; the danger is particularly great in the case of old people with an apoplectic habit. Apoplexy is more especially dangerous when the respiratory and circulatory apparatus is paralyzed, when the breathing becomes laboured, stertorous, slow, superficial, irregular; when the cheeks puff up and then collapse again at every expiration in consequence of a paralysis of the muscles of the cheeks and lips; when the pulse becomes slow, small, intermitting, and deglutition difficult; when the sphincters become relaxed and urine and fæces are passed involuntarily. Bad symptoms are: coldness of the extremities, clammy sweat on the upper parts of the body, continued or even increased paralysis; mechanical grasping of the patient, without consciousness, at one and the same spot of the head.

The homœopathic treatment of apoplexy is much more favourable than the allœopathic; even in cases which seemed almost hopeless, I have succeeded in effecting a cure. We know, from experience, that sanguineous and nervous apoplexy is much more easily cured than the nervous and serous varieties, which frequently leave important secondary diseases.

§ 180. In treating apoplexy, the exciting causes should, if possible, be removed, as the first step: tight dresses, for instance, should be taken off before any other treatment can be thought of. The patient is carried to a cool place, and everything that has a tendency to vitiate the air is removed from his presence. Head and trunk are raised. If the attack is owing to poison, this has, in the first place, to be antidoted, after which the other medicines required by the symptoms are administered. Strong coffee by the mouth and anus is the best antidote for opium, accompanied with friction. If the irritability of the muscular fibre should have been destroyed, if the body should already be icy-

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cold and insensible, it will be advisable to cause the patient to smell repeatedly of a *saturated solution of camphor*, to rub the temples and knuckles with it, and to put the patient into a warm bath. After the restoration of the vital action, frequent small doses of *Ipecacuanha* may be given. If Belladonna should have occasioned the apoplexy, strong coffee should likewise be given to restore the lost irritability, after which *Opium* and *Hyoscyamus* will complete the cure. For the after diseases, slight electric shocks, *Mercurius vivus*, and other remedies, will prove useful.

The Hyoscyamus apoplexy is best antidoted by smelling of a *saturated solution of Camphor*. The spasmodic effects of spirituous drinks are removed by *Nux vom.* *Arnica*, internally and externally, is indispensable in apoplexy depending upon mechanical injuries. A surgical operation may likewise be necessary in this case.

In most cases we are undoubtedly called upon to treat nervous apoplexy, since sanguineous apoplexy generally depends upon nervous debility, or some other nervous affection, except when it is occasioned by organic diseases of the circulatory or respiratory organs. The symptoms of plethora are generally only apparent, or the causes which we suppose brought on the attack, are too transitory to effect that result.

The best medicines for the precursory symptoms, or even for the incipient stage of apoplexy, especially in the gastric variety, are *Aconite*, *Nux vom.*, *Coffea*, *Bellad.*, *Ipecac.*, *Arn.*, *Bryon.*, *Ignat.*, *etc.* *Aconite*, *Nux v.*, *Ipec.*, *Coff.*, *Bellad.* and *Merc.* are the best medicines for the precursory symptoms of sanguineous apoplexy. It is impossible to say which of those remedies should be given first, as the symptoms differ in almost every attack. I will report a case from my own practice, to illustrate my own mode of selecting a remedy for such a disease.

The patient was a short, feeble, emaciated female of 80 years. For some time past she had been suffering with œdema of the lower extremities, and had been confined to her bed for about a week, during which

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time the swelling had reached the pit of the stomach. The animal functions remained pretty regular, until one evening, at supper, the arms suddenly sank, the head inclined forward, the mouth was drawn to one side, and speech became extinct. The patient was sitting in her bed, with the head bent forward, the breathing was short, rattling, skin cold, pulse small, feeble, scarcely perceptible; the secretions were suppressed; she seemed to be very little conscious or sensible, for, on being spoken to, she remained perfectly silent, and listless; all the functions of irritability, sensibility and reproduction seemed to be quite low. She did not desire anything, nor did she refuse anything, but she was unable to swallow; if some liquid was poured into her mouth it flowed out again at the corners. I gave her a few pellets of *Belladonna*, 30. This seems to be the principal remedy, shortly after an attack characterized by speechlessness, loss of motion and sensation, diminution of the sensual functions, stupor, paralysis, convulsive movements of single muscles, or extremities, dysphagia, flow of saliva from the mouth. On the following morning she was able to swallow some liquid, and she continued to improve until the fourth day. All the symptoms decreased except the œdema, and the general paralysis. On the fourth day a violent orgasm of the circulation supervened, with a full, quick pulse, and a general restlessness. I gave a few doses of *Aconite*, which quieted the circulation, but left shortness of breathing and rattling, aggravated by motion. *Chamomilla* was given without success, but *Arsenic* seemed to relieve her very much. The patient had now been sick a fortnight. She was able to raise her head, and to utter a few sounds, without articulating. The breast seemed to be free; the patient was able to take some more substantial food, stool and sleep were regular; she passed, however, less urine than before, and the œdema and paralysis of the lower extremities and right arm seemed to have increased, rather than otherwise. The swelling yielded to *Helleborus niger*, followed in six days by *Ferrum*, and then, in four days,

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