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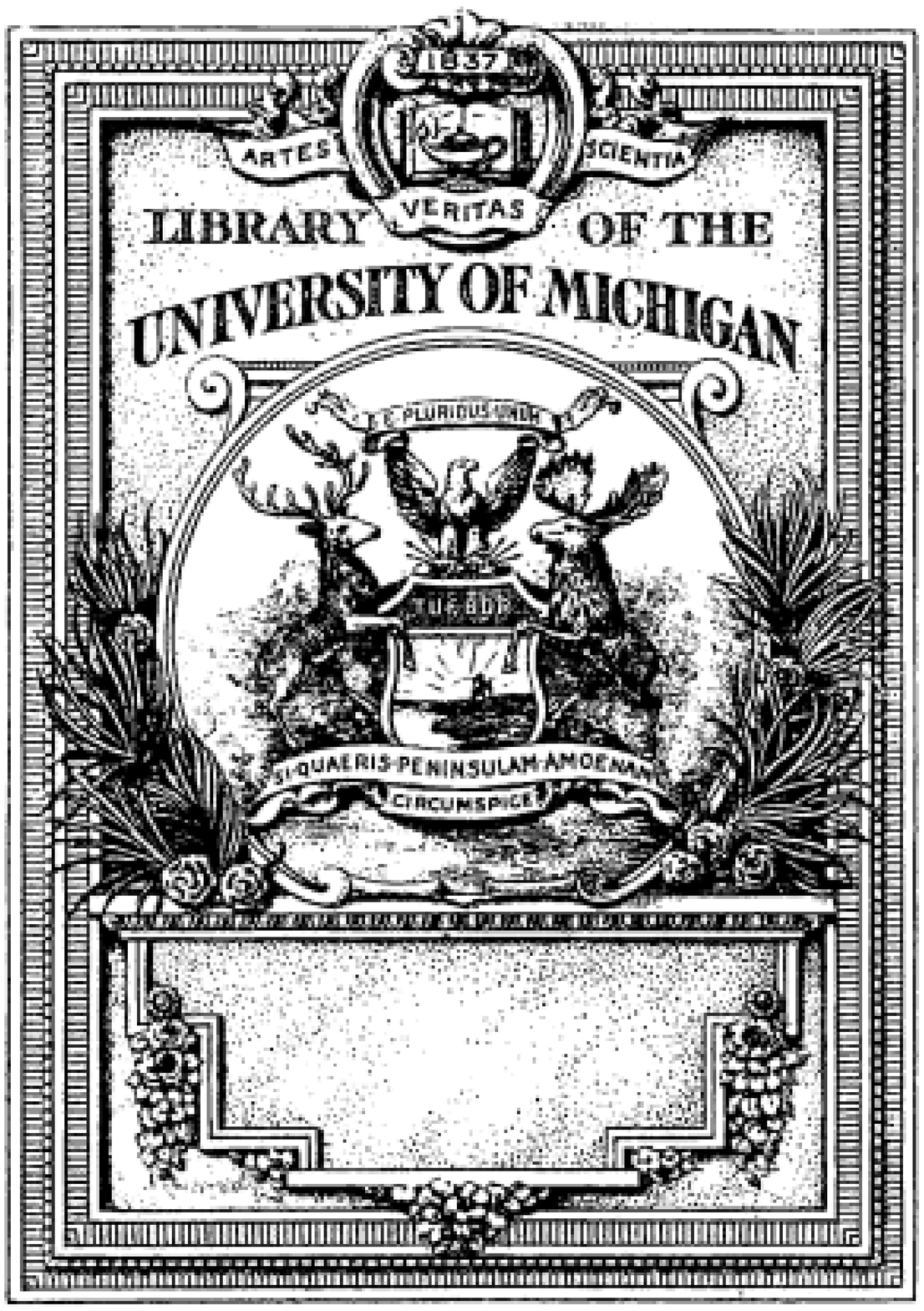


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# HINTS

FOR THE PRACTICAL STUDY OF THE

# HOMŒOPATHIC METHOD.

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# HINTS

FOR THE PRACTICAL STUDY OF THE

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# HOMŒOPATHIC METHOD,

## IN THE ABSENCE OF ORAL INSTRUCTION;

WITH

## CASES FOR CLINICAL COMMENT, ILLUSTRATIVE OF THE MECHANISM OF DISEASE, AND OF THE TREATMENT.

"Morbus Naturæ conamen in ægri salutem."—SYDENHAM.

"Similia similibus curantur."—HAHNEMANN.

BY

EDWARD C. CHEPMELL, M.D., EDIN.,

LATE PHYSICIAN TO THE HAHNEMANN HOSPITAL, PHYSICIAN TO THE ISLINGTON HOMŒOPATHIC DISPENSARY, ETC.

LONDON:

SIMPKIN, MARSHALL, & CO., STATIONERS' HALL COURT,

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1868.

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# ADVERTISEMENT.

THE present work will be found to embody that portion of the course of Clinical Instruction originally addressed to the professional students of the Islington Homœopathic Dispensary, which was published from time to time, in a series of papers, during the year 1850, under the circumstances and with the special object set forth in the Introductory Remarks.

The re-issue of this practical course (with considerable and important additions, gathered from my later experience in private as well as public practice) in a separate form, and under a more suggestive title, has been determined upon as the mode of publication best calculated to attract attention.

22, CAVENDISH SQUARE,
*February*, 1868.

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# CONTENTS.

## INTRODUCTORY REMARKS.

PAGE

Homœopathy—Its actual progress—The difficulty of its practical application the chief impediment to its reception among medical men—Homœopathic literature—Admirable in some respects, perplexing and defective in others—Attendance at Homœopathic hospitals and dispensaries hitherto indispensable for practical study—The Islington Homœopathic Dispensary—Its objects—The case of medical converts actively engaged in practice—Their difficulties considered in the order of their occurrence—The plan of practical instruction proposed in this work for the removal of difficulties—Foot-notes should not be skipped—Concluding suggestions for a course of theoretical reading, to be pursued simultaneously with these practical studies .....

## CHAPTER I.

Case 1—Chronic dyspepsia and bronchial catarrh, with functional disorder of the kidneys—Diet—Aliments possessing medicinal properties—Necessity for their neutralization or elimination—Their *dynamic* antidotes—China, chamomilla, nux vomica—Sugar of milk—Hahnemann's Psoric theory—Author's views—Antipsorics—Great practical value of the psoric theory—Hahnemann's other pathological theories—Syphilis, sycosis—Sulphur—The distinctive characteristics of acute and chronic disease, and the corresponding differential dynamic characteristics of the high and low dilutions to be taken into account in the prescribing of remedies—Nux vomica—Arsenicum—Calc. carb.—Merc. sol.—Bryonia—Lycopodium—Pulsatilla—The legitimate sphere of allopathic and antipathic medication—Allopathic remedies sometimes become homœopathic ..... 7

## CHAPTER II.

Case 2—Chronic Mercurial Rheumatism, with affection of the stomach and liver, and incontinence of urine—Medicinal diseases—Relative value of allopathic palliatives, chemical and dynamic antidotes—A high dilution of a remedy often the best antidote to its material abuse—Nitric acid—Nux vomica—

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PAGE

Lycopodium—Bryonia—Features of the case throwing light upon the mechanism of disease—Nervous prostration, inaction of the bowels, and incontinence of urine—Broussais failed to see the practical importance of his discovery. Case 3. Humid tetter (eczema) and dyspepsia, complicated with chronic catarrhal asthma—Aconite—Sulphur—Arsenicum—Graphites—Calc. carb.—Aurum ..... 18

CHAPTER III.

Case 4—Chronic metrorrhagia, dependent upon moral prostration—Hahnemann's remarks on the action of Ignatia—The remedial treatment of disorders dependent upon moral exciting causes—Ignatia—The peculiar efficacy of high dilutions in very susceptible patients ..... 27

CHAPTER IV.

Case 5—Infantile remittent fever and nasal hæmorrhage. Case 6. Infantile remittent fever, with vermiculous disorder—The advantage of bringing pathological knowledge to bear upon the homœopathic treatment of complicated diseases—Alison's experience of infantile remittent fever—The disadvantage of restricting the treatment to one or two isolated symptoms—Characteristic indications for the exhibition of Cina. Case 7. Tumour of the left breast consequent upon mechanical injury—Dyspepsia and chronic bronchial catarrh—Arnica—Nit. acid—Medicinal aggravation—Its character and treatment—Pulsatilla. Case 8. Inflammation of the mucous membrane of the mouth—Merc. sol.—Arsenic ..... 31

CHAPTER V.

Case 9 and 10—Small-pox—Belladonna—Aconitum—The alternation of remedies to be justified on the score of expediency, and also on sound pathological and therapeutic grounds—Circumstances to be taken into account in the treatment of acute disease, with regard to the variation, repetition, and choice of dilution of the indicated remedies—Aconitum—Phosphorus—Sepia—Sulphur—Belladonna—The revival of organic susceptibility to remedial action by the exhibition of an *antipsoric* in a high dilution—Mercurius solubilis—Sydenham's remark on the salivation which occurs in small-pox—The necessity for revaccination—The tendency of previous *antipsoric* treatment to lessen the virulence of acute disease—Inaction of the bowels in acute disease seldom requires to be interfered with—How real obstructions are to be dealt with ..... 42

CHAPTER VI.

Case 11—Acute inflammation of the stomach, and bronchitis, supervening upon infantile remittent ever—Ipecacuanha—Arsenicum—Chamomilla. Case 12.

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PAGE

Dysentery—Mercurius sublimatus corrosivus—Chamomilla—Comparative success resulting from the treatment by mercurials in large material doses, and by cathartics, accounted for. Case 13. Dysentery—Pulsatilla—Mercurius solubilis—Dietetic treatment in acute diseases—Nature's instincts to be followed—In protracted cases, reference must be had to the condition of the patient—Arnica—Sulphur..... 55

CHAPTER VII.

Case 14—Acute inflammation of the lungs, with cerebral complication, induced by previous mechanical injury—Sulphur—Phosphorus—Belladonna—Previous cerebral mischief, induced by a fall on the head—The exhibition of a remedy in a high dynamization, with a view to sustaining the vital power, and to reviving the organic susceptibility to medicinal action—Sepia—Squilla—Lachesis—Herpetic eruption after the exhibition of Sulphur. Case 15. Pleurodyne from mechanical injury—Aconitum—Bryonia—Arsenicum—Rhus Toxicodendron—Its local administration. Case 16. Acute pleurisy—Aconitum—Bryonia—Sulphur ..... 66

CHAPTER VIII.

Case 17—Rheumatic fever—Bryonia—Rhus toxicodendron—Their distinctive characteristics—Mercurius solubilis—Sulphur—Pulsatilla—Nature's method of bringing about the resolution of an acute inflammation—The urgency of the exciting cause necessitates a corresponding energy in the vital reaction—The advantage of dynamic medication in sympathy with the reactive efforts. Case 18. Acute erysipelas of the head and face—Belladonna—Rhus Toxicodendron—Sulphur ..... ..... 78

CHAPTER IX.

Case 19—Measles, complicated with bronchitis and pneumonia—Aconitum—Belladonna—Pulsatilla—Bryonia—Miasmatic poison eliminated in the manner best suited to each individual organism—Arsenicum—Rhus Toxicodendron—Sulphur—Phosphorus—Cina—Sulphur. Case 20. Measles—Aconitum—Pulsatilla—Belladonna—Nux vomica—Sulphur ..... 87

CHAPTER X.

Case 21—Organic disease of the heart—Bryonia—Lycopodium—Pulsatilla—Arsenicum album—Nux vomica—Phosphorus—Lachesis—Sulphur—Opium—The advantages of remedial treatment in sympathy with the vital efforts—Dietetic and hygienic treatment—Effects of *antipsorics*. Case 22. Congestive headaches and hemorrhoidal suffering, dependent upon chronic gastro-hepatic disorder—Nux vomica—Nitric acid—Nature adapts her mode of cure to the necessities of an exceptional constitution ..... 92

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Original from UNIVERSITY OF MICHIGAN

PAGE

## CHAPTER XI.

Case 23—Disorder of the moral faculties dependent upon chronic affection of the brain — Belladonna — Sulphur—Calcaria carbonica—Lachesis—Agaricus—Silicea. Case 24. Acute inflammation of the brain complicated with gastro-enteritis and pneumonia—Arsenicum—Aconitum—Phosphorus—Bryonia—Lachesis—Hepar sulphuris—Points of special interest to the candid medical inquirer, afforded by the contrast of these two cases ..... 102

## CHAPTER XII.

Case 25—Quinsy, with inflammation and swelling of the parotid and sub-maxillary glands—Aconite—Belladonna—Comparative actions of certain remedies with regard to the lymphatic and vascular systems—Mercurius solubilis—Hepar sulphuris. Case 26. Choleraic diarrhœa—Veratrum—Ipecacuanha—Mercurius sublimatus corrosivus. Case 27. Acute strumous ophthalmia—Aconite—Mercurius solubilis—Hepar sulphuris—Belladonna—Sulphur ..... 113

## CHAPTER XIII.

Case 28—Scarlatina. Case 29. Scarlatina and measles—Aconitum—Belladonna—Belladonna as a prophylactic against scarlatina—Sulphur—Mercurius solubilis—Chamomilla—Strammonium—Sulphur ..... 121

## CHAPTER XIV.

Case 30—Scarlatina supervening upon chronic organic disease of the brain—Retrocession of the exanthem—Cuprum aceticum—Nature acts as though a cure were ever possible—Nature the most practical of humoral pathologists. Case 31. The *sequelæ* of scarlatina—Uræmia—Apis mellifica—The insidious character of a certain variety of scarlatina ..... 129

## CHAPTER XV.

Case 32—The cure of spinal irritation, complicated with chronic gastro-metritis, accelerated by an attack of small-pox—Ignatia—Plumbum—Aconitum—Belladonna—Mercurius solubilis—Sulphur ..... 138

## CHAPTER XVI.

Case 33—Strumous disease of the left elbow-joint—Sulphur—Staphysagria—Calcaria carbonica—Arnica—Belladonna—Hepar sulphuris—Asafœtida—Graphites. Case 34. Warts on the head—Unsatisfactory effect of caustic applications—Thuja—Nitri acidum—Dulcamara—Causticum—Topical use

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PAGE

of Homœopathic remedies in conjunction with their internal exhibition—Mercurius iodatus—Sulphur—The case illustrates the practical value of Hahnemann's *Sycotic* theory ..... 148

## CHAPTER XVII.

Case 35—Pulmonary Consumption—The previous history of the case exemplifies the danger of a *routine* persistence in two opposite errors of practice—Cod-liver oil—Phosphorus—Arsenicum iodatum—Sulphuric acid—Mercurius iodatus—*Hæmoptysis* generally beneficial in preserving the integrity of the lung-structure by removal of pressure—Stannum—Sulphur—The recurrence of an old depuratory issue generally a good sign—Nux vomica—The necessity of varying the treatment with the vital reaction—Mercurius solubilis—Hepar sulphuris—Sepia—Hamamelis—Kali bichronicum—Belladonna—Silicea—Carbo animalis ch.—Pulsatilla—Antimonium crudum—The significance of what had been a return to a normal habit of body—Calcaria carbonica—Nature's compromise ..... 158

---

## PRINCIPAL NOTES.

The sense in which the term "antidote" is used with reference to Homœopathic remedies ..... 9

Consequences of the suppression of the Itch-eruption ..... 10

Cases of Scarlatina, showing the practical importance of Hahnemann's *psoric* theory ..... 11

Case in elucidation of the Syphilitic and Sycotic miasms ..... 12

Advantage of exhibiting the remedies in solution ..... 14

Hydro-therapeutics in drug-diseases ..... 20

Case showing the efficacy of sulphur as a *dynamic* antidote to its material abuse.. 20

Inaction of the bowels, in its *negative* aspect ..... 23

Case of spasm of the throat relieved by the exhibition of a very high dilution of Ignatia ..... 30

The experience of modern pathologists subversive of the theory of the unity of disease ..... 45

Drysdale's paper on the alternation of remedies..... 46

Intestinal inaction in scirrhus of the stomach ..... 53

Cases illustrating certain *idiosyncrasies* with regard to the intestinal functions ... 53

Case of *pneumonia* in a Cat ..... 68

Cases of constitutional *epistaxis*..... 99

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PAGE

The term "specific" ..... 123

A comparison of the *prophylactic* exhibition of Belladonna in the material and in the dynamic form ..... 123

Case of urœmia after scarlatina ..... 133

Cases of urœmia after scarlatina ..... 135

Case illustrating the *pathogenesis* of the poison of the Honey-Bee ..... 135

Case of warts on the scalp ..... 154

Professor Henderson's opinion on the action of cod-liver oil; and a case proving that cod-liver oil does actually possess medicinal properties..... 161, 162

On the "re-discovery" of Homœopathic specifics by the dominant school..... 162

---

APPENDIX.—Report of the Islington Homœopathic Dispensary ..... 177

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HINTS FOR THE

# PRACTICAL STUDY OF THE HOMŒOPATHIC METHOD

IN THE ABSENCE OF ORAL INSTRUCTION.

## INTRODUCTORY REMARKS.

Homœopathy—Its actual progress—The difficulty of its practical application the chief impediment to its reception among medical men—Homœopathic literature—Admirable in some respects, perplexing and defective in others—Attendance at Homœopathic hospitals and dispensaries hitherto indispensable for practical study—The Islington Homœopathic Dispensary—Its objects—The case of medical converts actively engaged in practice—Their difficulties considered in the order of their occurrence—The plan of practical instruction proposed in this work for the removal of difficulties—Foot notes should not be skipped—Concluding suggestions for a course of theoretical reading, to be pursued simultaneously with these practical studies.

Like all new and important truths, Homœopathy has, at its first conflict with the world's passions and prejudices, been opposed by self-conceit and intellectual pride on the one hand, and by the short-sighted interests of the day on the other. These obstacles are in some measure surmounted, as may be shown by the progress which it has already made; but there yet remains the difficulty of its practical application, which is a great impediment to its reception among medical men, who alone, from their knowledge of the living organism and of its morbid affections, are competent to treat the sick.

Hahnemann, in bequeathing us his "Organon," his "Materia Medica," and his "Treatise on Chronic Diseases," has done much to smooth this difficulty; which is more than can be said of what has been written by many of his followers. Homœopathic literature has hitherto consisted chiefly of polemical and theoretical treatises, of periodicals,* of works upon Materia Medica, of various digests of

* The "British Journal of Homœopathy" may be instanced as a periodical of great scientific merit. Nor should favourable mention be omitted of the "Annals of the British Homœopathic Society," or of the "Monthly Homœopathic Review."



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these and of Hahnemann's own writings, and also of detached records of cases; much of which possesses great merit, and may well absolve the present generation of Homœopathists from the charge either of sloth or want of talent. But, with the exception of Dr. Hartmann's valuable, although very imperfect, contributions to homœopathic therapeutics, it has produced no systematic exposition of what the practice of medicine* should be. That the need has been felt we have proofs, in the number of semi-popular semi-professional books on the subject of homœopathic treatment which have issued from the press, but which, with few exceptions, have been failures, and have tended to give to those who adhere to the old methods an unfavourable opinion of the new school.

But though the homœopathists have not written enough to remove this difficulty, they have, notwithstanding, nobly exerted themselves practically to prove the correctness of their principles, by establishing many dispensaries and hospitals for the treatment of acute and chronic affections, in which the system of homœopathy may be said to be exclusively adopted, and in which professional inquirers have ample opportunities of testing its merits, and of obtaining a thorough knowledge of its practice as far as the science of the present day has reached. It is only at such institutions that our best homœopathists have been trained; and as yet there are no other means of instruction for those who, being already engaged in professional pursuits, cannot find time to attend there.

The case of such persons has been especially brought to my notice by the following circumstance. Early in the year 1845 I opened a dispensary near Islington, with the twofold object of enabling the poorer classes in the vicinity to partake of the advantages of medical treatment upon homœopathic principles, and of practically demonstrating to such of the Islington and other practitioners as might be induced to attend, the superior efficacy of homœopathy over the prevailing systems of medical practice. From the 25th February, 1845, to the 31st December, 1849,† 3050 cases were treated; 1547 of these

Much valuable and original matter lies buried in the earlier volumes of the "Homœopathic Times." From all or any of these sources the student will derive great assistance in prosecuting the study of Homœopathy.

* The time is not yet come when a really scientific work of this kind can be written. At present, the publication of good monographs on the pathology and treatment of a single disease at a time is what is wanted, and thus only can the requisite materials be accumulated for the more ambitious task of composing a comprehensive treatise on the homœopathic practice of medicine.

† The date of the last report. Since that period, notwithstanding the regrets of a friendly critic in the "Monthly Homœopathic Review," no fresh reports have been issued; it having been found practically impossible to keep accurate records of the cases treated, owing to the increasing demands made upon my time in a larger sphere

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having been acute, and 1503 chronic. During this period of nearly five years, my practice was watched from time to time by sixteen* established members of the medical profession, of whom four were physicians, and the rest general practitioners.† The four physicians were men of some standing, who having lately become converts to the new system, had come to town for the purpose of learning those methods of treatment for which their solitary studies had no clue, and, from the nature of their engagements, they could only attend for a short time. The general practitioners (four of whom were resident in or near Islington, two in the West end, one in a distant suburb, and the remaining five in country towns) were, with the exception of one who came from the country, and another who resided in the suburbs perfectly unbiassed. Of these, two of the Islington practitioners, who attended regularly for many months, became converts, and are now practising homœopathy very extensively; the other two came only a few times, but saw enough of the treatment to admit that it was very different from what had been represented to them, and they acknowledged that when they tried it on themselves‡ and on a few of their patients, they had found it to be efficacious. Those who came from

of public duty at the Hahnemann Hospital (of which I was for some time one of the physicians), to the exigencies of a private practice in the West end of the town, and to the gradual failure of that professional co-operation of inquiring colleagues, which had been previously turned to so good account. The first object of the institution of this dispensary still continues in operation, in so far as the sick (whose numbers have not lessened) are concerned; the second, that of a school of instruction for medical inquirers, has long since been effectively superseded—in the first instance by the Hahnemann Hospital, and afterwards by the present more permanent institution, the London Homœopathic Hospital, which, for opportunities of study, offers advantages to which no dispensary can pretend. As a proof, however, of the impulse given to the spread of homœopathy by the establishment of this unpretending dispensary, at a time when there were scarcely a dozen persons in the whole of Islington thorough converts to the system, it may be mentioned that there are, at the present time, in this suburb and its immediate neighbourhood no less than three homœopathic chemists, and three or four times that number of medical practitioners.

* I do not include in this number a shrewd young practitioner, who attended but once or twice, and who, as I afterwards learned upon good authority, was deterred by influential relatives from further investigation. I know of another medical "Arcadian," in whose instance the giving up of his homœopathic convictions, and a return to allopathic methods, was made a *sine quâ non* to the effecting of a certain advantageous matrimonial alliance by the young lady's guardian, a practitioner inflexibly wedded to "orthodox medicine" as he understood it. But "*non raggioniam di lor.*"

† Three of this number have since graduated as Doctors of Medicine, and are practising as physicians.

‡ One of them died shortly afterwards of cancer of the rectum, his sufferings having been greatly relieved by homœopathic remedies, after the failure of narcotic palliatives.

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the more distant parts of the town and from the country,* though they could not attend so often nor so long as the two first-mentioned, at this moment practise homœopathy, and have made other converts among their colleagues, who are zealously treading in their steps.

All these men were agreed as to the greatness of the difficulties which they had to encounter; and they complained, moreover, that, for want of a guide to its practice, the most admirable works upon homœopathy had rather confused than enlightened them. Some went so far as to own that, occupied as they were, they must have given up the study altogether, being quite at a loss how to go on with it, had not a dispensary been thrown in their way. Induced by these considerations, they advised me, for the benefit of themselves and of those who were unable to attend dispensary practice, to write a work on homœopathic practice; or at least to publish a few cases in illustration of it, with clinical comments similar to those made at the Dispensary, and when we visited patients together, with a few remarks besides on the theory upon which my practice was founded, and also on the mode of studying homœopathy. I was the more inclined to accede to their wishes, as I could not disguise from myself that there really existed such a desideratum in homœopathic literature; but unable to fill up the gap, I intended at least so far to apply myself to the task as to build over it a temporary bridge, until the subject should be taken up by a more learned and experienced physician.

The difficulties which they complained of, and which I also experienced before them, are of three kinds.

The *first* have a reference to the theoretical study of homœopathy.

The *second*, to the practical application of this study to the treatment of disease.

The *third*, to the question how far previous practical knowledge acquired in the practice of the old system may be turned to use.

Of the *first* kind, the study of the "Materia Medica" is certainly the most prominent. What student is there who, when opening Hahnemann's "Materia Medica," is not bewildered by the vast number of symptoms recorded as the pathogenetic effects of comparatively a very small portion of the remedies likely to be made use of in homœopathic practice? And do not all the medicines seem to him, as he

* One of them (Dr. J. Ramsbotham, of Leeds) has, in a most remarkable degree, been instrumental in extending the benefits of the system throughout the northern counties of England. Among the many professional converts whom he has made, directly or indirectly, he may justly be proud of numbering the senior physician of a large provincial hospital, the late senior surgeon of another, and one of the surgeons of a third; all men of mark. The energy of character, no less than the practical ability, displayed by this eminent physician are the theme of general admiration, both in and out of the profession.

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proceeds, to afford very similar symptoms; the shades of difference being exceedingly minute, and only to be retained by a memory of which only few can boast?

Of the *second* may be mentioned—

1. The choice of the remedy, where close analogies exist in the actions of several medicines; or else in complicated cases, where one set of symptoms indicate a given remedial agent, while another set point out a second or a third.

2. The administration of the remedy, with its three-fold question: In what potency? At what intervals? And how often should it be repeated?

3. And as medicinal aggravation is of not unfrequent occurrence in susceptible patients, how is it to be distinguished from that real aggravation of the morbid condition, which it is the proposed object of all medical treatment to remove?

Of those of the *third* class, the most perplexing is to unite pathology and symptomatology.

The first class of these difficulties, if they do not cause the physician to give up homœopathy altogether, will often make a mere symptomatologist of him; the second may render the treatment abortive, and lead the practitioner greatly to underrate the resources of the system; and the third will induce many to assign to the noble discovery of Hahnemann a lower place in science than its intrinsic merits deserve.

After a delay of several years,* I now enter upon the fulfilment of my task, not so much on account of those by whom it was first suggested, as on that of the daily increasing number of medical practitioners who, under precisely the same disadvantages, are turning their attention to homœopathy.

I purpose, therefore, selecting for clinical comment a sufficient variety of acute and chronic cases, favourable and otherwise, which, for obvious reasons, will be taken almost exclusively from the practice of the Islington Homœopathic Dispensary during the period already referred to. I shall, moreover, begin with such cases as the conscientious practitioner of the old school would, most likely, have selected for his first essays in homœopathic practice.

I shall follow the same plan in this as in the clinical instruction, which I have been in the habit of giving at the Dispensary, and also at the Hahnemann Hospital, viz., that of avoiding useless repetition. Having once explained the motives which have led me to prescribe a remedy in any given case, I do not, except under very peculiar circumstances, recur to them when the same remedy is prescribed in a subsequent case for similar reasons; nor do I in general

* This was written in the year 1850.

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burthen the student's memory with the indications of a given remedy for any other cases than the one immediately before his eyes. I keep to the same rule with respect to the dietetic prescriptions. So that, in order to proceed from the known to the unknown, the cases must be studied *seriatim*.

With a view to preserving unbroken the continuity of the teaching, much important matter has been thrown into the foot-notes, which should not be lightly passed over.

In concluding these preliminary remarks, I would direct the homœopathic student's serious attention to the following course of reading, to be pursued simultaneously with these practical studies, viz., Hahnemann's "Organon,"* "Materia Medica," and "Chronic Diseases."

When he has mastered the "Organon," that portion of Hirshel's† work on the study of the "Materia Medica," translated by Dr. Hayle, will prove of the greatest service, in enabling him to systematize the study of Hahnemann's other works. For practical text-books, he may consult Jahr's "Symptomen-Codex," American edition, by Dr. Hempel; and also Hartmann's "Acute and Chronic Diseases,"‡ American edition, by Hempel;§ *but he must never lay aside the works of the great master*.

* The first translated by Dr. Dudgeon, and the two latter by Dr. Hempel, of New York.

† "Rules and Examples for the study of Pharmacodynamics." H. Turner & Co., London and Manchester.

‡ My little work entitled, "A Domestic Homœopathy Restricted to its Legitimate Sphere of Practice," will be found useful to the beginner; whilst to the more advanced student, it will give some idea of the kind and amount of medical knowledge with which it may be advisable to entrust the non-professional head of a family.

§ These and the above-mentioned works may be procured of any homœopathic or medical bookseller.

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# CASES, WITH CLINICAL COMMENTS,

## ILLUSTRATIVE OF THE MECHANISM OF DISEASE, AND OF THE TREATMENT.

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## CHAPTER I.

Case 1—Chronic dyspepsia and bronchial catarrh, with functional disorder of the kidneys—Diet—Aliments possessing medicinal properties—Necessity for their neutralization or elimination—Their *dynamic* antidotes—China, chamomilla, nux vomica—Sugar of milk—Hahnemann's Psoric theory—Author's views—Antipsorics—Great practical value of the psoric theory—Hahnemann's other pathological theories—Syphilis, sycosis—Sulphur—The distinctive characteristics of acute and chronic disease, and the corresponding differential dynamic characteristics of the high and low dilutions to be taken into account in the prescribing of remedies—Nux vomica—Arsenicum—Calc. carb.—Merc. sol.—Bryonia—Lycopodium—Pulsatilla—The legitimate sphere of allopathic and antipathic medication—Allopathic remedies sometimes become homœopathic.

### Case 1.—Chronic Dyspepsia and Bronchial Catarrh, with Functional Disorder of the Kidneys.

25th March, 1845.

Martha R——, aged fifty years, a washerwoman, of nervous-lymphatic temperament, with light hair and eyes, has been affected, for rather more than a year, with a severe dyspeptic complaint, accompanied by disordered function of the kidneys. With the exception of occasional asthmatic attacks, her previous health has been good.

She attributes the origin of her malady to the nature of her occupation, which necessitates constant exposure to damp and cold. Her father, a sister, and two of her brothers, died of dropsical affections.

Before placing herself under homœopathic treatment, she had taken a variety of tonics and diaphoretics, without benefit, by the advice of several medical practitioners whom she consulted successively.

Her diet is simple, consisting chiefly of meat, bread and butter, milk and coffee, and beer in moderation. Like most washerwomen, she is, however, too fond of strong tea.

Her present state is as follows:—

She complains of constant thirst, with a disagreeable coppery taste in the morning, epigastric fulness, and swelling round the waist, at various times throughout the day, *accompanied with accumulation of*

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*flatus* in the stomach. Bowels in general rather relaxed. At *night*, her *sleep is unrefreshing*; and it is succeeded, in the day-time, by a great deal of drowsiness.

There is great sensitiveness to noises of all kinds, with frequent headache, chiefly frontal, accompanied by darting pains in the eyes. The act of blowing her nose is attended with a painful sensation, as though something had given way in the interior of the head, in connection with the left nostril. There is general *puffiness and swelling of the face, with pale sallow complexion.*

The urinary secretion seldom exceeds half a pint in the twenty-four hours, and is very thick, cloudy, and high-coloured, emitting a strong ammoniacal smell. The catamenia ceased about eight years ago.

Much *dyspnæa* is complained of, accompanied by a short hacking cough, with expectoration of *thick white mucus*. Mucous and sibilant *râles* are heard throughout the chest; percussion resonant.

Flushes of *heat*, followed by *chilliness*, *trembling of limbs*, *profuse perspiration at night*, aching in the lower extremities, and *œdematous swelling of the feet* are frequently experienced.

Has lost flesh rapidly during the last three months, and is now suffering from great *general debility and occasional faintness*, together with depression of spirits. Pulse 100, *weak, tremulous, and irritable.*

*Prescription.*—*China*, three globules, twelfth dilution, followed by two powders of *Sacch. Lactis.* To be taken *dry* on the tongue every other night, at least *two* hours after the last meal. To abstain from coffee, and to drink weak black tea or cocoa. In all other respects, to make no change in her diet.

*Clinical Comments.*—As errors in diet are generally among the chief exciting causes of gastric and nervous disorders, physicians cannot reasonably expect to cure them without prohibiting their patients the use of those aliments, whether liquid or solid, which are likely to frustrate nature's reparative efforts; hence it follows, that one of the first rules of therapeutics, common to the old and new schools, is to place the patient at once under suitable dietetic restrictions. The aliments allowed should be easy of assimilation, and, at the same time, neither too stimulating nor medicinal in their character.

It often happens however that, although abstinence from such aliments as the nature of the case may point out, and the observance of such a diet as that enjoined by most homœopathic practitioners, will, in a great measure, have removed this active source of disorder, the *dynamic* action set up by the previous abuse of aliments possessing medicinal properties persists; and it may be that particles of these (as I think may be proved from the analogy of drug diseases) still lurk in the system and continue to act prejudicially upon the organism; so that at the commencement of the treatment, no matter what the pre-

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disposing causes may be, when such a condition co-exists, it is best to select a remedy with a view to its dynamic neutralization, if not to its material elimination also. One or two doses of such a remedy, at intervals of a few days, are, in general, sufficient.

When several medicines are equally antidotic, it will be preferable to select that which embraces most of the other indications.

In this case, *China* was prescribed, as being the best *antidote** to the effects arising from the abuse of tea. It moreover fulfils many of the other indications, seeing that it acts upon the *nervous system generally*, the *skin* and its *lymphatics*, the *liver* and *spleen*, upon the *fibrous tissues*, *mucous and serous membranes* connected more particularly with the digestive organs; it also sustains the vital energy after repeated losses of the organic fluids or solids, and lastly, it is periodical in its operation. The symptoms marked in *italics* will be found to correspond with its pathogenetic effects.

This medicine will be generally indicated in the affections of persons of a bilious or lymphatic temperament, in whom there is a *tendency* to chronic *catarrhs*, *fluxes of various kinds*, *serous infiltrations or passive hæmorrhages* (often occurring in connection with what German pathologists term a *venosity* of the system), and in whom the vital powers are at a low ebb; more especially where a *periodicity* is observed in the *course of the symptoms*, as in the case of certain neuralgic diseases, intermittent fevers, etc.

Had this patient suffered from the effects of wine, alcoholic or malt liquors (the latter of which are often adulterated with *Cocculus Indicus*), *Chamomilla* or *Nux Vomica* would have been more appropriate as antidotes. In this case *Cham.* would have been chosen, from the closer correspondence of its pathogenetic effects with the general features, and, more especially, with a view to its action upon the intestinal mucous membranes. *Nux Vom.* would have been exhibited, had an opposite state of the intestinal functions existed; namely, that of inaction, consequent upon a deficient supply of nervous power to the large intestines, induced by the over-stimulation of other portions of the nervous system from the abuse of such beverages.

With regard to the choice of the dilution or potency of the medicine decided upon, it will suffice, for the present, to lay it down as a *general rule*, that the *low* or *more material* are best adapted for the treatment of *acute*, and the *high* or *less material* dilutions for that of *chronic cases*.

Sugar of milk (*Saccharum Lactis*), having no appreciable medicinal influence upon the organism, in small quantities, is perhaps the best

* It is scarcely necessary to remind the readers of Hahnemann's works, that the term "antidote," as applied to homœopathic remedies, is almost invariably used in a dynamic, and not in a chemical sense.

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vehicle for homœopathic remedies, both in point of convenience and security. Without an inert powder of some kind, in which the saturated globules could be crushed, great risk would be incurred, from the minuteness of their size, of their being lost. In the same way a few drops of the medicinal tincture may be kept, care being taken that the quantity of the powder be sufficient to prevent absorption by the surrounding paper. Sugar of milk is sometimes a most valuable auxiliary in the *moral* treatment of disease, in the shape of *blank* powders, as homœopathists are wont to designate them, whenever it is deemed advisable (as in this case) not to interrupt the action of the exhibited remedy for a definite period. By this means, without any sacrifice of principle, advantage may be taken of that prejudice, with regard to the frequent exhibition of medicine, which so universally prevails, and which the impatience of suffering and moral depression so often attendant upon a morbid condition of the organism sufficiently account for.

April 1.—Feels better upon the whole, and now enjoys refreshing sleep. Epigastric tightness, swelling round the waist and flatulence not so constant; cough and dyspnæa less urgent; the bowels regular and no longer relaxed; pulse eighty-four, weak but regular; spirits much improved. The other symptoms continue, but are diminished in degree.

*Prescription.*—*Sulphur*, three globules, thirtieth dilution.* To be taken three nights hence.

*Clin. com.*—As the patient was decidedly benefited, it was deemed advisable to allow the action of the *China* to continue uninterrupted for three days longer; and, accordingly, another blank powder (*i. e.*, pure Sugar of Milk) was prescribed before the high dilution of *Sulph.* To a certain class of medicinal substances, *viz. Sulph.*, *Calc.*, *Arsen.*, *Carbo Veg.*, etc., Hahnemann has applied the epithet of *antipsoric*, with a view to the generalization of their effects, in contradistinction to those of the ordinary or *apsoric* remedies. It will be found that such a generalization, although certainly an arbitrary one, if carried to the extreme, notwithstanding all the sneers with which it has been received by many, *is not without the greatest practical utility.*

If Hahnemann has laid too much stress upon the *psoric* (scabious)†

* For the sake of brevity, I shall omit the enumeration of *placebos* in this and subsequent prescriptions.

† Hahnemann is not singular in this respect among German pathologists. Autenrieth has laid an almost equal weight upon the scabious miasm as a source of serious chronic disease. I myself have known several cases, in which the too rapid suppression of the itch-eruption by large material doses of sulphur, prescribed both internally and externally, was followed by mesenteric disease. In one case, the previous state of the patient's health and his family predispositions were such as to exclude all other pathological elements in its production.

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miasm, in making it the *root* of nearly all *chronic affections*, especially those of a *strumous* character, his writings go far to prove the great connection between scrofulous affections of the osseous and glandular systems, cutaneous diseases, phthisis, gout, and every variety of severe chronic malady, whether functional or organic, if not their original identity.

It is in the comprehensive sense of the term, derived from these conclusions, that I propose to designate as *antipsoric* those medicines which are pre-eminent in their action upon all those tissues, which nature herself selects, for the elimination of those chronic, and, in the majority of cases, hereditary morbific causes of disease (whether they exist in the blood or in the tissues, or else, at one and the same time, in both the organic fluïds and solids, primarily or secondarily); and which, above all others, second the vital efforts in the recomposition of imperfectly elaborated or disorganized structures, by the absorption of the old and the assimilation of new and healthy material.

Such medicines will act upon the *skin*, the *mucous* and *serous membranes*, the *glandular*, *fibro-cartilaginous*, *osseous*, and *nervous tissues*; upon the *vascular system*; and in a greater or less degree upon the *whole organism*. Their differences will arise from the predilections, or affinities, which they individually manifest for particular organs or tissues: thus *Calc. Carb.* and *Hepar Sulph.* both exert a very decided action upon the kidneys and the skin; but the former has comparatively a greater affinity for the renal organs, and the latter for the exhalant system; the pathogenetic effect of the one being to increase the urinary secretion in a very remarkable manner, whilst that of the other is to cause as marked an increase in the cutaneous exhalations.

Hahnemann was induced, by his extensive experience, to assert that no serious chronic disease could be cured without one or more *Antipsorics*; and it is well to bear this in mind. His gainsayers have, it is true, asserted the contrary; but hitherto they have been at no pains to substantiate their assertions. As a matter of fact, the *psoric dyscrasia*, although sometimes in a latent state for years, may be suddenly roused into such serious activity by the invasion of any fresh morbific element, as permanently to affect the structural integrity of individual organs, when a fatal issue is escaped. To the prevailing ignorance of this pathological condition, and to the consequent neglect of *antipsoric* treatment, most of the fatal cases which occur in acute diseases, more especially those of childhood,* are to be attributed.

* I was sent or by a gentleman, residing in one of the most healthy squares of the town, to treat one of his two remaining children who had just been attacked by scarlatina. He informed me that his three eldest children had successively been carried off by scarlatina, at intervals of a year or two from each other; and that, although there was nothing that could be termed malignant in any of the three epidemics in

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Of the truth of Hahnemann's remaining pathological theories—namely, with regard to the syphilitic and sycotic * (condylomatous) miasms, as the other generating elements of chronic constitutional

the case of other children, his own had all died in the same way, after a longer or shorter agony, by suffocation from *œdema* of the throat, which the prevailing methods of treatment directed by the first physicians of the day were powerless to subdue. Having come to the conclusion that scarlatina was necessarily fatal to his family, in any form, at least so far as ordinary medical resources were concerned, he had resolved to try homœopathy as a "forlorn hope" in any future case. The apparently exceptional malignancy of the exanthema with respect to his own children was, I believe, owing to that constitutional taint which they had derived from their mother, who had fallen a victim to hereditary consumption.

But for the warning conveyed by this history, there was at first nothing to excite my apprehension in the symptoms of my patient, the elder of the two surviving children, a boy of about seven years old. The attack seemed an ordinary one; the eruption coming out favourably, the throat being only slightly affected, and the fever moderate; the other fatal cases had, however, commenced precisely in the same manner. For the first two or three days, I prescribed *Acon.* and *Bell.* in low dilutions, at short intervals, with a single dose of a high dilution of *Sulph.* every night. By the time the exanthema was at its height, the throat began to swell (as the father predicted it would do); and in five or six days more, the *œdema* had increased to such an extent that suffocation seemed inevitable, and a similar fate to that of the others, although, up to that time, he had survived two days more than the longest survivor of the three. During this fearful conjuncture, *Hepar Sulph.*, in a low dilution, was given, in alternation with *Bell.*, at intervals of an hour or two, with the nightly dose of *Sulph.* as before. At length, under the happy influence of these remedies, just as the child seemed to be passing into a fatal coma, a number of boils made their appearance in different parts of the body and extremities, which duly came to a healthy maturity. From that time, the *œdema* gradually subsided, and recovery followed upon this favourable crisis. The eruption of boils continued for some months after convalescence, during which the *antipsoric* treatment was persevered in. The younger child, also a boy, of between four and five years old, while still unattacked, was put under a *prophylactic* course of *Bell.*, and a high dilution of *Sulph.* was administered every night; then every other night. In rather less than a fortnight from the commencement of this treatment, he too was attacked by scarlatina. In his case, there was the same tendency to swelling of the throat, but the *œdema*, even when at the worst, was never a source of danger; and a similar crisis of boils took place, but in a much less degree, both as to extent and duration; so greatly had the *prophylactic* and *antipsoric* treatment modified the patient's constitution for the better. It may be interesting to add that scarcely had convalescence commenced when hooping-cough supervened, and that from this last he also made a good recovery.

* One of my private patients, a retired naval officer, informed me that, when he was a midshipman (some thirty years before), he had, among other venereal diseases, contracted the fig-wort (condylomatous) variety. The worts were simply snipped off with scissors, and their pedicles cauterized with nitrate of silver; he had thought no more about them. As this gentleman had, up to the time he consulted me, been unable to rear his male children, doubtless, in consequence of the transmission of his own constitutional taint (which, however, had affected his daughters in a less degree),

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disease, few medical practitioners could doubt, after the perusal of such a work as Diday's "Treatise on Syphilis in New Born Children" (*vide* translation published by the New Sydenham Society), if their own individual observation had not already confirmed it.

*Sulphur* acts in a very remarkable manner upon the *skin and its exhalants;* the *mucous and serous membranes;* the *fibro-cartilaginous, glandular, and bony structures;* upon the *general circulation;* and more or less, upon *every organ* and *tissue* of the body. It is the *antipsoric*, "par excellence," and forms the standard of comparison.

It was exhibited on account of its *antipsoric* action generally, but more especially with a view to strengthen the vital efforts upon the skin, indicated by the greatly increased activity of its exhalants.

The distinguishing characteristics of an *acute* and *chronic* disease should be borne in mind in framing general rules for the *suspension, repetition*, or *change* of a *remedy*, as well as *choice of dilution*. In the former, the vital efforts are *quick and rapidly succeeded by others* of like intensity; in the latter, they are *slow*, less intense, but *more permanent;* so, in like manner, will the *intervals* between the repetition of the same or exhibition of another medicine require to be *abridged* or *prolonged*. In other words, the period required for the exhaustion of the remedial stimulus will depend upon the degree of energy with which its action has been solicited, *i.e.*, with the rapidity or slowness of the vital re-action. The suitableness of the low, middle, and high dilutions of a given remedy respectively to the treatment of the acute, sub-acute, and chronic forms of disease, will be found to depend upon that modification as to quality which is imparted to the action of the

I advised him to give his infant son, the only one that remained of his three sons, *Nit. Acid.* three globules, thirtieth dilution, once a week, for two or three months. After the second dose, to the father's great surprise, several worts, very similar in appearance, but much smaller in size, to those he had himself had, came out on the child's prepuce. A succession of these worts continued to come out, and then to drop off of themselves, for some months, under the continuous exhibition of this remedy at the intervals mentioned. From that time until his two or three and twentieth year, my patient had continued in such good health that no other special treatment, beyond the occasional exhibition of *antipsorics* at long intervals (on account of the *psoric* taint which existed in a slight degree in both his parents), was thought necessary, when an unsightly *syphilid* made its appearance in the face. The eruption continued for several years, sometimes apparently cured, then breaking out again in all its original intensity. During this period, *Merc. Sol.*, *Merc. Iodat*, *Aurum*, *Ars.*, *Sulph.* and *Nit. Acid.*, in various dilutions, as well as a course of mineral waters, were prescribed with advantage. The disease, however, only finally yielded to *Petroleum*. The purity of the patient's morals precluded the possibility of any other source of infection than a hereditary one. The case is remarkable in demonstrating the distinctness of the syphilitic and sycotic miasms. It may not be uninteresting to add that this gentleman is now a healthy married man; and, from the analogy of similar instances, I hesitate not to predict that his offspring will be untainted.

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mother substance by each successive dynamic dilution or attenuation carried on according to the Hahnemannic formula. Thus, dynamic *energy* with *rapidity* of action, and dynamic *subtlety* with *persistency* of action, respectively characterize the low and high dilutions.

In the treatment of chronic cases, it is generally advisable to allow an interval, varying from two, four, six, or eight days to as many weeks, to elapse, after the exhibition of a *psoric* medicine, before repeating it, should the symptoms still suggest its administration. The habitual repetition of remedies, especially of the *antipsorics*, at too short intervals, more especially when they are exhibited *dry** on the tongue, will, in some cases where there is an extraordinary susceptibility on the part of the patient to their action, cause great exhaustion of the vital powers. There is no rock upon which the student of Homœopathy is so likely to split, at the commencement of his career, more especially in the treatment of very sensitive children. He will often find that his patient will get well from the mere suspension of the remedies, where they have been too often repeated.

April 15. Feels better and stronger, and is much freer from headache. The gastric symptoms are much ameliorated, and the breathing also. The night sweats have ceased; the urinary secretion has considerably increased, although still below the normal standard: it is more limpid in appearance, and free from the strong ammoniacal odour. Pulse of greater strength.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution. To be taken dry, four nights hence.

*Clin. com.*—The *Sulph.* was allowed to act four days more, and then repeated.

April 29. Continues to improve in every respect, and is fast gaining flesh and strength. Cough very trifling; breathing much easier. The urine has been high-coloured and rather more scanty for the last few days; bowels regular; pulse 76, of tolerable strength.

*Prescription.*—*Nux Vom.*, three globules, twelfth dilution. To be taken at once.

*Clin. com.*—*Nux Vom.* was given with a view to its action upon the nervous system generally, and more particularly upon the nervous centres in connection with the lungs, the digestive organs, and kidneys. An *apsoric*, when indicated, prescribed a few days after the exhibition of a *psoric* medicine, will not materially interfere with its action.

* When dissolved in water, the medicines will bear much more frequent repetition, especially if advantage be taken of altering their *dynamic* power by frequent succussion, and change of dilution, from time to time; thus, for reasons which will be given hereafter, will medicinal aggravation be in a great measure prevented. My later experience has led me to prefer this mode of administration, as a rule, even in chronic cases.

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May 8. The bowels are relaxed. Dejections *watery* and *loose*, of a *blackish colour*, not very copious, accompanied with *burning heat in the abdomen and intestines;* tongue whitish. Has been going on well otherwise.

*Prescription.—Ars. Alb.*, three globules, twelfth dilution; and, after an interval of five days, *Calc. Carb.*, three globules, thirtieth dilution.

Light diet for a few days.

*Clin. com.—Ars.* was exhibited on account of the intestinal disorder; and, as it was not very acute, a middle dilution was selected. The *sensation of burning heat* which generally accompanies the pathogenetic action of this remedy, is characteristic.

*Calc. Carb.* was afterwards prescribed as an *antipsoric*, with a view to its action more particularly upon the kidneys.

The patient was, however, desired to return before taking it, should the diarrhœa have persisted or become more acute.

May 23. Feels better in every respect, and has not had a return of the headache for a long time. Has lately been exposed to the wet and cold, since which she has had a copious discharge of thick mucus from the nose, with easy expectoration of thick greyish mucus; the breathing is free, and the cough slight; pulse normal.

*Prescription.—Merc. Sol.*, three globules, twelfth dilution; and after an interval of six days, *Nux Vom.*, three globules, thirtieth dilution.

*Clin. com.—Merc.* was exhibited on account of its marked action upon the *nasal and bronchial mucous membranes*, especially as the weather was cold and damp. It is a medicine chiefly indicated in those cases of catarrh contracted in cold *damp wintry weather;* whereas *Dulcamara* would be more appropriate, under similar circumstances, where the *humidity* of the atmosphere is *associated* with *increase of temperature*, as in the *summer* season. *Nux. Vom.* is a valuable remedy for colds arising from exposure to *dry frosty* weather, accompanied with dry spasmodic cough which is aggravated by the cold air.

June 13. Feels more languid since the hot weather. Has got a hard cough, accompanied with pectoral tightness and epigastric soreness; expectoration scanty, of thick white mucus, at times rather difficult. Urine clear, rather scanty, but still considerably greater than at the commencement of the treatment. Pulse normal.

*Prescription.—Bry.*, three globules, twelfth dilution; and, after an interval of six days, *Sulph.*, three globules, thirtieth dilution.

*Clin. com.—Bry.* promotes the bronchial contractions and their mucous secretions, as well as the action of the expiratory muscles. Its pathogenetic effects in this respect are generally accompanied with much pectoral and epigastric soreness; hence its value in the first stage of bronchitis.

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*Sulph.* favours the bronchial secretion in a more permanent degree.

July 3. She feels much better, and the cough is now very trifling. General health very good.

*Prescription.—Calc. Carb.*, three globules, thirtieth dilution. To be taken five nights hence.

July 28. Has perspired a great deal lately, and there has been a corresponding deficiency in the renal secretions. This she rightly attributes to a cold from which she has just recovered. The complexion, which had become clear, is rather sallow. Has complained of nausea. Bowels regular.

*Prescription.—Merc. Sol.*, three globules, twelfth dilution: and, after an interval of eight days, *Lycopod.*, three globules, thirtieth dilution.

*Clin. com.—Merc.* acts upon the cutaneous exhalants, the liver, and mucous membranes of the organs of digestion. This medicine ranks with the *antipsorics*. *Lycopod.* has many points of resemblance with *Sulph.* in its action upon the skin, the mucous membranes, and glandular system; also with *Calc. Carb.* and *Merc. Sol.*, as regards its operation upon the liver and kidneys, and genito-urinary system; and *Nit. Acid.*, in the violence of its equally characteristic stinging and rending pains: also with *Carbo. Veget.*, as regards the flatulent accumulations which it induces: moreover, it increases the acuteness of the senses in a remarkable degree, especially those of smell and hearing. It occupies as an *antipsoric* an intermediate place between *Sulph.* and *Calc. Carb.* It was selected in this stage of the case, with a view to its action upon the skin, liver, and kidneys; and, *cæteris paribus*, as there is a tendency in organic structures to become accustomed to the frequent repetition of the same remedial stimulus, it is, in my opinion, a good thing to vary the *psoric* medicines as well as the *apsoric*.

Aug. 15. Has lately had a severe attack of nausea and vomiting, with relaxation of the bowels, induced by eating mushrooms of a suspicious kind. With the exception of a little nausea which remains, her general health and strength are very good.

*Prescription.—Puls.*, three globules, sixth dilution. To be taken dry.

*Clin. com.—Puls.* was given on account of the tendency to the renewal of the organic re-action, which the recent reception of a noxious vegetable substance into the stomach had provoked; but as this was now very slight, owing to the speedy expulsion of the exciting cause, a single dose only was thought necessary. It is a valuable remedy in cases of gastric and intestinal derangements, induced by fat and oily substances, whether animal or vegetable, in the diarrhœa caused by fruit, especially in the uncooked state, as will easily be understood from

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its action upon the mucous membrane of the stomach and bowels. The diarrhœa of *Puls.* is characterized by the complete *adypsia*, which often accompanies it.

It may not be out of place to observe that, had the noxious *fungi* been got rid of, immediately after their ingestion into the stomach of this patient, by means of the mildest emetic capable of effecting the purpose, the proceeding would have been most rational. This is, in truth, the legitimate province of allopathic and antipathic medication; viz., the removal of the material exciting causes of disease, when this cannot be effected by direct mechanical means, by an anticipation of the reactive efforts of the organism. When, however, these reactive efforts have already been set up, the action of such remedies is truly homœopathic; just as in the crisis of a water cure, the continuance of the wet appliances becomes equally so, instead of being allopathic and derivative as previously.

August 31st. She is now quite stout and strong; so that she is able to go about her work, without the slightest inconvenience to herself. She merely comes to return thanks, as she considers herself cured.



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# CHAPTER II.

Case 2. Chronic Mercurial Rheumatism, with affection of the stomach and liver, and incontinence of urine—Medicinal diseases—Relative value of allopathic palliatives, chemical and dynamic antidotes—A high dilution of a remedy often the best antidote to its material abuse—Nitric acid—Nux vomica—Lycopodium—Bryonia—Features of the case throwing light upon the mechanism of disease—Nervous prostration, inaction of the bowels, and incontinence of urine—Broussais failed to see the practical importance of his discovery—Case 3. Humid tetter (eczema) and dyspepsia, complicated with chronic catarrhal asthma.—Aconite.—Sulphur.—Arsenicum.—Graphites.—Calc. Carb.—Aurum.

## Case 2.—Chronic Mercurial Rheumatism, with Affection of the Stomach and Liver (Gastro-hepatitis Chronica), and Incontinence of Urine.

4th June, 1845.

Mary J——, aged forty-six, married, and the mother of three children, of mixed temperament, with light hair and eyes, sallow complexion, and puffiness of the face, was carried into the Dispensary from a vehicle in which she had been conveyed.

Nearly three years ago, she was attacked with a very severe rheumatic fever, which caused her to lose the use of her limbs for a time. The acute symptoms having been combated by *anti-phlogistics*, in five or six weeks she partially recovered the use of her limbs, and the disease became chronic. She has continued ever since in very nearly the same state, as regards the rheumatism, as that in which she is at present; her gastric and other sufferings have, in a great measure, been super-added. She lives in a very damp house, to which she attributes the origin and obstinacy of her disorder. Her medical attendants have, nevertheless, persisted in the frequent exhibition of mercurials, so as to have caused salivation several times, without the slightest benefit, but, on the contrary, with aggravation of the malady, and general detriment to the system. She mentions that several of her maternal relations died of phthisis; and that her previous health was good.

Her present condition is as follows:—

The *feet and legs are much swollen*, especially the *knee and ankle-joints*. She is crippled, and unable to extend the knees, which are

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always kept in a bent position. There is severe *aching in the bones and joints*, which is aggravated by motion, and an alternating sensation of burning and chilliness in the feet. She can stand only for a few seconds at a time with support; and has the greatest difficulty to get about the room, even with the assistance of her friends. She remains nearly all day in a sitting or recumbent posture. The aching and stiffness in the back and loins, from which she likewise suffers, prevent her sitting erect. The *wrists* are *swollen* and painful; the fore-arms and arms are very weak; and *dull aching pains* are complained of *in the bones*. She is unable to lift the slightest weight; even a tea-cup will drop from her hand. The right wrist and arm are the weakest.

The *gums are spongy and recede from the teeth;* and there is a *continual dribbling of the saliva, which is secreted in unusual quantity.* Tongue white-coated, appetite indifferent, and rising of acid water from the stomach. Epigastric fulness, swelling round the waist, *aching in the right hypochondrium and between the shoulders*, are of frequent recurrence. The *bowels are very much confined*, and often do not act above once in eight or nine days; *dejections scybalous, hard, and dark; defæcation difficult, and accompanied with much straining.*

*Urine* frothy and high-coloured, *rather profuse.* There is *great difficulty of retention, and the urine dribbles involuntarily;* this has occurred ever since the rheumatic affection became confirmed. At times, *a scalding*, and a *cutting pain* are experienced *during micturition.* The climacteric change occurred about eight years ago.

Frequently awakes at three o'clock in the morning, and cannot recompose herself to sleep. In the course of the night she is sometimes affected with a splitting headache, which deprives her of sleep, and from which she suffers occasionally in the daytime.

*She is very weak, and has lost much flesh.* Pulse 80, weak.

Her spirits are tolerably cheerful, but her temper is exceedingly irritable.

Her diet is, in general, simple. She takes occasionally weak tea, and spirits very much diluted in water; her general beverage is gruel, or milk and water.

*Prescription.—Nit. Acid.*, three globules, thirtieth dilution; and, after an interval of eight days, *Sulph.*, three globules, thirtieth dilution.

*Clinical com.*—The observations which have already been made with regard to the pernicious effects of certain aliments of a medicinal character, and to the therapeutic measures which their persistence so often necessitates, are still more applicable to the treatment of diseases which have become seriously complicated by the abuse of medicine, whether vegetable or mineral. Medicinal diseases, especially those which have been induced by mercurialization, are, of

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all others, those which, under the old methods of treatment, wear out both the patient and the physician, inasmuch as they are the least amenable either to *antipathic* palliation* or to chemical neutralization. In the one case, too great a portion of the vital principle is already occupied in the exhausting struggle against the medicinal causes of such diseases to be withdrawn with impunity from the seat of its operations, not only without a corresponding advantage, but with an additional division of its powers, and a subsequent aggravation of the evil; and in the other, those injurious agents, the substantial existence of which can sometimes be demonstrated, are, by the mere force of circumstances, in the great majority of cases, practically removed from the operation of the ordinary chemical and physical laws. A chemical antidote may be either too gross in form to penetrate the extreme minuteness of the drug-poisoned tissues, and so pass away with the effete material of the body; or else it may be itself converted into other products in the assimilative process. Again, it may be expelled unchanged by the immediate reaction of the organism; or, worse still, its exhibition may be fraught with positive danger to the integrity of the sound living structure. A *dynamic* antidote will, consequently, be required, of sufficient subtlety to influence the vitality of the affected textures, and as a *vis à tergo* to liberate the imprisoned molecules of the material poison, which, for years it may be, have been fruitlessly "tormenting" the local organic reaction for their elimination. Owing to that modification of action in regard to quality imparted by dynamization,—to which I have already alluded when commenting upon case No. 1,—a high dilution of the same medicine† will

* I am not here calling in question the value of that most philosophical, and often most beneficial, application of the allopathic principle to the treatment of drug diseases which is known as the water-cure. That hydro-therapeutics and homœopathy go hand in hand, is shown by this fact, that the greater number of physicians who make the former their speciality have adopted the latter also. When time and expense are not objects of paramount consideration, the unprejudiced physician will decide impartially which method is best in such cases, reference being had to the vital resources and reactive powers of his patient.

† I had occasion to prescribe *Sulph.*, in the thirtieth dilution, for a medical friend who had, from his childhood, suffered from the effects of the too rapid suppression of a cutaneous disease by sulphur inunctions. Although at present one of our most distinguished provincial colleagues, he had for many years been obliged to give up practice on account of the constitutional drain occasioned by the formation of an enormous abscess in the cellular tissue between the bladder and rectum which had been thus engendered. On the evening of the day after he had taken the homœopathic remedy, his attention was attracted to the sulphurous odour of his skin, a phenomenon which continued for eight or nine days. His watch (a silver one) and the silver money in his pocket (which he showed me) were coated with sulphuret of silver. The material sulphur thus eliminated had, in fact, been pent up in his system for more than twenty-five years.

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often be the best (dynamic) antidote to its material abuse. Such antidotes have been wrongly called *isopathic*: they are truly *homœopathic*.

Any one who takes the trouble to compare the symptoms marked in *italics* with the pathogenetic effects of mercurial preparations, will have no difficulty in tracing the obstinacy of the malady to its proper source.

*Nit. Acid.* was prescribed as being the best *antidote* to the *Mercury* which had been so injudiciously exhibited, and to which the confirmed state of the original, and the conversion of what had been, in all probability, merely sympathetic affections into serious additional diseases, were mainly owing. This medicine exercises a great influence upon the renal secretions and urinary organs in general; it acts, moreover, upon the osseous and fibro-cartilaginous tissues, and is one of the most valuable antipsorics in the treatment of the specific affections of mucous membranes.

*Sulph.* is also antidotic to *Merc.*

June 19. Upon the whole is much improved. The wrists are stronger and less painful; the legs are less swollen, and freer from the sore aching pain, but are still very weak. The gastric symptoms are ameliorated, and the saliva is no longer troublesome; the bowels have been less confined, and now act without pain every third or fourth day; dejections natural. The urine still continues to dribble; but she is now able to retain it for a longer period. Sleep refreshing, and much more natural. Pulse 88, fuller and stronger.

She can stand for a longer period, and can walk a little. She was conveyed to the Dispensary in a cab as before, but managed to walk up the avenue with assistance.

*Prescription.—Nit. Acid.*, three globules, thirtieth dilution; to be taken eight days hence.

July 11. Feels wonderfully better in every respect, and was able to walk to the Dispensary (a distance of two miles and a half from her house), a feat which she has not performed for the last three years. She now walks about, and can attend to her household affairs. The limbs are much less painful, and there is scarcely any swelling. The legs admit of perfect extension with a little effort, although the joints still continue rather stiff. Is now able to lift ordinary weights, such as chairs and smaller articles of furniture. Complexion much clearer; urine less troublesome; bowels more regular; she is gaining flesh and strength, and enjoys very good spirits.

*Prescriptions.—Nux Vom.*, three globules, thirtieth dilution; and, after an interval of six days, *Lycopod.*, three globules, thirtieth dilution.

*Clin. com.—Nux Vom.* to act upon the nervous system genc-

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rally and upon the vesical nerves in particular, also upon the digestive organs.

*Lycopod.* is antidotic to *Merc.*, very analogous in its action to *Nit. Acid.*, and also an antipsoric.

Aug. 8. She feels stronger, and continues to improve in her general health. Within the last week, however, has had a return of very acute rheumatic pains, chiefly muscular, aggravated by motion; but she contrives to walk about with some increase of the pain. The feet are much swollen. Pulse normal.

*Prescription.—Bry. Alba*, three globules, twelfth dilution; and, after an interval of eight days, *Nit. Acid.*, three globules, thirtieth dilution.

*Clin. com.—Bry.* was exhibited with a view to its action upon the muscular and fibrous tissues; it differs from *Rhus Tox.* in that its pathogenetic effects are *aggravated*, whereas those of the latter are *relieved, by motion.*

Sept. 12. She now feels strong and well. Digestion good; bowels regular every day; no pain or swelling of the limbs; the urine is natural in colour and quantity, and no longer passes involuntarily; nor is there any difficulty of retention. Pulse normal, spirits very good, and sleep refreshing.

*Prescription.—Nux Vom.*, three globules, thirtieth dilution; and, after an interval of ten days, *Lycopod.*, three globules, thirtieth dilution.

Oct. 30. With the exception of feeling not quite so strong, since the damp cold weather, she continues quite well. She goes about as formerly and attends to her household affairs; nor does her health any longer seem to be affected by the dampness of her habitation.

*Prescription. — Bry Alba*, three globules, thirtieth dilution; and, after an interval of ten days, *Sulph.*, three globules, thirtieth dilution.

She was discharged convalescent, with permission to return if the old symptoms should recur. She has, however, never done so.

*Clin com.*—There are many features of interest in this case, a few of which only I shall instance, as they serve to throw light upon the mechanism of disease, considered in its general aspect; namely, the excessive nervous prostration, the functional inactivity of the bowels, and the incontinence of urine.

The first is common to all the serious morbid conditions of the body, and consequent upon the protracted struggle of the vital powers; the measure of which will be greater or less according as nature's efforts have been unaided or withstood. If the vital resources have not already been drained to the uttermost, this condition will cease as soon as

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nature's work is done, or in a great measure completed, and her extraordinary efforts no longer required.

The second is a matter of frequent occurrence in the generality of chronic gastric affections, and for this obvious reason, namely, because that portion of the vitality which, under ordinary circumstances (*i.e.* in the state of health) would have been *functionally* occupied by the large intestines, is required by other organs upon which the extra duty of eliminating morbific products, or of organic re-integration has devolved; whence it follows that the habitual constipation in such cases being an effect, not a cause, of the disease, and which is, so to speak, only of a *negative** character, will never be removed, but, on the contrary, will be rendered permanent, and, at length, become a consequent of super-added local disease, by the use of aperients—a fact which the experience of ages has confirmed over and over again; and yet the generality of medical practitioners continue to persist in the exhibition of purgatives with this object primarily in view.

Broussais was one of the first to call the attention of the medical profession to the transference of nervous power from one portion of the organism to another, and of its accumulation in one part at the expense of another—phenomena which occur in health† as in disease; but his appreciation of them was not just, and, consequently, led only to the confirmation of those practical errors, which they would otherwise have overthrown.

The last feature of this case to which I shall advert, namely, the incontinence of urine, is clearly a pathogenetic effect of the mercury, which had been so injudiciously administered, although its persistence admits of a similar explanation to that of the preceding phenomenon.

All these conditions gradually ceased as the vitality resumed its former channels, and nature's extraordinary efforts were no longer necessitated—facts which the history of this case fully bears out.

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### CASE 3.—HUMID TETTER (ECZEMA) AND DYSPEPSIA, COMPLICATED WITH CHRONIC CATARRHAL ASTHMA.

13th Oct., 1845.

M. T——, aged forty-six, of nervous sanguineous temperament, with light hair and eyes, married, and the mother of ten children, has been

* I shall revert to this subject at greater length hereafter.

† For instance, it must, occasionally, have happened to most healthy persons (who, as a rule, have an action of the bowels daily) that, owing to some pressing business which has engrossed the vital energies of the brain for the time, they have put off this want until the next day, without the slightest physical inconvenience or even a thought about the matter.

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affected with an *eczematous eruption* for the last seven months. She attributes its origin to the frequent use of soda in washing. Her general health is very indifferent, and she has suffered for years from a chronic catarrhal asthma. She has made use of various lotions without any benefit.

Her diet is very simple; bread and butter, and milk in general; meat and fish occasionally.

Her present state is as follows:—

There is an eczematous eruption on the fore-arms occupying both aspects, worse anteriorly, and covering the whole surface, from the bend of the elbow to the wrist. It first comes out in innumerable small vesicles, which cause *intolerable itching and burning*, with pricking sensation, and affects both arms in nearly the same degree. The eruptive surface becomes *red and inflamed*, and a *thin serous exudation* ensues.

Appetite indifferent; *digestion laborious; bowels* rather *confined.*

Catamenia regular, but scanty. Has been affected for some time with *thin albuminous leucorrhœa;* not, however, in a distressing degree. She is, moreover, constantly subject to a harassing husky cough; at first very dry, and attended with urgent *dyspnœa;* but it is soon succeeded by *abundant expectoration* of light coloured mucus, with frothy albuminous matter, which affords relief. Her *sleep* is frequently *interrupted by the cough and dyspnœa,* which are generally more urgent at night. At all times, the *breath* is *short. Mucous, wheezing, and sibilant râles* are heard all over the chest. Pulse 84, regular.

*Spirits much depressed* in general; temper even.

*Prescription.*—*Sulph.*, two drops, fifth dilution, in solution,* a sixth part, thrice a day; and, after an interval of three days, *Sulph.*, three globules, thirtieth dilution, dry. No change in her ordinary diet.

*Clin. com.*—In this case, as there were no errors in diet to be remedied, and no particular symptomatic group of importance indicating an *apsoric* medicine, *Sulph.* was exhibited at once. This medicine was calculated to promote the eruptive efforts of the skin, to act upon the digestive organs and uterine system, and to favour the bronchial secretions. It was prescribed in a *low* dilution; first, because the eruption manifested a tendency to put on an acute form; and secondly, because experience proves that it will often be advantageous to begin the treatment of such affections by saturating the system, as it were, with a more material dilution previous to the exhibition of the more highly dynamized potencies (as is done in patho-

* *i. e.* Dissolved in six dessert-spoonfuls of cold water, and administered in doses of a dessert-spoonful.

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genetic experiment), by which the effects of the latter are certainly increased.*

In the inflammatory stages of *cutaneous*, as of all other affections, *Acon.* may be had recourse to.

*Sulph.* is principally indicated in the sub-acute and chronic stages, where the eruption, no matter of what kind (whether suppurative or dry), is accompanied with intense *itching* (the characteristic sensation produced by this medicine), as in this case. It also favours the suppurative process, whether connected with the internal or external tissues.

*Ars.* in similar cases, where there is much heat and *burning*, with serous exudations.

*Graphites* is of great use in the desquamatory stages, when the epidermis begins to fall off in scales, as well as in the squamous varieties of skin diseases generally.

In the treatment of uterine affections, when they are attended with amenorrhœa or scanty menstruation, together with *albuminous leucorrhœa*, *Sulph.* will be the best antipsoric; when, however, the catamenia are too profuse, with thick, yellow, corrosive *leucorrhœa* during the intervals, *Calc. Carb.* and *Aurum* will be preferable.

Oct. 24. Feels better in every respect, morally and physically. The eruption is much diminished on the anterior surfaces of the forearms, and there is less itching and redness. Cough looser, and the expectoration more free. Bowels regular. The *leucorrhœa* has ceased entirely.

*Prescription.—Ars. Alb.*, three globules, thirtieth dilution, after an interval of eight days.

*Clin. com.—Ars.* was exhibited to favour the exudation from the skin, and also the secretion and elimination of the frothy mucous fluids from the bronchial membrane.

Nov. 13. Has been very much better. The eruption had altogether disappeared; but within the last few days it has again made its appearance, only, however, to a very slight extent, and attended with very little irritation. She sleeps well and is seldom awoke by the cough and dyspnœa; both of which are much relieved.

Pulse 78.

*Prescription.* — *Sulph.*, three globules, thirtieth dilution, at once.

Dec. 21. The arms are much improved, and there is now scarcely a trace of the eruption. The cough has been rather troublesome; expectoration difficult, chiefly of frothy mucus. General health otherwise pretty good.

* The converse method (*i. e.*, beginning with a high before giving the low dilution) will also be found equally useful.

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*Prescription.—Ars. Alb.*, three globules, thirtieth dilution, at once.

Jan. 20, 1846. Considers herself sufficiently well to leave off the treatment. She sleeps well, and is in good spirits. The digestive functions are normal; the eruption has entirely subsided, and the bronchial symptoms are much relieved.

When last heard of, eight or nine months afterwards, the eruption had not returned.

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# CHAPTER III.

Case 4. Chronic metrorrhagia, dependent upon moral prostration—Hahnemann's remarks on the action of Ignatia—The remedial treatment of disorders dependent upon moral exciting causes—Ignatia—The peculiar efficacy of high dilutions in very susceptible patients.

## Case 4.—Chronic Metrorrhagia dependent upon Moral Prostration.

23rd February, 1849.

Sarah B——, a young married woman, aged 19, of a nervous temperament, with dark hair and complexion, of a slender frame, and naturally of an anxious and timid disposition. She states that, about fourteen months ago, she had a very serious miscarriage, induced by over-exertion at a time when she was labouring under great moral depression, and which was attended and followed by severe flooding. The hæmorrhage, after several months' continuance had gradually subsided, when a renewal of her domestic affliction brought on a relapse; and in spite of a variety of internal remedies, consisting chiefly of tonics and dietetic stimulants, together with the topical use of sundry *astringent* lotions, she has suffered from constant metrorrhagia ever since. Her family are delicate, and she herself has never been very strong; but she knows of no particular family predisposition. Her diet is plain; and for the last few weeks she has entirely abstained from stimulants.

*Present Condition.*—She has lost flesh considerably, and is very weak; her face is pale and countenance anxious, and her spirits much depressed, both on account of her physical state, and of the persistence of her domestic troubles. Appetite indifferent, and digestion weak; sleep disturbed and broken: she is constantly sighing and weeping, given to solitude, and brooding over her sorrows. The hæmorrhage, which has now lasted seven months, is very profuse at present. It is dark and fluid, and occasionally, for a few days at a time, subject to considerable abatement, but never entirely stayed for a period of twenty-four hours—even then, it is easily rendered as bad as ever by walking or standing, as well as by any depressing moral emotion. She suffers from constant aching in the back and loins, bearing down pains in the womb, and sensation of dragging about the uterine ligaments—

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symptoms which are relieved by rest and aggravated by motion; moreover, when the hæmorrhage is slight, an irritating leucorrhœal discharge is complained of. Pulse weak and rather frequent; circulation at the extremities languid.

*Prescription.*—*Ignatia*, three globules, 200th dilution, to be taken a fourth part morning and night until finished; and after an interval of two days, *Calc. Carb.*, three globules, 200th, to be taken in the same manner. No change in diet required; and as much rest as her circumstances would admit of enjoined.

*Clin. com.*—"Although the effects of *Ignatia*," as Hahnemann has remarked (*vide* vol. ii. of the "Materia Medica Pura") in his masterly summary of the distinctive action of this remedy, "are very similar to those of *Nux Vom.* (which similarity does indeed point to a botanic affinity of both plants), these two drugs correspond to very different conditions, were it only for this reason, that the temperament of those patients for whom *Ign.* is indicated is very different from that of those who are more favourably acted upon by *Nux Vom.* *Ign.* is not suitable for persons or diseases characterized by anger, vehemence, etc. (as *Nux Vom.* would be) . . . . *Ign.*, even a high potency thereof, is a chief remedy against the evil effects of grief and vexation, in persons who are not in the habit of becoming violent or of resenting an injury, but who keep their sorrow concealed, and brood over it in their recollections."

In the ordinary treatment of those disorders, the origin or persistence of which can be clearly traced to moral causes, little or no account is taken of the therapeutic resources afforded by certain drugs, from the very peculiarity of their action upon those portions of the organism that stand, so to speak, in more immediate relation with the mind itself. Nor can this be wondered at, seeing that in the authoritative works upon Materia Medica little mention is made of the psychical effects of remedies; and that little is related rather as matter of curiosity than of practical utility. The homœopathic Materia Medica (as the extract just quoted affords an instance in point) is rich in its details of the moral effects of all the medicines which have hitherto been proved; and so characteristic are their differences in this respect, that a remedy can be selected for almost every unhealthy psychical condition, in accordance with the same law by which the treatment of a purely physical malady is directed.

This case of metrorrhagia, induced and protracted through the depressing effects of concentrated grief upon an unusually sensitive nervous organization, is given as a practical proof of the justice of the preceding observations.

March 2. The hæmorrhage, which had begun to abate after the first dose of the *Ign.*, by the time she had taken the last ceased

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altogether, and has not since recurred. She now feels a great deal better and stronger; her spirits are not so depressed; leucorrhœa less irritating, and diminished in quantity; extremities warmer, and pulse of better strength. Whilst taking the medicines, especially the *Calc. Carb.*, she felt an unusual giddiness in the head at irregular periods of the day.

*Prescription.*—The remedies to be repeated and exhibited as before.

March 12. Is looking very much better, and has gained both flesh and strength; she can now attend to her household affairs. There has been no return of the metrorrhagia; the leucorrhœa is now very slight, and the uterine pains have entirely subsided; spirits and sleep also much improved.

*Prescription.*—As before.

April 3. The catamenia returned about a fortnight ago, and lasted five or six days, unattended with the usual sufferings; the discharge was moderately abundant, less dark, and of better colour; complexion clearer, and resuming its colour; appetite improved; bowels regular; pulse normal. She is more resigned, and feels better able to bear up against her trials. The leucorrhœa has disappeared.

*Prescription.*—*Calc. Carb.*, three globules, 200th dilution, to be taken as before; and after an interval of three days, to be repeated in the same manner.

April 27. The catamenia are just over, and although they have not left any distressing symptoms since their cessation, she is suffering from giddiness and frontal headache, and slight inaction of the bowels; in all other respects feels so well that, at her desire, she has been discharged, with leave to return in the event of a relapse.

*Prescription.*—*Nux Vom.*, three globules, 200th dilution; *Sulph.*, three globules, 1000th dilution; and *Sulph.*, three globules, 1000th dilution; to be taken as before, with an interval of three days between each medicine.

*Clin. com.*—A reference to the "Materia Medica Pura" of Hahnemann, will show the remarkable coincidence of the moral symptoms, which formed so characteristic a feature of this case, with the *pathogenesis* of *Ign.*—a coincidence which led to its selection. Analogous experience will lead most homœopathists to infer that, without its preliminary exhibition, the other remedies, which are equally remarkable for a similar coincidence with respect to the physical symptoms, would have failed to effect so rapid a cure.

I would call the attention of the homœopathic practitioner to the beautiful action of the high dilutions; my experience having led me to give them the preference in cases like the present, when the patient has manifested extreme nervous susceptibility. In fact, I could relate

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several cases where an equally high potency of this very remedy* acted almost magically, after repeated exhibitions of it in the lower and middle dilutions had been productive of little or no benefit.

When last heard of, some years afterwards (through an intimate friend of hers), this patient had experienced no relapse.

* One instance will suffice. About this time, I met Dr. Metcalf in consultation, in the case of a lady who some months previously had suddenly become a widow under the most painful circumstances, her husband having accidentally poisoned himself. She had been suffering for some days from spasm of the throat and gullet, evidently of a hysterical nature, from the effects of suppressed grief. This symptom had, however, become so serious, that she was alike unable to swallow either liquids or solids. We agreed to give her *Ign.*, third dilution; and if that did not suffice, to exhibit the same remedy in the 200th dilution. After the administration of several doses of the low dilution, she was with great difficulty enabled to swallow half a teaspoonful of beef-tea at a time. The high dilution was then given; the swallowing at once became easier, and complete relief soon followed.

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## CHAPTER IV.

Case 5. Infantile remittent fever and nasal hæmorrhage—Case 6. Infantile remittent fever, with vermiculous disorder—The advantage of bringing pathological knowledge to bear upon the homœopathic treatment of complicated diseases—Alison's experience of infantile remittent fever—The disadvantage of restricting the treatment to one or two isolated symptoms—Characteristic indications for the exhibition of Cina.—Case 7. Tumour of the left breast consequent upon mechanical injury—Dyspepsia and chronic bronchial catarrh—Arnica—Nit. Acid.—Medicinal aggravation—Its character and treatment—Pulsatilla.—Case 8. Inflammation of the mucous membrane of the mouth—Merc. Sol.—Arsenic.

### Case 5.—Infantile Remittent Fever and Nasal Hæmorrhage.

Jan. 8th, 1846.

Joseph W——, aged four and a half years, of a nervous sanguine temperament, with light hair and blue eyes, and of a very delicate and sickly (strumous) family, was brought to the dispensary for the first time.

His mother states, that for the last four or five months he has been subject to violent bleeding of the nose, induced by the slightest physical exertion. The hæmorrhage is very profuse, and recurs nearly every day, sometimes as often as three or four times in the course of the same day, and occasionally lasting three or four hours at a time. Yesterday the nose bled four hours incessantly. The blood is described as "dark, pouring from both nostrils, and coagulating with difficulty." Although he is extremely weak, in fact, scarcely able to stand, and emaciated, his spirits, when he revives a little, are (to borrow his parent's phrase) "too great for his physical strength." His temper is rather hasty and irritable; *face pale and puffed, with dark circles under the eyes, and muddiness of the complexion;* he is *constantly boring in and picking his nose*, by which the hæmorrhage is sometimes renewed. He complains of pain in the stomach and also in the bowels, which are rather relaxed; appetite craving, and very irregular; tongue pale, and coated with a white fur; pulse 112, weak and irregular; remittent, febrile symptoms; restlessness at night, and sleep disturbed by sudden frights. Although he sometimes experiences much itching in the rectum, no ascarides have been detected in the dejections, which are loose, clay-coloured, and occasionally mucous. His mother mentioned

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that he had been under Homœopathic treatment all his life, a statement which provoked a smile from an intelligent general practitioner,* of some standing, in Islington, who (having himself just experienced great personal benefit from Homœopathic remedies) happened at the time to be watching the treatment at the dispensary. It turned out, however, upon further inquiry, that his case had been prescribed for only by *amateurs*. *China*, *Sulph.*, *Cham.*, and *Calc.*, in medium dilutions, were the principal remedies exhibited; and although they appear so far to have been repeated at judicious intervals, the disorder, after several temporary checks, gradually gained ground. His diet is simple, consisting chiefly of bread and milk, and occasionally of a little meat.

*Prescription.*—*Cina*, two drops, third dilution, to be dissolved in half a wine-glassful of cold water, and taken at one draught at bed time.

Jan. 13. The little boy has already gained so much flesh and strength, and is looking so remarkably better, that at first, he was not recognized either by the medical practitioner, who was present at his first visit, or by myself. In fact, there has been no return of the bleeding of the nose since he took the *Cina*. The febrile symptoms have disappeared, and the pains in the stomach and bowels are no longer complained of; bowels open twice a day; the dejections are more consistent, and of a better colour; appetite indifferent; pulse slightly frequent, but of better strength.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, to be taken in one dose.

Feb. 3. Continues to improve very much in his general health; complexion much clearer; appetite natural; the irritation in the rectum has ceased; bowels regular; sleep refreshing. With the exception of toothache (his teeth being much decayed), accompanied with slight inflammation of the gums, which of late he has occasionally complained of, and great irritability of temper and peevishness, he seems tolerably well. For some days after he had taken the *Sulph.*, his mother noticed several eruptive patches about his back and legs.

*Prescription.*— *Cham.*, two globules, thirtieth dilution.

Feb. 24. A few days ago, he was suffering from several small yet painful gum-boils, and a slight return of the itching in the rectum. His general health is now very good, and he is gaining flesh and strength daily.

*Prescription.*—*Merc. Sol.*, two globules, thirtieth dilution.

From the 24th of February up to the middle of September, 1846 (when he returned to the dispensary to be treated for a contusion), the

* This gentleman became a convert: in fact, he has now for nearly twenty years been in very lucrative practice as an avowed homœopathist.

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nasal hæmorrhage had recurred but once, and that but very slightly; his general health had continued very good.

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CASE 6.—INFANTILE REMITTENT FEVER, WITH VERMICULOUS DISORDER.

2nd October, 1845.

Julia D———n, aged ten years, of lymphatic temperament, with light hair and eyes, subject to glandular inflammations, has for the last eight or nine months been suffering from a confirmed affection of the digestive organs, attended with remittent febrile symptoms. She has lost flesh and strength considerably of late, and is daily getting worse, in spite of a variety of tonics and aperient draughts, which have been successively prescribed for her. Her diet consists of meat, bread and butter, and milk; occasionally, also, of weak tea or coffee. Her mother is subject to cutaneous eruptions; and some months ago had a large abscess, which nearly cost her her life.

*Present condition.*—There is great variation in her general state. She is better for two or three days together, and worse again for a similar period. At one time, she is hot and feverish; at another, cold and shivering. *Face puffed, and complexion pale and of a muddy hue; she is constantly picking and boring in her nose,* to relieve the irritation; redness of the tongue, with bitter, nauseous taste in the morning, and dull pains in the head, chiefly affecting the right side; appetite variable and capricious, usually craving; epigastric fulness after eating, with shooting pain in the stomach, and abdominal soreness and aching; at times, distressing itching in the rectum and relaxation of the bowels; fetid mucous dejections, of pap-like consistence, in which thread-worms are observed; pulse frequent, irritable, and weak; at night, she is very restless, and often sleeps with her eyes open; spirits depressed and temper very irritable.

*Prescription.—Cina,* two drops, third dilution, to be taken at one dose, to-night at bed-time.

Oct. 6. She feels better generally, having been free from the febrile symptoms and headache ever since she took the *Cina*: the complexion has also assumed a much healthier hue, and the face is less puffed; pulse stronger and more regular; nasal irritation considerably abated; appetite less craving; the other symptoms continue as before.

*Prescription.—Merc. Sol.,* two globules, twelfth dilution, to be taken at bed-time.

Oct. 10. The gastric symptoms are less urgent; the irritation at the rectum is now very slight; and the dejections are rarer, less

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mucous, and more natural, both in appearance and odour. During the last few days, a great number of *ascarides* have been voided from the bowels.

*Prescription.*—*Sulph.*, two globules, thirtieth dilution, to be taken at one dose.

Oct. 31. She is very much better in every respect. The epigastric tightness and irritation in the bowels have entirely subsided; appetite much more natural, yet slightly craving; bowels regular; spirits very good, and sleep refreshing. A few thread-worms are still occasionally passed.

*Prescription.*—*Merc. Sol.*, two globules, twelfth dilution, to be taken at one dose; and after an interval of eight days, to be followed by *Calc. Carb.*, two globubes, thirtieth dilution.

Nov. 21. She has gained flesh and strength very rapidly of late; and having nothing to complain of, comes to-day to return thanks. She is dismissed with a dose of *Sulph.* 30.

*Clin. com.*—In the treatment of those complicated morbid states (whether in an acute or chronic form) to which the living organism is subject, the chief object proposed is the selection of a remedy pre-eminent, above all others, for its action upon those tissues, or parts, where the vital principle is making the most strenuous efforts towards a return to health. It is, therefore, by no means a matter of indifference to which class of symptoms the physician first looks for the indications of the most suitable homœopathic remedy, when the pathogenesis of no one single medicine can be found to correspond with the whole circumstances of the case. Upon his pathological knowledge will depend the just appreciation of the relative importance of each symptomatic group in the order of treatment; and, consequently, in those cases where the vital powers are at a low ebb, and nature's resources must be husbanded to the uttermost, the life or death of the patient.

The two preceding cases are interesting in a therapeutic point of view, as they tend to set forth the practical advantage of bringing previous pathological knowledge to bear upon complicated symptomatic groups.

Although these cases, at first sight, will appear to differ in several material points, in reality they bear so close an analogy that the successful treatment pursued in each is almost identical, both as regards the remedies prescribed and the order of their administration.

Professor Alison has laid great stress upon those remittent febrile symptoms so often met with in the children of strumous and sickly parents, more especially during the period of dentition (the *febris infantum remittens* of Cullen), in connection with an obscure sub-acute mucous inflammation of the digestive organs, which, on account of its very

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obscurity, is so frequent a source of mortality among the neglected children of the poor; and he has observed with great truth, that until this remittent fever is got rid of, the remedial treatment, which is commonly directed to other points, can only increase the mischief already existing. The symptoms which usually characterize this pathological condition are, a *puffiness of the face, with a pale, muddy, and sickly hue of the complexion, and* A CONSTANT DISPOSITION, *on the part of the little patient,* TO BORE IN THE NOSTRILS *with one of his fingers, in order to relieve the irritation of the nasal mucous membrane,* and (although not necessarily) the presence of ascarides in the rectum.

From the history of the first case, it will be apparent that, owing to the symptoms just detailed not having been appreciated in their collective character, and to an undue stress having naturally been laid upon the nasal hæmorrhage, which was simply an effect of imperfect nutrition, and consequently not a symptom of primary therapeutic import, only, is the failure of otherwise judiciously-selected remedies to be attributed. The same remark applies to the second case, saving only that the previous treatment was far less philosophical, inasmuch as it had been directed to the removal of two isolated symptoms, viz., weakness of the stomach, and the presence of thread-worms in the rectum, without any reference to the cause of either; and that by means of an arbitrary alternation of arbitrarily selected remedies, which increased, on the one hand, the weakness of an already-debilitated organ by repeated stimulation to over-exertion, and aggravated, on the other, that morbid state upon which these intestinal parasites found the conditions of their existence. The symptomatic group to which I have just referred (no matter with what other pathological state, and, consequently, differen symptoms, it may be associated), almost invariably suggests the exhibition of *Cina;* more especially when that characteristic "disposition to bore in the nostrils" is well marked. Hence the happy result of the administration of this remedy in both cases. In fact, I have had repeated occasion to witness, in the treatment of measles, scarlatina, hooping cough, and even of the acute inflammations of the chest and throat, the failure of the usual remedies, from having overlooked the previous and continued existence of infantile remittent fever. The action of *Cina* in such cases is truly wonderful. A few doses will seem to snatch the patient from the grave, after which the previous remedies will be found as serviceable as ever, according to their respective indications.

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## CASE 7.—TUMOUR OF THE LEFT BREAST, CONSEQUENT UPON MECHANICAL INJURY; DYSPEPSIA AND CHRONIC BRONCHIAL CATARRH.

20th May, 1845.

Sarah F——, aged fifteen, of lymphatic, sanguine temperament; enjoyed tolerably good health until about three years ago, when she received a severe blow with the handle of a knife on the left breast, which caused very intense pain at the time. Soon after, a small hard tumour, very sore to the touch, was perceived, which gradually enlarged; and within the last few months the enlargement has been more rapid, and the pain has increased.

The tumour occupies at present the central and outer portion of the mammary gland, and is about the size of a fowl's egg. It is hard to the touch and painful, especially towards the external and superior aspect: the skin moves freely over it. She usually experiences much numbing and dull stinging pain in the tumour, which extends to the axilla and down the left arm; more especially when she raises that arm. There is no development of the right mamma.

She mentions that for several years she has been subject to a short hacking cough, which comes on every winter. At times, she expectorates much thick, whitish mucus.

There is less plumpness about the chest than formerly, and the clavicles are also more prominent. Percussion slightly dull on both sides, anteriorly and superiorly; the respiratory murmur is tolerably clear. Mucous and sibilant râles are heard, here and there, all over the chest.

Disagreeable taste in the mouth, thirst, acid rising; tightness and fulness round the waist; frequent aching between the shoulders, and confined state of the bowels, are of constant recurrence. Is subject to nausea and sick headaches, with bilious attacks at times.

The catamenia have not yet appeared. Pulse 92, regular. Much general debility is complained of.

Both her parents died of phthisis. Her brothers and sisters are affected with scrofula in some form or other.

Her diet is simple (bread and butter, meat, milk, and cocoa) and requires no alteration.

She has taken much *Merc.* and other alteratives, without the slightest benefit.

*Prescription.*—*Arn. mont.*, three globules, twelfth dilution.

*Clin. com.*—*Arnica* was prescribed on account of the exciting cause. As a remedy, it is as yet without its equal for the treatment of mecha-

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nical injuries, which have been caused by direct violence; whether exhibited locally in the form of the diluted mother tincture, or internally in its more highly-dynamized preparations.

*Arn.* acts powerfully upon the absorbents, and is consequently admirably calculated to promote the absorption of effused blood, and the reparation of tissues after mechanical injury.

Had this patient been seen immediately after the accident, a lotion of one part mother tincture of *Arn.* to fifteen or twenty parts of cold water, would have been prescribed as a topical application, in addition to the internal exhibition of a low dilution of the same remedy.

May 27. The breast is rather less painful; otherwise the tumour is much the same. General health rather better. The gums are sore, and the teeth very loose. Pulse 88.

*Prescription.*—*Nit. Acid.*, three globules, thirtieth dilution.

*Clin Com.*—*Nit. Acid.* was exhibited as the most appropriate mercurial antidote, seeing, also, that its action upon the mammary glands is very decided. One of the characteristics of this remedy is the sensation of *stinging*, which frequently accompanies its physiological action.

June 9. The breast is free from pain, and there is a slight diminution in size, and also much less hardness. Mouth less sore; appetite pretty good; expectoration much diminished. A very disagreeable taste and hacking cough, chiefly in the morning on rising, are complained of. Pulse weak, but normal otherwise.

The *Nit. Acid.* caused much aggravation, which continued five or six days after its exhibition. During this time, the stinging pains in the breast and down the arm were unusually severe. These pains did not, however, observe their usual course; but would come and go unexpectedly, giving her an interval of delightful ease, sometimes of several hours, and then suddenly returning, without any previous warning, in all their force: at the same time, the size of the tumour seemed to increase and decrease with their intensity.

*Prescription.*—*Nux Vom.*, three globules, twelfth dilution; and after an interval of eight days, *Sulph.*, three globules, thirtieth dilution.

*Clin. com.*—It must be borne in mind that the aggravation of a certain class of symptoms, from the action of an appropriate medicine (of which an instance has just been given), is not an aggravation of the *diseased state* upon which they depend; but rather an extraordinary provocation of the vital efforts to throw off the morbific cause, or to prevent the further extension of the organic lesions which so often form an essential part of inveterate affections. Medicinal aggravation (as this is termed) may also be nothing more than a temporary over-action of the remedy on some susceptible portion of the

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nervous system, in a very sensitive patient; in which case new symptoms are super-added which do not properly belong to the disease under treatment. This kind of aggravation occurs more frequently after the exhibition of a high than of a low dilution, and in chronic than in acute cases. It is, moreover, worthy of remark, that the degree of its intensity bears little proportion to the dose of the remedy administered. In fact, so much is this the case, that in actual practice little or no difference is made in the dose of a sufficiently attenuated homœopathic remedy, whether prescribed for an infant or an adult.

Remedial aggravation may be readily distinguished from that of the diseased state, if their essential characteristics are born in mind. Thus, the former makes its appearance suddenly, without any apparent cause, and often as suddenly disappears; it generally occurs before any apparent amelioration has manifested itself, being, moreover, attended by marked intervals of relief, and is finally succeeded by permanent benefit: whereas the latter is gradual and continuous, and usually supervenes upon previous amelioration.

Medicinal aggravations are matters of such frequent occurrence in homœopathic practice, that no mention will be made of them in the subsequent cases, unless they are very remarkable. In fact, there are few patients who do not feel them, although it may be in a very slight degree, for some days after the exhibition of the medicines; especially if they are antipsorics.

In susceptible patients, when aggravations of this kind arise, it is requisite either to suspend the exhibition of all medicine for a time (if the case will admit of it), and allow the action of the aggravating remedy to exhaust itself; or else to give the dynamic antidote.

*Camph.* will be found to be a good antidote to the generality of the vegetable medicines: when indicated, it may be given by olfaction, or else two or three drops of *Spirits of Camph.*, dissolved in a dessert-spoonful of cold water, may be administered in a single dose. When other remedies are selected, it is best to exhibit them in doses of one or two drops of a low dilution similarly dissolved.

The exhibition of a homœopathic antidote, in the manner above described, does not practically interfere with any curative process which the aggravating remedy may have set up, but simply antagonizes its over-action upon the sensitive structures of the body. It is on this last account that medicines which are classed as antidotes act so well, when otherwise indicated by the symptoms of the disorder, after, or in alternation with each other; in addition to the still greater therapeutic advantage which they possess of reciprocally reviving the organic susceptibility to their action, when it has become blunted by the frequent repetition of the same remedial stimulus.

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Medicinal aggravation will seldom occur when the remedies are given in solution, although they may be repeated at much shorter intervals; provided that the *dynamic* quality of each successive dose be altered before its administration by repeated succussions,* when (for reasons I have already given in commenting upon Case 2) it becomes in a measure antidotic to the over-action of that which preceded it. A change of dilution of the same remedy will often be still more efficacious.

June 23. The tumour is now quite free from pain, and is very much diminished in size and hardness. She has lately caught cold from exposure to the damp night air, since which the cough has returned. It is accompanied with pectoral soreness, and secretion of thick white mucus. Pulse slightly frequent; general health otherwise good; bowels regular.

*Prescription.—Bry. Alb.*, two drops, third dilution, a sixth part every four hours; then *Merc. Sol.*, two drops, fifth dilution, in like manner. Light farinaceous diet for a few days.

June 26. The cough is better, and the expectoration diminished. Still complaining of a little tightness and wheezing at the chest. Pulse normal, 80.

*Prescription.—Bry. Alb.*, one drop, third dilution; and after an interval of three days, *Bry. Alb.*, three globules, twelfth dilution.

Aug. 5. Has been so well that she has taken no medicine since the beginning of last month. The breast is quite well, and of the normal size; the other seems to be developing a little. No pain is experienced when taking severe exercise. General health good, with the exception of slight oppression in breathing. Pulse 82.

*Prescription.—Puls.* three globules, thirtieth dilution; and after an interval of ten days, *Sulph.*, three globules, thirtieth dilution.

*Clin. com.—Puls.*, was exhibited with a view to its action upon the uterine system, so as to favour nature's efforts in the establishment of the sexual constitution. This medicine is peculiarly adapted for the affections of young girls at the period of puberty; especially those of lymphatic temperaments, with placid even tempers, or over-susceptible dispositions, who are given to tears or hysterically inclined, as well as those of an indolent habit, who suffer from amenhorrœa, or from scanty menstruation, attended with leucorrhœa.

A month or five weeks after she had taken her last remedy, the catamenia made their appearance for the first time, and from that time

* The same end will be attained by pouring the medicine, from a little height, from one vessel to another a certain number of times, when the solution is not in a bottle.

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continued regular. The right breast likewise gradually attained its normal development. This young woman came to the dispensary four or five years afterwards, on account of a trifling sore throat, and was otherwise enjoying perfect health. She mentioned that she had been in service since September, 1845.

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### CASE 8.—INFLAMMATION OF THE MUCOUS MEMBRANE OF THE MOUTH (STOMATITIS).

13th April, 1846.

—— H——R, aged thirty-six, a single woman, in easy circumstances, of nervous-lymphatic temperament, with light hair and eyes, and fair complexion, has been subject for a series of years to attacks of stomatitis, which come on in spring, and generally last four or five weeks. Hitherto they have only yielded to the local application of leeches, followed by a course of tonics. Her father was similarly affected before her, so that this affection is a constitutional one.

She suffers, also, from chronic indigestion; not, however, in a severe degree.

With the exception of taking *very strong tea*, her diet is simple.

At present, the gums and buccal mucous membrane are red and inflamed; and there are several gumboils and aphthous ulcerations which cause much soreness. Throbbing pain is experienced at the base of the gum-boils. She cannot take solid food on account of the pain which it causes, and confines herself to a light, farinaceous spoon-diet.

Epigastric tightness after meals, and a disagreeable taste in the mouth, on rising in the morning, are frequently experienced. With the exception of feeling very nervous at times, she makes no other complaint. Pulse 96, irritable.

*Prescription.*—*China*, two drops, third dilution, to be taken in solution at once; and after an interval of four hours, *Merc. Sol.*, two drops, fifth dilution, a sixth part every four hours; lastly, *Merc. Sol.*, two drops, fifth dilution, a sixth part three times a day.

*Clin. com.*—*Merc.* was exhibited with a view to its action upon the gums and mucous membranes of the mouth.

In cases of this kind, where there is much constitutional debility and little reactive power, repeated doses of *Ars.* will be required (either before or after the administration of the preceding remedy) to effect a cure.

April 17. The mouth is much better and the gums less sore, especially since all the boils have burst; so that she can now take a little

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solid food. The epigastric tightness is no longer felt. Pulse rather less irritable.

*Prescription.*—*Sulph.* three globules, twelfth dilution.

April 24. The mouth is now almost well. The ulcerations are no longer to be seen, and the tenderness which remains is so slight that no inconvenience arises from it. Feels perfectly well in every other respect, and she has now returned to her usual solid diet.

*Prescription.*—*Merc. Sol.*, three globules, twelfth dilution.

May 1. She now feels perfectly well in every respect.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution.

From the date of her last prescription to the summer of 1848, when last heard of, this patient had not experienced the slightest return of her usual spring attacks.

*Clin. com.*—This case affords an additional proof of the utter worthlessness, on the one hand, of the usual palliative *indirect* (*allopathic*) method employed in the treatment of affections which depend upon a constitutional (*psoric*) taint, even in individuals whose vital resources are considerable; and on the other, of the speediness and certainty of the cure under similar circumstances where the *direct* (*homœopathic*) mode of cure is adopted.

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# CHAPTER V.

Cases 9 and 10. Small-pox—Belladonna—Aconitum—The alternation of remedies to be justified on the score of expediency, and also on sound pathological and therapeutic grounds—Circumstances to be taken into account in the treatment of acute disease, with regard to the variation, repetition, and choice of dilution of the indicated remedies—Aconitum—Phosphorus—Sepia—Sulphur—Belladonna—The revival of organic susceptibility to remedial action by the exhibition of an *antipsoric* in a high dilution—Mercurius Solubilis—Sydenham's remark on the salivation which occurs in small-pox—The necessity for revaccination—The tendency of previous *antipsoric* treatment to lessen the virulence of acute disease—Inaction of the bowels in acute disease seldom requires to be interfered with—How real obstructions are to be dealt with.

## Case 9.—Small-pox.

4th March, 1845

Miss Anne O——, aged thirty, of nervous bilious temperament, with dark hair and complexion, was vaccinated when a child, and has gone through the usual diseases of infancy. Her general health has never been good. She is laid up with *severe pains in the joints, and also in the lumbar region, which is aggravated by motion and relieved by rest.* She is sleepless at night, and complains of thirst, with loss of appetite, amounting to complete anorexia. Experiences a slight *catching pain at the end of a deep inspiration.* Pulse 112, full. Her affection is attributed to the effects of cold.

*Prescription.—Acon.*, two drops, third dilution, and *Bry. Alb.*, two drops, third dilution, in doses of a sixth part, alternately every four hours.

Diet, toast-and-water.

March 5. Is rather less feverish, and the articular and lumbar pains are very much better. The head, however, is hot, and violent frontal aching, with feeling of heaviness, is complained of; the submaxillary glands are tender, and the throat somewhat inflamed. There is much physical oppression; breathing quick and hurried; skin hot; spirits much depressed, and she is unable to speak. Pulse 108, full. Is still very thirsty, no appetite.

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*Prescription.*—*Bell.*, two drops, third dilution, and *Acon.*, two drops, third dilution. To be taken like the preceding.

Diet as before.

*Clin. com.*—*Bell.* exerts a very powerful action upon the *brain and its vascular membranes;* and is inferior to no other medicine in this respect. Its action upon the *glands* is also very remarkable; it stands, in fact, in the same relation to the *lymphatic*, that *Acon.* does to the *vascular system.* The *mucous membrane of the throat* is peculiarly susceptible of its influence.

March 6. Feels much better, and the fever has considerably abated. Pulse 80, but still too full. The pains in the head and limbs have ceased. No appetite; less thirst. The bowels were relieved twice last night. Dejections rather loose.

*Prescription.*—*Bry. Alb.* two drops, third dilution, a sixth part every four hours.

Diet as before.

March 7. Feels more comfortable, and there is less oppression. The eruption of small pox is making its appearance on the face and arms. Pulse 88, full. No appetite, tongue coated.

*Prescription.*—*Bell.*, two drops, third dilution, a sixth every four hours.

Diet as before.

March 8. The eruption continues to come out; eyes rather painful, and sensitive to the light. Throat sore and inflamed. Pulse 90, full.

*Prescription.*—*Bell.*, two drops, third dilution, and *Acon.*, two drops, third dilution, in doses of a sixth part, alternately every four hours.

Diet as before.

March 10. The eruption has increased about the throat and extremities, and is still coming out upon the trunk. The vesicles upon the face and neck, although very numerous, are nearly all distinct. Pulse 84, full.

*Prescription.*—The same remedies to be continued.

Diet as before.

March 12. The vesicles continue to increase about the extremities and trunk. In the latter situation, they are not very abundant. The throat is much less sore, and the eyes can bear a stronger light. No appetite. Pulse 80, full. Has very good nights.

*Prescription.*—*Bell.*, two drops, third dilution, a sixth part every four hours.

Diet barley-water, gum-water, toast-and-water.

March 14. The vesicles are becoming pustular. She feels better and stronger in every respect, and enjoys good spirits. Neither hunger nor thirst are experienced. Pulse as before.

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*Prescription.—Merc. Sol.*, two drops, fifth dilution, a sixth part every four hours.

Diet, arrow-root, gruel, and toast-and-water.

March 16. There is slight scabbing. Many of the vesicles have dried up, and the eruption is fast disappearing. Pulse normal; appetite returning; feels stronger, and has got up to-day for a few hours.

*Prescription.—Sulph.*, two drops, fifth dilution, to be administered at a single dose.

Diet as before, with the addition of beef-tea.

March 19. The eruption has almost disappeared; she feels quite convalescent, and gets up every day. Appetite and strength increasing. The bowels, which had been inactive for nine days, now act every day with great regularity.

*Prescription.—Sulph.*, three globules, thirtieth dilution, to be taken four days hence.

Diet, a gradual return to her ordinary food.

A short time afterwards not the slightest trace of the disorder remained.

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## Case 10.—Confluent Small-pox.

**15th March, 1845.**

Miss H. O——, aged 26, of lymphatic *nervous-sanguine* temperament, and of rather a full habit of body, was vaccinated in her infancy, as well as her sister, who is now convalescent from small-pox.* She has always suffered more or less from difficulty of digestion, a complaint to which the other members of her family are also subject.†

For the last four days has felt very feverish and unable to attend to her ordinary pursuits. To-day she is obliged to keep her bed, and complains of much frontal heaviness and congestion, with general cephalalgia and intolerance of light. Is very thirsty; skin hot; no appetite. Pulse full and frequent.

*Prescription.—Bell.*, two drops, third dilution, and *Acon.*, two drops, third dilution, in doses of a sixth part, alternately every four hours.

Diet, toast-and-water.

*Clin com.—Bell.* was prescribed on account of the tendency to cerebral congestion, and *Acon.*, with a view to its action upon the general circulation.

This prescription is, at first sight, open to theoretical objection by

* This patient, owing to insuperable prejudice, would not suffer herself to be revaccinated.

† Her mother has since died of *colloid scirrhus* of the stomach.

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its deviation from the general rule so strongly insisted upon by systematic writers (yet, strange to say, so often disregarded in actual practice by these very writers themselves), of "never prescribing a second remedy until the sphere of action of the first has been fully exhausted;" *i. e.*, until the symptomatic groups originally suggestive of its exhibition have either wholly disappeared, or else become comparatively insignificant.

Hahnemann, in common with the older pathologists of his day, held the doctrine taught by Hunter, that no two specific diseases can co-exist in the animal economy;* hence his theory of the unity of disease, as comprehended in the totality of the symptoms of any given case, and as the logical consequence of this theory, the therapeutic rule with regard to the administration of remedies just adverted to. His practical genius, however, led him, in those cases where any urgent additional symptoms were present, which the pathogenesis of a single remedy did not include, to recommend the exhibition of an intermediate (*zwischen-mittel*) remedy—in fact, an occasional alternation of remedies.

In acute cases, where urgent contingencies have often to be provided for, in the interval of the physician's visits,—and, even in chronic, where, from distance of residence, time or expense are of consequence to many patients,—the treatment (whether it consists in the alternation or succession of remedies†) must of necessity be based upon the analogy of a former and stricter experience, either acquired in the wards of a hospital, or among our own immediate dependents and neighbours.

I have long been of opinion that the alternation of medicines is, in many cases, to be justified on higher grounds than those of mere

* The experience of modern pathologists tends to refute this theory. Thus small-pox and typhus fever, small-pox and scarlatina, typhoid fever and measles, scarlatina and measles, etc., have been known to run their course together, yet independently of each other, in the same individual. A case of this kind, proving the co-existence of scarlatina and measles, will hereafter form a subject for clinical comment. Hahnemann's views, however, seem to have undergone considerable modification; for, in the last published edition of the "Organon" (*vide* foot-note at page 141 of the translation by Dr. Dudgeon), he makes the following statement, as the result of his latest experience:—"From careful experiments of cases of complex diseases [*syphilis* and *psora*] of this kind, I am firmly convinced that no real amalgamation of the two takes place; but that in such cases, the one exists in the organism, *beside* the other only, each in the parts that are adapted for it, and their cure will be best effected by a judicious alternation of the best mercurial preparations, with the remedies specific for the itch [*psora*], each given in the most suitable dose and form."

† In this manner have I, in several instances, been enabled successfully to direct the treatment of patients resident in Australia and Southern Africa, albeit under scientific protest.

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expediency; viz., upon sound pathological and therapeutic principles. It is justifiable, in a pathological point of view, in those cases where more than one organic sphere is seriously involved in the vital conflict; as in this instance, where the *variolous poison is simultaneously affecting the meningeal and the general vascular system*. It should also be remembered that, in disease, the specific organic susceptibility to the action of the homœopathic remedy is at first increased (of which medicinal aggravation is a proof); and then, after a time (more or less speedy, according to the acuteness or chronicity of the case) blunted by the repetition of the remedy, although its sphere of action may still remain unexhausted. Accordingly, therapeutic advantage may legitimately be taken of this fact to rekindle the organic susceptibility to the action of the first remedy by the exhibition of a second medicine of a kindred action, *i.e.*, a *dynamic* antidote; and *vice versâ*. At the same time, I would warn my readers of the liability to abuse of this practice of alternating remedies, against which we cannot be too much on our guard. But "it is only to that peculiar class of minds which would abolish a good thing because of its abuse, that this would be an argument for its abandonment." To other and juster intellects, it is "only an additional motive for self-restraint and circumspection."*

It has already been observed† that in *acute*, as compared with *chronic* diseases, the vital efforts succeed each other more rapidly, and, on account of their greater intensity, are more speedily exhaustive of the remedial stimulus; hence it follows that the medicinal remedies require more frequent variation and repetition. Experience, moreover, seems to indicate that (within certain limits) their *dynamic* energy (as distinguished from *dynamic subtlety*) should be in the direct ratio of the intensity and rapidity of these efforts. It is on this account that, in *acute* cases, the third dilutions of the vegetable, and the fifth of the metallic substances are chosen, as their dynamization is generally considered sufficiently high to stimulate the vital efforts without harassing the organism, on the one hand, by too subtle an action, or injuring it, on the other, by too material an exhibition of the remedy. In some cases, the third, and other higher, decimal preparations may also be administered with advantage; and, where the

* See a highly philosophical and instructive paper, by Dr. Drysdale, on the "Alternation of Remedies," read before the British Homœopathic Society, and the discussion thereon.—*Annals of the British Homœopathic Society*, No. xvii., September, 1864.

† The student is referred to the Clinical Commentary on Case 1, page 13, with regard to the characteristic differences of acute and chronic diseases, and to the corresponding differential dynamic characteristics of the high and low dilutions.

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symptoms are extremely urgent (as in diphtheria and syphilis), even the first and second decimal dilutions and triturations.

When first commencing the study of homœopathy, I have frequently witnessed in my own practice the supervention of very embarrassing medicinal aggravation, after the continuous exhibition of the high potencies in acute diseases. In all the cases to which I allude, recovery took place; but it is probable that it would have been more rapid, and attended with less expenditure of the vital resources, had I duly weighed these facts to which I have been calling the attention of the homœopathic student.*

At the commencement of most *acute* affections, the *circulation* is *rapid*, and the *pulse full and strong;* whence it follows that *Acon.* (than which no medicine acts more powerfully upon the *circulation generally and locally*) is almost *invariably* the first medicine exhibited. Of all the medicines which act upon the vascular system hitherto made use of, its action is the most transitory, and that to which the organism soonest becomes habituated; so that other remedies of longer action, such as *Phos.*, *Sep.*, and *Sulph.*, will often be required, if, after the lapse of a few days, the circulation still continues full and rapid. The action of *Phos.* is more prolonged than that of *Acon.*; of *Sep.* than that of *Phos.;* and of *Sulph.* than that of *Sep.* The two first (*Acon.* and *Phos.*) are more calculated for the *acute*, and the two last (*Sep.* and *Sulph.*) for the *sub-acute* and *more chronic* stages of all those affections in which the rapidity and strength of the pulse are increased and continue so. These observations are more particularly applicable to the treatment of the acute and sub-acute inflammations of the organs of respiration and circulation.

March 18. The head is more comfortable, and less heaviness is complained of. An eruption is coming out upon the face, like that of small-pox; face swollen and red; throat rather sore; the patient complains of thirst. Pulse 115, full; no appetite; tongue coated; bowels confined.

*Prescription.—Bell.*, two drops, third dilution, and *Acon.*, third dilution, in doses of a sixth part, alternately every four hours.

Diet as before, with an occasional slice of orange, or grapes, if they can be procured.

*Clin com.—Bell.* produces eruptions of various kinds (some of which resemble the inflamed *papules* of small-pox), especially upon the face, attended with redness and swelling of the integuments. It acts, moreover, powerfully upon the mucous membranes of the mouth and

* Some years ago, a medical friend told me that he had, on several occasions, witnessed the occurrence of furious delirium, after repeated doses of the thirtieth dilution of *Bell.*, exhibited in scarlatina, to patients of a very excitable temperament. He was thus led to prescribe the low dilutions in acute cases.

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fauces, to which nature's efforts are directed, in a remarkable manner, in this disease, with a view to the elimination of the morbific poison; and also upon the glands. The appropriateness of this remedy will be easily understood when its action is compared with the vital efforts at this stage of the disorder.

March 21. Has had rather a restless night. Her mind wanders when asleep, and she is slightly *delirious* at times. The *face* and *nose* are much *inflamed* and *swollen*; the eyes are closed, and the lids puffed and swollen. The face is thickly studded with small-pox vesicles, which are begininng to run into each other; there are also numerous vesicles in the mouth and fauces; throat *very sore and inflamed.*

The extremities are becoming covered with *papules*, many of which have reached the vesicular stage. Pulse 120, full.

*Prescription.—Bell.*, two drops, third dilution, and *Acon.*, two drops, third dilution, in doses of a sixth part, alternately every four hours.

Diet as before.

March 22. The face continues to swell, and the nose feels stuffed; the eyes also continue in the same state. The eruption increases and becomes more confluent. Urine scanty and dark-coloured; the patient is very thirsty; pulse as before. The other symptoms remain much the same.

*Prescription.*—The same as the last.

Diet as before.

March 23. Has passed a more restless night. The face continues to swell, and is now nearly double its ordinary size; which gives the patient a frightful appearance. The vesicles upon the extremities are full, and coalescing fast; those upon the face and neck are nearly all confluent. Throat very sore; breathing difficult, from the stuffing at the nose. Pulse 118, full.

*Prescription.*—The same as the last.

Diet as before.

March 26. The same remedies were continued on the 24th and 25th, and at the same intervals. The disease has continued to progress, the eruption coming out more abundantly upon the trunk, so that the whole body is now covered. She has passed rather more restless nights. Sleeps very heavily, and is very drowsy in the daytime. No appetite; still thirsty; throat less sore; urine free, high coloured; pulse rather less frequent. The bowels have been confined for the last five or six days; but she suffers no inconvenience on that account. The general strength continues pretty good.

*Prescription.*—The same as the last.

Diet as before.

March 29. The 27th and 28th were passed very well; had rather

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better nights, but slept heavily. The same treatment was continued, with the exception that the *Acon.* was not repeated quite so often. To-day the vesicles, which, during the past days, had been getting more opaque, are now evidently becoming purulent. The face and nose present a hideous appearance, being covered with brown scabs, and dark vesicles, which have coalesced; the eyelids are still much swollen, and covered in the same manner. The tongue is very brown, and its surface is full of dark scabs, and small purulent abscesses have formed in the throat. Although there is much less fever, she is still very thirsty. Pulse 100, full and regular. Spirits pretty good. She can swallow with tolerable ease.

The fœtor which emanates from the general surface, as well as from the respiration, is very great.

*Prescription.—Sulph.*, three globules, thirtieth dilution, dry on the tongue; and, after an interval of four hours, *Merc. Sol.*, two drops fifth dilution, a sixth part every four hours; lastly, *Bell.*, two drops third dilution, in doses of a sixth part, to be occasionally substituted for *Merc.*, should the patient be very delirious at night.

Diet as before.

*Clin. com.*—A high attenuation of *Sulph.* was given, as the most appropriate *antipsoric*, with a view to its action upon the skin, and to the *revival of the organic susceptibility to remedial action.*

It will often happen, in the acute affections of very strumous subjects, when the vital powers are hourly becoming more and more exhausted, and the ordinary remedies prescribed in low dilutions seem to have lost their efficacy, that after the exhibition of a single dose of a suitable *antipsoric*, of a high dynamization, matters will begin in a few hours to take a more favourable turn; and that a return to the ordinary remedies will then be attended with benefit, on account of the susceptibility to their action being thus rekindled. This is a point to be borne in mind, and it must not be confounded with the *systematic* administration of the high dilutions, in acute cases, and at short intervals, already alluded to.

*Merc.* was exhibited to favour the elimination of the purulent matter. The peculiar fœtor which the continued abuse of this mineral induces, bears much resemblance to the characteristic smell of the variolous subject at this period of the disease. It was remarked by Sydenham, nearly two centuries ago, that, with the exception of its being less offensive to the smell, the salivation which occurs in small-pox is the salivation of mercury.

March 30. The brown scabs are increasing; she is progressing favourably in other respects.

*Prescription.—Merc. Sol.*, two drops, fifth dilution, a sixth part every four hours.



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Diet as before.

March 31. The face still continues much swollen, and covered with brown scabs. The eyes are sensitive to the light, although the lids are still swollen and closed; tongue very brown; throat less sore. The fœtor of the mouth is greater than it has yet been. Pulse 90, of good strength. There is much less moral and physical prostration than would have been expected. Is less thirsty, and, although she has no appetite, wishes for some other additional beverage, for a change.

*Prescription* as before.

Diet: toast-and-water, gruel, gum-water sweetened with sugar or fruit syrup, weak black tea, oranges, etc.

April 2. Feels better, and the appetite is beginning to return. Sleeps well, and is less drowsy in the daytime. The soreness of the throat is no longer complained of; breathing freer, although the nose is still stopped up. Pulse 90, of good strength.

*Prescription* as before.

Diet as before, with the addition of a small quantity of weak beef-tea. To begin with a few spoonfuls of the beef-tea, at intervals of five or six hours, at first; and, should it agree, to increase the quantity very gradually; none, however, to be allowed towards evening and throughout the night.

April 3. The beef-tea agreed very well. Has had a good night, and feels better and stronger. Scabs are forming rapidly; the body continues to exhale a very fetid odour. Pulse 80, regular. She sits up in bed occasionally; only, however, for a very short time.

*Prescription.—Rhus Tox.*, three globules, twelfth dilution, dry.

Diet as before, increasing the quantity and strength of the beef-tea, arrowroot, milk-and-water, or cocoa, with a slice of dry toast.

*Clin. com.—Rhus* was indicated by the dark humid scabs, with chronic inflammation of the skin, especially of the facial integuments.

April 7. The scabs have fallen from the extremities. The left eye can be opened at times, although the scabs still continue on both eyelids. Feels better and stronger every day; appetite increasing. Bowels still confined, but no inconvenience is felt; moreover, the abdomen is soft, and no pain is experienced upon pressure. Urine much clearer.

*Prescription.—Sulph.*, three globules, thirtieth dilution, dry, at one dose.

Diet as before.

April 15. There are still a few scabs hanging on the eyelids; the eyes are now open, and can bear a moderate light. She still keeps her bed, but sits up frequently in the course of the day. Tongue much cleaner; appetite and strength increasing.

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*Prescription.*—No medicine.

Diet as before, with the addition of some light fish, such as a sole or a silver whiting, broiled.

April 17. Continues to improve. The bowels are still confined, not having acted since the 20th or 21st ult.; but no uneasiness has been complained of on this account, nor does the abdomen, which has been repeatedly examined throughout her illness, feel hard and tense, as though there were any great accumulation in the large intestines. She now begins to get up for an hour or two in the course of the afternoon.

*Prescription.*—*Nux Vom.*, three globules, twelfth dilution, dry.

Diet as before.

*Clin. com.*—*Nux Vom.* was exhibited on account of the prolonged functional inactivity of the large intestines.

April 18. This morning the bowels have been comfortably relieved. The dejections were rather dark, but normal otherwise.

*Prescription.*—No medicine.

Diet: beef-tea, chicken-broth, fish, the lean of a mutton-chop, cocoa, milk, bread and butter; in short, a gradual return to ordinary diet.

April 24. Continues to improve. The skin of the extremities is very rough in those parts where the scabs have fallen, and there is much *furfuraceous desquamation* of the scarf-skin.

*Prescription.*—*Graph.*, three globules, thirtieth dilution, dry.

Diet, ordinary.

April 30. The face is still swollen, although to a less extent, and covered with scabs. Since the scabs have fallen from the extremities, the skin has a mottled appearance, like the fins of a turtle. Pulse normal. Bowels open every second or third day; dejections natural.

*Prescription.*—*Merc. Sol.*, three globules, twelfth dilution, dry.

May 7. There are still scabs on the nose, and immediately surrounding it, which are becoming drier every day. The catamenia have not reappeared since her illness; general health good; strength improving.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, dry.

May 19. There are still a number of moist scabs about the face, and much redness of the integuments where they have fallen.

*Prescription.*—*Merc. Sol.*, three globules, twelfth dilution, dry.

May 27. General health and strength improving every day; face less swollen; appetite good; bowels regular. A number of the scabs have fallen from the face, and the rest are detaching themselves very fast.

*Prescription.*—No medicine.

June 6. The face is nearly clear and less swollen. There are

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still a few scabs about the nose, which continues swollen, although in a less degree. Eyes rather sore.

*Prescription.*—*Merc. Sol.*, three globules, thirtieth dilution, dry.

June 19. The eyes are no longer sore, and the nose and face are almost free from scabs. There is still swelling, with redness and unevenness of the skin. She puts on a bonnet, and walks about the room with the windows open.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, dry.

July 3. All the scabs have fallen; the face is now clear; there only remains redness, with swelling of the integuments, which is gradually diminishing, and great roughness of the skin. The face is much less marked than would have been supposed, and the disfiguration, after the subsidence of the redness and swelling, will be comparatively small. General health good, and spirits cheerful. The catamenia have come on for the first time since her illness, and still continue. She is now quite convalescent.

*Prescription.*—*Graph.*, three globules, thirtieth dilution, to be taken dry, five days hence.

*Clin. com. on Cases IX. and X.*—There is one important feature in the history of these cases, namely, that there were evidences of both patients (who were sisters) having been properly vaccinated in infancy; hence the prudence of re-vaccination in all cases, and probably its necessity in those of patients (as in the above instance) of a *psoric* constitution.

In common with other homœopathic practitioners, I have often occasion to remark the comparative mildness of the acute attacks of patients, who may be labouring under even the most severe forms of chronic disease, whilst they are undergoing a course of *anti-psoric* treatment. I am inclined to attribute the mildness of the disorder, in the one case, and its severity in the other, to the fact that the first patient had been under homœopathic treatment for many months, on account of chronic dyspepsia; whilst the other, who seemed to enjoy better health, and in whom the *psoric* taint was in a more latent state, had not enjoyed the same advantage.

In the second case (X.) the long-continued inaction of the bowels, attended as it was by no untoward circumstance, even in the slightest degree, affords a striking illustration of its negative character as a symptom. By the temporary suspension of the functions of locomotion and alimentation, which in the normal state of the individual engross so large a share of the vital energy, nature is enabled, in the conduct of acute disorders, not only to cope with the morbific principle, but also energetically to eliminate it from the system.

In chronic disease, the period of negative inaction of the bowels is generally much less protracted, except in cases of scirrhus of the

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stomach. I have had four such cases, in which (from the extremely small quantity of food, and that of a semi-fluid kind, habitually consumed by the patients) the periods of inaction extended from a fortnight to three weeks and a month, during several years in one case; upwards of a year in two others;* and for a few months only, with alternations of relaxation in a fourth. In these several cases, I had occasion to observe that, in proportion as the period of dissolution approached, and nature was giving up the vital conflict, so the period of intestinal inaction diminished in duration. I made autopsies of all these patients, and found that the intestines (due allowance being made for the general wasting of all the tissues) were as healthy as any of the unaffected organs. In fact, there was not the slightest trace of ulceration or inflammation on their mucous membranes to be seen.

From the above and other similar facts, I have been led to the conclusion that, so long as a patient is free from abdominal fulness, headache, and inclination to evacuate the bowels, and the tongue (during the period of convalescence from an acute disorder) is daily becoming cleaner, the breath untainted, the appetite returning, and healthy nutrition ensuing, sluggishness of the intestines ought to be considered as a purely negative symptom, *i. e.*, one which does not require to be interfered with, medicinally or otherwise. It were well if those practitioners who are always morbidly on the look-out for intestinal obstructions (even in acute diseases, where patients are unable to partake of solid food) would reflect upon facts such as these, before they have recourse to powerful medicinal aperients, exhibited with the unphilosophical view of relaxing what nature never designed to unloose,† except for the purpose of a crisis of her own choosing.

Should a patient suffer any inconvenience, real or imaginary, from a confined state of the bowels, an enema of tepid water will generally afford sufficient and safe relief.

In those exceptional cases of mechanical obstruction from abdo-

* In the case of the mother of these two patients (who eventually died of colloid scirrhus of the stomach), the inaction of the bowels would occasionally continue for six weeks at a time. Towards the close of life, only scanty stools, devoid of bile and smell, resembling rabbit's dung in form and size, were passed every three or four days.

† There are also certain *idiosyncrasies* with regard to the intestinal functions occasionally met with, which should be taken into account in the treatment of disease. Thus, I had a patient whose habit (when in her best health) was to have an action of the bowels every nine or ten days, sometimes only once a fortnight, and that without effort. Yet, if any article of food happened to disagree with her stomach, instead of causing an attack of vomiting or dyspepsia it would almost immediately be voided through the intestinal canal in an undigested state. Another patient, whose bowels from childhood acted, and still act, only at intervals of three or four days, is indebted to the folly of a former medical attendant for a *prolapsus ani*, induced by cathartics, in a fruitless attempt to change the order of nature.

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minal tumours, or of scybalous accumulation from atony of the intestinal muscular coats (when the enema does not suffice), relief must be afforded by the mildest aperient (such as castor oil) that will effect the purpose.

This patient's previous robust habit of body, and the *sthenic* character of the disease (to which I shall have occasion to refer hereafter, when speaking of the dietetic treatment of acute cases), fully account for the lengthy period during which an unusually low diet was preferred; in no way were her physical instincts interfered with in this respect.

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# CHAPTER VI.

**Case 11. Acute inflammation of the stomach, and bronchitis, supervening upon infantile remittent fever—Ipecacuanha—Arsenicum—Chamomilla. Case 12. Dysentery—Mercurius Sublimatus Corrosivus—Chamomilla—Comparative success resulting from the treatment by mercurials in large material doses, and by cathartics, accounted for. Case 13. Dysentery—Pulsatilla—Mercurius Solubilis—Dietetic treatment in acute diseases—Nature's instincts to be followed—In protracted cases, reference must be had to the condition of the patient—Arnica—Sulphur.**

## Case 11.—Acute Inflammation of the Stomach, and Bronchitis, supervening upon Infantile Remittent Fever.

**13th April, 1845.**

William G——, aged seventeen months, of nervous-*lymphatic* temperament, very delicate from his birth, and since the period of dentition first commenced rarely free from attacks of gastric remittent fever (to which a sister was subject before him), has within the last month been affected with acute bronchitis, accompanied with gastric derangement. Latterly, acute gastritis has set in. The symptoms of this complicated attack having become so alarming, and his medical attendant giving no hopes of recovery, his mother determined upon trying homœopathy. The ordinary antiphlogistic treatment, in the first instance, and, latterly, opiates and tonics have been had recourse to.

His present state is as follows:—

Face pale and wan; tongue pinkish; no appetite; intense thirst. He *vomits everything he takes*, fluids as well as solids (the latter have been prescribed by *way of supporting his strength!*), the moment the aliment reaches the stomach. The stomach and abdomen are burning to the touch, especially the former, which is very sensitive to pressure. Bowels relaxed; stools slimy and greenish.

Is continually crying and coughing; passes sleepless nights. The cough is constant, hard, and distressing; at times convulsive, and generally followed by retching, with inability to expectorate. Skin hot and dry; pulse from 140 to 150, irregular, but of tolerable strength. Mucous and sibilant râles are heard all over the chest; percussion normal; heart's action very strong.

From a *comparatively* plump child, he has become thin and ema-

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ciated, more especially within the last four days; the strength is waning fast. He is cutting his canine teeth.

*Prescription.*—*Ipec.*, one drop, third dilution, and *Acon.*, one drop, third dilution. A sixth part alternately every four hours.

Diet: very weak gum-water. Only half a teaspoonful to be given at a time.

*Clin. com.*—*Ipec.* was prescribed, chiefly on account of the severe *vomiting*, which seemed to be a characteristic feature in this case; also with a view to its action upon the bronchial tissues, so as to favour expectoration, and upon the gastro-intestinal mucous membranes. The peculiar *pathogenetic* effect of this remedy, is to increase the excitability of that portion of the nervous system more immediately connected with the organs of respiration and digestion; so as to cause strong *anti-peristaltic* motion of the upper, with increased peristaltic action of the lower portions of the alimentary canal.

The vomiting of *Ars.* differs from that of *Ipec.*, in that it seems to afford no relief. It is preceded and followed by prolonged retching, which is much more distressing, and is, moreover, accompanied by greater prostration of the vital powers—in other words, more asthenic in character; hence this medicine will be often exhibited with wonderful advantage in the severest cases of sea-sickness, where there is fruitless retching upon an empty stomach, with excessive physical and moral prostration; also in the asthenic forms of cholera vomitoria. The same observation is applicable to the action of this remedy (*Ars.*) upon the intestinal canal; seeing that the alvine dejections which it induces are frequent, and generally scanty and insufficient, consisting of slimy and bloody mucus, sometimes of pure blood, or else they are serous and watery, of a blackish colour, attended with distressing and severe tenesmus, fruitless straining, sense of *burning heat in the abdomen and bowels, and with great prostration.* The irregular *peristaltic* and *antiperistaltic* motions which it causes amount at times to convulsion.

*Acon.*—The indications for the exhibition of this remedy are so obvious as to need no comment. It is, however, worthy of remark, that one of the physiological actions of this drug, when given in poisonous doses, is to induce acute gastritis.

April 15th. Is very much better, and has had a tolerably good night. The night before, he had slept a little. The vomiting and retching have ceased; tongue slightly coated and less red; bowels not so relaxed. Skin moist; stomach and abdomen no longer burning; cough looser. Pulse of tolerable strength, and slightly above the normal standard as regards frequency. The improvement has been very rapid.

*Prescription.*—No medicine.

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Diet: gum-water, and weak milk-and-water.

*Clin. com.*—As the little patient was so much better, it was deemed advisable to allow the system to repose before the exhibition of any more remedies.

April 17th. Has passed a good night, and continues to improve in every respect; appetite and strength returning. He is rather *cross* and *peevish*, and is frequently *rubbing* his *gums*, which are *slightly inflamed*. Has passed several *green slimy stools*. Pulse as before.

*Prescription.*—*Cham.*, three globules, twelfth dilution, at once.

*Clin. com.*—*Cham.* is peculiarly the medicine of infancy and early childhood. The symptoms marked in *italics*, as corresponding with the *pathogenesis* of this remedy, show how admirably it is suited to the treatment of that nervous irritability and of gastro-enteric irritation, which are of so frequent occurrence during the period of dentition.

Diet: light arrowroot. To be given in small quantities at first, and gradually increased.

April 21st. Is very much better in every respect, and has been brought to the Dispensary to-day for the first time. The cough has almost ceased, and the mucous and sibilant râles are no longer heard; bowels regular; appetite and strength increasing. He is daily gaining flesh.

Since taking the *Cham.*, has cut a canine tooth.

*Prescription.*—*Sulph.*, three globules, twelfth dilution, to be taken dry six nights hence.

When the little boy had taken the *Sulph.*, he was so well that his mother deemed it unnecessary for him to undergo further treatment. About fourteen months after, he came to the Dispensary with his mother and sister (the latter being a patient at the time), and was then a fine lively child, in the enjoyment of perfect health.

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## Case 12.—Dysentery.

24th September, 1845.

—— R——n, aged eleven months, of lymphatic temperament, and of a fair complexion, with light hair and eyes. Her mother is rather delicate; otherwise her family is tolerably healthy.

Symptoms of having caught cold appeared about a fortnight ago, which seemed to yield to *Nux Vom.*, administered by her father. A short, dry, ringing cough, chiefly during sleep, attended with slight febrile symptoms, however, shortly supervened.

Last Saturday (20th instant), the cough became rather more urgent, and was accompanied by diarrhœa, together with much increase of the

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fever. On Sunday, the alvine dejections were very slimy and green, and occurred much oftener. On the following day, they continued very slimy, and were tinged with blood; their frequency increasing. Yesterday, the stools became alarmingly frequent, so that the parents resolved upon no longer delaying medical advice.

*Acon.* and *Merc. Sol.*, of the middle dilutions, had been administered, without apparent benefit; arrowroot and beef-tea had, moreover, been given to *support the strength*, and, as might have been expected, passed through the bowels immediately after they had reached the stomach, *thereby greatly increasing the vital depression.*

Since last night, the bowels have acted nearly every ten minutes; half an hour being the longest interval. The dejections are slimy, and tinged with blood, scanty or copious, according as the intervals of rest are shortened or prolonged; accompanied by very distressing tenesmus and straining, so that the bowel seems to protrude. Much thirst, no appetite; abdomen hot; fever, with general heat of skin. The infant cries from pain, and remains with its legs drawn up against the abdomen.

Pulse very rapid (its frequency could not be ascertained with accuracy, as the infant persisted in moving its arm), probably about 150, of greater strength than would have been anticipated from the physical prostration which is manifested.

The cough still continues; but beyond what is indicated by a few slight wheezing and sibilant râles, the lungs are not materially involved in the vital conflict.

Since her attack she has become very thin, especially within the last two or three days. She has not slept for several nights. In the daytime she remains with her eyes closed, but does not seem to sleep. Nothing seems to attract her attention, and she manifests no pleasure at the sight of her parents.

*Prescription.—Merc. Sub. Corr.*, two drops, fifth dilution, and *Acon.*, two drops, third dilution, in doses of a sixth part alternately every three hours.

Diet: weak gum-and-water. To be given half a teaspoonful at a time.

*Clin. com.—Merc. Corr.* was prescribed on account of the great similarity of its physiological action upon the colon and its mucous membrane with the reactive efforts at this stage of dysentery. The diarrhœa which it causes is attended with much heat, especially of a local character; violent cutting pains in the bowels, with straining and tenesmus; and also with ardent thirst. The stools are loose, mucous, and sanguineous, with or without admixture of bile; sometimes consisting of pure blood, or mucous shreds only.

Sept. 25. Has had a good night. The motions have been much

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less frequent, and she has slept occasionally during the intervals; the general restlessness has also been much less.

To-day the pulse is more regular, and little above the normal frequency. The stools are green and slimy, but with much less admixture of blood, and occurring at much longer intervals (generally from half an hour to two hours); there is, however, still considerable tenesmus.

The abdomen is less hot, and the legs are not so frequently drawn up. Tongue coated, and red at the edges and tip; breath very fetid; skin moist and cool; still considerable thirst; alternations of depression with irritability and peevishness of temper. Upon the whole, seems to be in much less pain, and she is no longer constantly crying.

*Prescription.*—*Cham.*, two drops, third dilution, and *Merc. Sol.*, *Corr.* two drops, fifth dilution, in doses of a sixth alternately every three hours.

Diet as before.

*Clin. com.*—As the stools were beginning to assume the appearance and character of those so frequently observed in infantile diarrhœa (green and slimy), at the period of dentition, the indication for *Cham.* will be understood. Had the vital depression continued, and the efforts of nature, notwithstanding the exhibition of the *Corr.* *Sub.* and *Acon.*, afforded no relief, *Ars.* would have been prescribed.

Sept. 26. Has passed a good night, having slept uninterruptedly for several hours. Evacuations less frequent, green and slimy, without blood; tenesmus slight; fœtor of breath diminished; appetite and strength returning; spirits improved.

*Prescription.*—*Sulph.*, two globules, twelfth dilution, dry upon the tongue; and after an interval of four hours, *Cham.*, two drops, third dilution, a sixth part every four hours.

Diet as before, with a little milk-and-water.

Sept. 28. Yesterday the dejections were less frequent, having occurred only three or four times in the twenty-four hours. To-day there is a slight return of tenesmus, and a little blood has been passed with the evacuations, which have improved in appearance in other respects. Appetite and strength increasing.

*Prescription.*—*Merc. Corr.*, two drops, fifth dilution, a sixth part thrice a day.

Diet: gum-water, milk-and-water (the proportion of milk to be increased if the improvement is maintained), and a little thin arrow-root to be allowed.

Sept. 30. Continues to improve; bowels very slightly relaxed; appetite increasing.

No medicine prescribed.

Diet: thin arrowroot, half a teacupful at a time.

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*Clin. com.*—It was deemed advisable to give the patient a rest from further medicinal action, and to watch nature's efforts for fresh indications.

Oct. 3. The improvement is maintained, and there is no longer any restlessness at night. Appetite and strength daily increasing. Bowels no longer relaxed; motions natural, with the exception of a few streaks of blood.

She has now returned to her ordinary diet.

*Prescription.*—*Cham.*, three globules, twelfth dilution, to be taken dry.

Oct. 8. She is now quite convalescent, and has, in a great measure, regained flesh and strength. Appetite good; tongue clean; bowels regular. She is again very lively and playful.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, to be taken dry.

Some months after, this little girl had rather a severe attack of pneumonia, from which she soon recovered under homœopathic treatment. Previously her health was very good, and since that time, when last heard of (in the course of the following spring), had continued so.

*Clin. com.*—Most writers upon morbific poisons are agreed that dysentery owes its origin to some miasmatic poison, *sui generis* (in a measure analogous to the marsh miasm, or to *typh* poison), which has invaded a system predisposed to its baneful influence by chronic gastro-enteric derangement; an opinion which the experience of medical officers attached to armies and fleets seems to confirm. Such being the generally received view, the only legitimate conclusion which can be arrived at by those who hold it, must be that, by means of the inflammatory process to which the colic villous coat and submucous tissues are subjected, the morbific principle is eliminated along with their extraordinary secretions; seeing that the success of the ordinary treatment by mercurials, ipecacuanha, and cathartics of various kinds (in spite of the unnecessarily large material doses in which they are usually exhibited) can admit of no other philosophical explanation. It affords one of the many proofs that Homœopathy confirms what is certain, and explains much of what has been accounted a paradox in the medical practice of all ages.

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### CASE 13.—DYSENTERY.

1st September, 1846.

MR. L——, an artist, aged thirty-five, of bilious temperament, was seized yesterday, after having eaten pork for dinner, with violent diarrhœa, attended with much straining, and with sensation of weight in the rectum. He had seven or eight mucous watery dejections in the

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course of the afternoon. Towards evening the relaxation increased in violence; and throughout the night there were upwards of thirty dejections, consisting generally of slimy and bloody mucus, but occasionally of pure blood.

Since the morning the bowels have acted every half-hour. A great quantity of bloody and slimy mucus is passed with the evacuations, which are preceded and followed by violent tormina and painful tenesmus.

Tongue white-coated; thirst; no appetite; coldness of the extremities, and great physical exhaustion. Pulse 92, weak.

Is obliged to keep his bed.

Previous to this attack, he had been suffering from chronic gastric derangement, induced by over-work. His only brother is affected with a strumous disease of the hip-joint.

*Prescription.*—*Puls.*, two drops, third dilution, and *Merc. Sub. Corr.*, two drops, fifth dilution. To be taken alternately, in doses of a sixth part, every two hours.

A hot bottle to be applied to the feet.

Diet: toast-and-water.

*Clin. com.*—*Puls.* was given on account of the pork which had been partaken of having, in all probability, acted as the immediate exciting cause of this disease.

Sept. 2. Has had a better night, and feels a little stronger to-day. The dejections are now less frequent, occurring at intervals of an hour and a half and two hours; similar in character, but less copious.

The pain and tenesmus have ceased; tongue cleaner; no appetite; extremities warm and comfortable. Pulse 80, stronger.

*Prescription.*—*Merc. Sol.*, two drops, fifth dilution, a sixth part every four hours.

Diet as before.

*Clin. com.*—The pathogenesis of *Merc. Sol.* is very analogous to that of the *Corr. Sub.*, with the exception that the tenesmus, which follows its action upon the colon, is less urgent; the slimy mucus and sanguineous stools less copious. Moreover, its effects upon the liver, the mucous membranes of the remaining portions of the alimentary canal, and the skin are better known.

The same diet was again prescribed.

First, because the patient had no inclination for more nutritious aliment; secondly, because it was probable that the stomach would have rejected it had it been given, and thereby caused a useless expenditure of the vital resources; and, thirdly, because the vital depression was owing to the urgency of nature's efforts, and, as the necessity for their intensity had in a great measure decreased, a pro-

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portionate increase in the general strength had already taken place.

It is wise, as a general rule, to follow nature's instincts in the dietetic treatment of acute disease. So long as the mind of the patient continues unclouded, and, consequently, in a state to form an accurate judgment of the purely physical requirements of the organism, voluntary abstinence from food (especially of the more solid and nutritious kinds) may be safely allowed. It should, also, be remembered, that, in acute disease, the ordinary conditions of existence are so modified as to admit of an extraordinary concentration (so to speak) of the vital energies, in order to resist the destructive influences of morbific agents. Physical activity ceases, and, with it, the same necessity for reparation (so far as solid nutriment is concerned) which exists in health and in chronic disease. Moreover, the body is usually kept, when the case is at all urgent, at a temperature which still further diminishes the loss of vital heat, and the consequent demand for nutritious food; whence it follows that, in the febrile and inflammatory stages of acute disorders, only the most simple and least nutritive kinds of liquid food, such as pure water, toast-and-water, gum-arabic water (with or without the addition of fruit syrups), are proper. Then, as the inflammatory symptoms subside, barley-water, rice-water, oatmeal-gruel, or whey may be given. When, however, the return of the appetite and the cessation of thirst indicate the approach of convalescence, a light farinaceous and milk diet, consisting of preparations of arrowroot, sago, etc., to which beef-tea, cocoa, or weak tea may be added, should precede the gradual return to the ordinary mode of living. In all cases, but especially in those like the present, where the mucous membrane of the stomach and bowels is in an irritable state, it is most prudent to begin only with a few teaspoonfuls of the food first allowed, and then to watch their effect for an hour or two before repeating the same quantity; in other words, to give little at a time and often, gradually increasing or diminishing the quantity, according as the food may have agreed or otherwise.

When the symptoms are mild throughout the attack, light farinaceous diet and beef-tea may be allowed; but upon no account should nature's dictates be violated.

Before quitting the subject of diet, it may not be out of place to remind my readers that, in the conduct of an acute (*sthenic*) re-action, nature turns to good account those nutritive reserves*, which have been laid up in excess of the actual requirements of the individual organism during health. Hence, the gradual absorption of the various fatty deposits subserves the purpose of more regular nutrition, without a corresponding demand upon the general vitality for purely functional

* Case 10th (see page 44) affords a remarkable corroboration of this fact.

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objects. In all protracted cases, reference must be had to the comparative plumpness or emaciation of the patient, as well as to his strength or weakness, in deciding upon the period at which more nutritious food, and even dietetic stimulants, should be given.

Sept. 3rd. The dejections are less frequent (every two or three hours), and more scanty, consisting chiefly of dark coagulated blood. Soreness is experienced in the abdomen and loins, as if from the repeated severe muscular efforts during the three preceding days. No appetite; tongue white-coated. Pulse 82, weak.

*Prescription.—Arn. Mont.*, two drops, third dilution, a sixth part every four hours.

Diet as before; rice-water, gum-water, or weak arrowroot, if preferred.

*Clin. com.—Arn. Mont.* was exhibited on account of the mechanical fatigue of the abdominal and lumbar muscles. It was also indicated by the passive character of the intestinal hemorrhage.

Sept. 4th. Has been very feverish last night, and still continues so this afternoon (one o'clock, p.m.). Is very thirsty; skin hot. Pulse 104, very full and strong. No pain is complained of.

Dejections more natural, in large consistent masses, streaked with blood, with a few detached mucous shreds.

Has kept to toast-and-water.

*Prescription.—Acon.*, two drops, third dilution, a sixth part every three hours.

Diet: toast-and-water.

Six o'clock, p.m. Since taking the second dose of *Acon.*, there is much less thirst, and the pulse, which is still full and strong, has fallen to eighty-four or eighty-six beats.

*Prescription.—Sulph.*, two drops, fifth dilution, a sixth part every three hours, in alternation with the preceding medicine.

*Clin. com.—Sulph.* was exhibited as an antipsoric, and also on account of its action upon the mucous membrane of the large intestines. It was indicated at this stage of the disease by the character of the intestinal evacuations, which consisted of *large fecal masses streaked with blood*, and also of *mucous shreds*.

The sthenic character which the disease had assumed, is an additional proof of the justice of the remarks which I have repeatedly had occasion to make upon the dietetic treatment of acute diseases; namely, that the prostration, which occurs in serious cases, does not usually arise from want of nutriment, but rather from the depressing effect of the *morbific cause* upon the general system, so as to paralyze for a time the organic efforts; or from the *extraordinary exertion* of the opposing forces; or else, as in this case, from a combination of both.

The effect of the *Acon.* was very striking.

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Sept. 5. To-day the bowels are relieved every three or four hours, and without pain; fæces in large brownish masses, tinged with blood and very copious. Tongue cleaner; less thirst; no appetite; sleep tolerably refreshing. Pulse 80, still rather too full and strong.

Upon the whole feels stronger.

*Prescription.*—The preceding medicines to be alternated every four hours.

Diet as before.

Sept. 6. Is very much better and stronger. The intervals between the evacuations are now five or six hours. Fæces passed in large brownish-green masses, with bloody matter intermixed, not unlike gooseberry-jam in appearance; and without the slightest pain. Pulse 64, of normal strength.

Appetite beginning to return; perspires a great deal.

Still keeps his bed.

*Prescription.*—*Sulph.*, two drops, fifth dilution, a sixth part every four hours.

Diet: weak beef-tea, arrowroot, gum-water.

Sept. 7. Continues to feel much better and stronger. Has passed a remarkably good night, and feels much refreshed.

Since yesterday has had only two dejections, passed in small brown lumps, without blood.

Tongue much cleaner; appetite increasing. Pulse 67, of good strength.

*Prescription.*—*Nux Vom.*, two drops, third dilution, a sixth part three times a day.

To sit up a little to-day.

Diet: beef-tea, as before, the strength of which to be gradually increased; arrowroot, barley-water, toast-and-water, gum-water.

Sept. 10. The improvement is maintained. Tongue cleaner; appetite good; bowels regular, motions rather dark, otherwise healthy; sleep refreshing; enjoys good spirits; feels weaker, now that he is dressed and walks about his room, than he thought himself at first. Pulse 66, as before.

*Prescription.*—*Nux Vom.*, three globules, twelfth dilution, dry upon the tongue.

Diet, beef-tea, arrowroot, light fish, cocoa, bread, etc.

Sept. 14. Is now quite well, and fast regaining flesh and strength. He walks out of doors, and has now resumed his ordinary diet and habits.

*Prescription.*—*Sulph.*, two globules, thirtieth dilution, dry, at one dos

This patient was successfully treated for a large carbuncle on the

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thigh in the beginning of 1850; up to that time, he had enjoyed better health than he had done for years.

*Clin. com.*—The convalescence in this case is worthy of remark: so rapid was the transition from a severe disorder to health, that it was scarcely perceptible. So will it ever be in the treatment of all curable acute cases, in patients of a fairly sound constitution, where nature's indications are closely followed by the humble and intelligent practitioner.

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# CHAPTER VII.

Case 14. Acute inflammation of the lungs, with cerebral complication, induced by previous mechanical injury—Sulphur — Phosphorus — Belladonna — Previous cerebral mischief, induced by a fall on the head—The exhibition of a remedy in a high dynamization, with a view to sustaining the vital power, and to reviving the organic susceptibility to medicinal action—Sepia—Squilla—Lachesis—Herpetic eruption after the exhibition of Sulphur. Case 15. Pleurodyne from mechanical injury—Aconitum—Bryonia—Arsenicum—Rhus Toxicodendron—Its local administration. Case 16. Acute Pleurisy—Aconitum—Bryonia—Sulphur.

## Case 14.—Acute Inflammation of the Lungs (Broncho-Pneumonia), with Cerebral Complication, induced by previous Mechanical Injury.

9th July, 1846.

Thomas S——r, aged two years, of lymphatic-sanguine temperament, with light hair and eyes, and of a strumous constitution, caught cold a few days ago, the weather being very damp and wet; since which time he has been laid up with a severe cough, accompanied with difficult breathing and much fever.

His parents inhabit a very small house, situated in a close, damp court, so that their children are being constantly exposed to sudden changes of temperature; more especially as the door of the lower room opens directly into the open air.

A brother and sister died of the same affection; they were about his own age at the time of their decease.

His present state is as follows:—

Face *puffed* and countenance *pallid;* expression anxious, eyes dull, lips anæmic; is constantly *picking his nose;* no appetite, great thirst, bowels confined; constant, short, hacking cough, with wheezing and purring respiration, which is heard at some distance from the chest; urgent dyspnœa, with rapid heaving of the chest. Pulse 154, full and strong. The sputa, which he swallows, are detached with difficulty; and there seems to be much pectoral soreness.

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*Thoracic examination.*—Extensive dulness under percussion from the spine of the right scapula downwards; the dependent portion of the left back yields also a dull sound, although in a less degree. Crepitant, sibilant, and mucous râles, with bronchial respiration, are heard in these situations; the crepitant predominate on the right. The vocal resonance is also considerable on this side, and the vesicular murmur almost inaudible. Throughout the chest superiorly the respiration is harsh, puerile, and purring.

Spirits very dull; sleep very heavy, almost amounting to stupor; much general heat of skin; inability to hold up his head.

*Prescription.* — *Sulph.*, three globules, 800th dilution, to be administered at once, dry; and, after an interval of two hours, *Acon.*, two drops, third dilution, and *Cina*, two drops, third dilution, in doses of a sixth part, alternately every three hours.

Diet: toast-and-water.

*Clin. com.*—It was thought advisable to begin the treatment with an antipsoric, on account of the family predisposition. The dilution selected may seem a very high one, so that those who have not tested the efficacy of such high potencies might be apt to doubt their power. Experience will, however, prove that, in many cases, especially in inveterate chronic affections, the occasional exhibition of these very high attenuations is of great service.

July 10. Was very restless last night, but there was less stupor. This morning he seemed more cheerful; the respiration was more free, and the cough looser. Since noon, the cough has become more distressing, the breathing more difficult, and the thirst intense. He picks whatever comes in his way. As regards percussion, there is, perhaps, a slight improvement in the right back; the respiration is a little clearer, and there are more mucous râles. Pulse 140, full; face flushed.

*Prescription.*—*Phosphorus*, two drops, third dilution; a sixth part every four hours.

Diet as before.

*Clin. com.*—*Phosphorus*,* on account of its special action upon the pulmonary *parenchyma*, stands in the same relation to the lungs that *Bell.* does to the brain, and *Acon.* to the general circulation. (See also *Clin. com.* on Case 10, page 47.)

*Phos.* is usually had recourse to at this stage of *pneumonia*; more particularly in the attacks of adults, in whom there is generally less bronchial catarrh associated with it. In fact, no other remedy will be required for the treatment of uncomplicated cases, while the symptoms

* This remedy should always be a very recent preparation when given in the lower dilutions, seeing that it is very apt to become chemically changed after being kept some time, from its great affinity for the atmospheric oxygen.

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are still acute, in patients whose constitutions are tolerably free from morbific taint.*

Independently of the decided local indications, the redness and congestion of the face and neck which frequently mark the embarrassment of the circulation, especially in children, will suggest its exhibition.

July 11. Has passed a very bad night, and is certainly worse to-day. The breathing is very difficult and rapid; cough tight and distressing; pulse 152, full; considerable heaviness of the head, with frontal and vertical heat, and coldness of the feet; face puffed and pale; countenance anxious. Continues to pick his nose, and lies often in a kind of stupor.

* The following case is given as an instance of the successful treatment of a most formidable attack of pure *pneumonia* by this remedy alone. It serves also to demonstrate the *rationality* of the very *brute* creation on the subject of homœopathic therapeutics.

Some ten or twelve years ago, I was in the habit of running out of town from the Saturday afternoon to the Monday morning, and enjoying the fresh air and change of scene at the country house of a friend, whenever my professional engagements admitted of a little relaxation. On the occasion of one of these visits, almost the first words which fell upon my ear were the following, addressed by my host, General ——, to his servant:—"John, you had better shoot the cat, and put the poor brute out of its misery." The subject of this order, a favourite house-cat of the family, lay at full length on a mat in a corner of the room, gasping and struggling for breath, to all appearance fast approaching the term of its "nine lives." It had remained for several days in this position, refusing to quit the spot, or to take food of any kind. A reprieve was cheerfully granted, on my volunteering to ascertain whether a less heroic method of treatment might not be pursued, to the advantage of all parties. On making an examination of the chest from its dorsal aspect, extensive dulness was elicited on percussion on both sides, in a nearly equal degree; the vesicular breathing was inaudible, and the loud hissing tubular *ronchi*, near the base of the *scapulæ* on either side, were singularly marked. In fact, there were the unmistakable physical evidences of a very serious case of double *pneumonia*, which had gone on unchecked, and was fast proceeding to a fatal issue. Six drops of *Phos.*, third dilution, were forthwith dissolved in six dessert-spoonfuls of cold water, and a tea-spoonful of the solution prescribed to be administered every hour. Owing to the patient's natural prejudice against cold water *per se*, the admixture of a small portion of milk was at first thought of; but as it had already refused even liquid food, this plan had to be abandoned; consequently, the administration of the remedy presented a serious difficulty. In this dilemma, it occurred to me that advantage might be taken of the animal's counter-prejudice for cleanliness and comfort; accordingly the dose was regularly dropped upon its coat, and as regularly licked up by the patient; at first with a view to getting rid of the physical discomfort; afterwards, as the sequel of the case will prove, from a well-grounded conviction of the remedial virtue of the spilt fluid. No sooner had a couple of doses been thus imbibed, than a marked and steady change for the better took place; and after each successive repetition of the remedy, the oppression of the chest became less and less intense, so that by midnight the danger of suffocation seemed no longer imminent. During the remainder of the night, a member of the general's household, who had taken a

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The dulness has increased considerably in the left back, and is more extensive than on the 9th. There is a corresponding increase of the crepitant, and decrease of the mucous râles, in this situation. The right lung continues in nearly the same state as yesterday.

*Prescription.*—*Cina*, two drops, third dilution, and *Phos.*, two drops, third dilution; a sixth part alternately every two hours.

Diet as before.

July 12. Was seen to-day by a medical friend who had been watching the case (having been prevented from doing so myself); and he reports that the child has had a better night, but, in other respects, continues much the same. Pulse 150, full.

great interest in the case, continued the administration of the medicine at intervals of about two to three hours. Throughout the next day (Sunday), the improvement continued; the cough was looser, and the breathing less laboured; the animal began to take liquid food, in the shape of milk-and-water, and to move about a little, although still, for the most part, a fixture to its mat. A corresponding improvement had taken place in the physical signs: for, although the dulness on percussion was still extensive, the intensity of the tubular breathing had much diminished, and soft crepitant râles were audible at the extremities of both lungs. Under these favourable circumstances, the intervals between the doses were prolonged to three and four hours during the day, and no medicine was exhibited from midnight until the next morning. By Monday morning, a further and marked improvement had taken place; the animal was beginning to move about more briskly, and had partaken of bread and milk. On taking leave of the family, I left a supply of *Phos.*, with instructions for its continued exhibition until my return on the following Saturday afternoon. On renewing my visit on the Saturday, I learned from my host that our feline friend had, for the two previous days, been roaming about the garden, engaged in its favourite pursuit of watching the sparrows, and from that time had "voluntarily given up the treatment." On asking for an explanation of what he meant by the expression "voluntarily given up the treatment," the general assured me that he was not using the phrase in a rhetorical sense; and instanced, as a proof of the cat's wonderful rationality on the subject, the fact that, in the course of the previous Monday, the young lady who had been in the habit of administering the remedy in the manner already mentioned having forgotten her charge, the animal of its own accord came and, by the peculiar way in which it attracted her attention, contrived to remind her of the omission. Thereupon it occurred to her that she would test pussy's real intentions, by presenting her with a spoonful of the remedial solution. The cat, without the slightest hesitation, at once lapped up the medicine from the spoon, and then returned to its mat. From that time forward until the day when it "voluntarily gave up the treatment," as no longer applicable to a state of health, the cat, having become its own physician, would come of its own accord, as if by a tacit agreement,—at first at intervals of four or five, then, as convalescence advanced, of six or seven hours,—and drink the medicine out of the spoon from the hand of its fair mistress; so superior had the feline mind risen to the prejudices of mere physical instinct. Before quitting my hospitable friends, I had an opportunity of ascertaining the completeness of the cure by a physical examination, to which my former patient, who was, in truth, a very gentle and tame creature, submitted with becoming grace.

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*Prescription.*—The same remedies as yesterday.

Diet as before.

July 13. Has had a restless night. To-day there does not appear to be any material alteration. Breathing very short; cough short and hacking; countenance anxious. Percussion and auscultation yield no fresh indications, with the exception that the mucous râles have increased slightly. Head hot, with coldness of feet; much stupor throughout the day; eyes dull; pupils alternately dilated and contracted; sensitiveness to the light. The bowels have been relaxed five or six times; stools dark and watery, without pain. Pulse 140, weaker. Physical depression very great.

Upon a further investigation of his previous history, it was ascertained that the child had a severe fall on the head a few weeks ago. He seemed dull and heavy for some days afterwards, but had regained his usual spirits when he was attacked with his present affection.

*Prescription.*—*Bell.*, three globules, 800th dilution, to be administered dry, in one dose; then, two hours thereafter, *Bell.*, two drops, third dilution, and *Sep.*, two drops, fifth dilution, to be exhibited in alternation; a sixth part every two or three hours, according to the urgency of the case.

Diet: toast-and-water, gum-water.

*Clin. com.*—The persistence of the cerebral symptoms, the circumstance of his having had a severe fall on the head, and analogous experience, led me to conclude that the brain was primarily affected; and accordingly *Bell.* was prescribed alternately. I shall, hereafter, have occasion to point out the serious, and often fatal, consequences of neglecting the treatment of these accidents, immediately after their occurrence, on account of their apparent slightness at the time.

A very high dynamization was first exhibited, to sustain the waning vital powers, and to revive the organic susceptibility to remedial action.

*Sep.* was administered, with a view to its action upon the circulation, the parenchymatous tissues of the lungs, and bronchial membranes. It is, moreover, one of the chief antipsorics. (See also *Clin. com.* on Case 10, page 47.)

July 14. Seemed better yesterday afternoon, and the head was less heavy after taking the *Bell.* Has had a good night upon the whole. To-day there is still much heaviness about the head, and great effort in holding it up; the dull expression of the eyes continues. Respiration freer, and less hurried; cough looser; relaxation trifling. Is still feverish, but the pulse is less frequent.

*Prescription.*—*Bell.*, two drops, third dilution, and *Sep.* two drops, fifth dilution; a sixth part alternately every three hours.

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Diet as before.

July 15. To-day seems better and stronger, and has had a good night. Eyes brighter; expression less anxious; cough looser, and less urgent. Pulse 116, of tolerable strength.

There is decidedly less dulness throughout the whole of the right back, with diminution of the vocal resonance; in the left, a slight improvement is noticed, but which is not so sensible. The respiration is less bronchial, and the crepitant are giving way to mucous *râles* throughout the chest, chiefly in the dependent portion of the lungs.

*Prescription.*—*Sulph.*, two drops, fifth dilution; a sixth part every four hours. *Bell.*, two drops, third dilution; a sixth part in alternation, if indicated by a return of cerebral symptoms in the course of the night.

Diet as before.

*Clin. com.*—*Sulph.* was exhibited with a view to its action upon the circulation and lungs (especially at this stage of the affection), and also upon the brain. (See *Clin. com.* on Case 10, page 47.)

July 16. Two spoonfuls of the *Bell.* solution were exhibited during the night; but upon the whole the little patient has been less restless. To-day the head is less heavy, and eyes brighter; respiration freer, and cough less troublesome; tongue cleaner; pulse 122. He now prefers resting upon his mother's lap, and can sit up a little; previously he had remained in bed, having manifested no desire to get up. Is beginning to be peevish, and has asked for bread-and-butter for the first time.

*Prescription.*—The same medicine to be continued.

Diet as before, with the addition of milk-and-water and a little arrowroot.

July 17. Took only one spoonful of the *Bell.* yesterday evening, and has had a very good night. To-day the eyes are more expressive; tongue nearly clean; pulse 116, soft and regular. Percussion improving; respiration clearer, less bronchial, and vesicular murmur more distinct on both sides. Liquid, mucous, and sibilant *râles* are heard all over the chest. Is decidedly stronger, and seems satisfied with the milk-and-water, having refused the arrowroot.

*Prescription.*—*Squil.*, two drops, third dilution; a sixth part every four hours.

Diet as before, with a thin slice of toast to-morrow morning, if the improvement continues.

*Clin. com.*—At this stage of pneumonia, when the bronchial tubes and air-cells become filled with liquid mucus, the action of *Squil.* in promoting secretion and expectoration under these circumstances is truly astonishing. In the case of older children and adults, as the *sputa* are usually more consistent and less serous, *Tar. Emet.* will be a better remedy.

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July 18. Has had a good night. To-day has slept a good deal, and in fact was asleep when visited. Is satisfied with milk-and-water, and would not eat the toast when offered. Breathing easy; cough looser, and less hacking; head cool; pulse 120, full and soft. Is stronger, and sits up on his mother's lap; spirits good.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, dry, at once; then, after an interval of four hours, *Lach.*, two drops, fifth dilution, in doses of a sixth part every four hours.

Diet as before.

*Clin. com.*—*Lach.* was exhibited with a view to its action upon the brain as well as the lungs.

July 19. Eyes less dull, and head not so heavy; respiration freer, and less bronchial; cough looser; improvement upon percussion; *râles* chiefly mucous and sibilant; pulse 118.

Has eaten a small piece of bread this morning, which seems to have agreed.

*Prescription.*—*Lach.*, two drops, fifth dilution; a sixth part every four hours.

Diet: milk-and-water, with a small quantity of bread, which is to be gradually increased.

July 21. Continues to improve in every respect, and is gaining strength; spirits good.

*Prescription.*—*Sulph.*, two drops, fifth dilution; a sixth part three times a day.

Diet as before.

July 23. Is improving very fast, and sleeps pretty well at night. There is now very little dulness, upon percussion, on either side. The lungs are again pervious to the air, and the vesicular murmur is now audible throughout; in some parts, however, rather obscurely. A few crepitant *râles* are still heard, chiefly on the right side, inferiorly, posteriorly, and laterally; in which situations the breathing is more harsh than in the corresponding portions of the left lung; pulse less frequent.

*Prescription.*—*Sulph.*, three globules, twelfth dilution, dry, to-morrow night.

Diet: bread, milk-and-water, and arrowroot.

July 26. Is now convalescent, and was brought to the Dispensary for the first time. Breathing quite free; percussion normal all over the left, and nearly so over the right back; vesicular murmur quite plain; respiration clear and breezy, with the exception of a snoring *rhonchus* here and there. The bowels have been relaxed five or six times since this morning; dejections very *green* and *slimy*. Is very *passionate* and *irritable*.

Since taking the Sulph., an eruption has come out upon the head,

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and about the body and extremities; more particularly about the left mammary and infra-mammary regions. A small erythematic circular spot, with a circumference studded with a small vesicular eruption (not unlike *Herpes Circinatus*), is first observed. The eruptive circle gradually extends, leaving the centre free. When the vesicles have continued for some time, a serous exudation ensues; the eruption soon after disappears. Some of the rings upon the chest, when they are best marked, have a diameter of two inches. Much itching is experienced.

*Prescription.*—*Cham.*, two drops, third dilution; a sixth part three times a day.

Spare diet for a day or two.

July 30. The relaxation soon ceased, after the child had taken one or two doses of the *Cham.* The improvement continues; the eruption is still coming out; bowels regular; stools normal; appetite good; pulse 100, of good strength. Is very peevish.

*Prescription.*—*Sulph.*, three globules, 800th dilution, dry.

Diet ordinary.

August 7. Is getting flesh and strength daily. The eruption has gone away entirely, and he now seems quite well. Percussion yields normal sound on both sides of the chest; the respiration is natural throughout the chest, and the cough has long since ceased. He scratches his head a great deal; pulse 96, of good strength.

*Prescription.*—*Sulph.*, three globules, 800th dilution, a sixth part morning and night; then, after an interval of four days, *Sulph.*, three globules, 800th dilution, dry, in one dose.

When heard of some months afterwards, the little boy had continued to enjoy good health, and there had been no return of the eruption and cough.

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### Case 15.—Pleurodyne succeeding Mechanical Injury of the Fibro-ligamentous Textures of the Left Side.

4th March, 1846.

Alfred B——s, a labourer, aged twenty-four, of bilious-sanguine temperament, with light hair and eyes, dark swarthy complexion, and hasty temper, states that, about seven months ago, he fell down with a heavy load of barrels, which came in contact with the left lower ribs, causing a violent strain, as well as much contusion, at the time. Ever since, he has complained of aching and catching pains in that side; more especially at the end of a deep inspiration. The aching pain is slightly relieved by pressure, and extends from the sixth rib

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downwards. Within the last few days it has become so severe, from having caught cold, that he has been compelled to give up work. There is no dulness on percussion, and the respiration is normal.

Appetite indifferent; tongue covered with a white coat; thirst; aching in the left shoulder; bowels regular.

Feels very dull and heavy; sleep unrefreshing; alternation of heats and chills for the last few days. Pulse 100, full.

*Prescription.*—*Acon.*, two drops, third dilution, and *Bry.*, two drops, third dilution, in doses of a sixth part alternately every four hours.

To keep his bed.

Diet: gum-water, toast-and-water.

March 5. Has lost the catching pain, and the aching is less urgent. To-day he complains of beating and throbbing in the affected side; pulse less frequent; no appetite.

*Prescription.*—The same medicines as yesterday.

Diet as before.

March 6. Is better to-day; appetite returning; tongue much cleaner. The *heats* and *chills* still continue. Pulse about 88, of good strength.

*Prescription.*—*Ars. Alb.*, two drops, third dilution; a sixth part every four hours.

Diet: light arrowroot, to be gradually increased in quantity; toast-and-water.

To get up to-morrow.

*Clin. com.*—*Ars.*, on account of the intermittent febrile symptoms. The fever which the pathogenetic effects of *China* simulate, is caused by *marsh-miasmata.*

March 8. Sends word that he continues to improve, and that the heats and chills have subsided.

*Prescription.*—*Ars. Alb.*, three globules, twelfth dilution, dry, in one dose.

March 12. Has felt much better, and is able to come to the Dispensary to-day.

The aching pains, which are slight, have moved higher up, and are chiefly felt in the left mammary region. There has been no recurrence of the heats and chills. Pulse 84. Has returned to his ordinary diet and occupation.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, dry, in one dose.

March 31. For the last two days has complained of palpitation at the heart, with aching in the lumbar region; otherwise he is in good health, and the pains in the side are now very slight. Tongue rather pale; pulse 80; bowels regular.

*Prescription.*—*Bry. Alb.*, three globules, thirtieth dilution, dry.

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April 17. Feels quite well, and has experienced no pain for the last few days. Pulse 72, regular, and of good strength.

*Prescription.*—*Rhus Tox.*, three globules, thirtieth dilution, dry.

*Clin. com.*—*Rhus Tox.* was exhibited with a view to the original exciting cause, viz., a violent strain upon the muscular and ligamentous fibres. This remedy has much resemblance to *Arn.* in its effects, and is chiefly indicated in those cases where *tension*, rather than *contusion*, has been sustained by the parts affected, as in strains and sprains of various kinds; and also is generally the more suitable remedy in the chronic stages of those disorders which supervene upon mechanical injury, no matter how caused. Like *Arn.*, when indicated, it may be administered locally, in recent accidents, in the form of the diluted mother tincture. It must, however, be remembered that its mother tincture is much stronger than that of *Arn.*, and, consequently, requires greater dilution. From fifteen to twenty, thirty, and even forty parts of water to one of tincture will be required, according to the urgency of the case and the individual constitution.

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## Case 16.—Acute Pleurisy.

May 8. This patient had continued very well, when he again caught cold, a few days ago, at the close of a hard day's work. Soon after he began to experience aching and catching pains in both sides, worse in the left, which have gradually increased. These pains are now rather urgent, and are chiefly felt during motion, or at the end of a deep inspiration; and at times seem to go through the chest. Tongue white-coated; no appetite; much thirst; skin hot; pulse 96, full; respiration hurried, with immobility of the lower ribs of the side principally affected.

Percussion-sound dull on the left side of the chest, anteriorly, laterally, posteriorly, and inferiorly. The dulness is more remarkable posteriorly, from the angle of the scapula downwards. Breathing very indistinct, and becoming gradually inaudible in the more dependent portions of the left lung; vocal resonance much impaired. There is very slight, if any, dulness in the right lung; and the respiration appears, with the exception of very trifling indistinctness, normal.

*Prescription.*—*Acon.*, two drops, third dilution, and *Bry. Alb.*, two drops, third dilution; in doses of a sixth part alternately every four hours.

Diet: toast-and-water.

To keep his bed.

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May 10. Is less feverish, and feels more comfortable. Pain in the sides less urgent, and he can lie occasionally on the right side. There is slight improvement in the breathing, which is more distinct and less rapid. The dulness upon percussion still continues; but it has not extended. Thirst diminished; skin moister; no appetite; tongue still coated. Pulse about 88, not quite so full.

*Prescription.—Bry. Alb.*, two drops, third dilution; a sixth part every four hours.

Diet: toast-and-water and gum-water.

To sit up to-morrow for a short time, if the improvement continues, every precaution being taken to prevent a chill.

May 12. Has had two very good nights, and the improvement has continued. To-day there is less pain in the sides, and he can lie for a much longer time upon the right side. The dulness in the left back is less, and the vesicular murmur is beginning to be heard. Has now a loose cough, which causes little inconvenience, followed by expectoration of whitish liquid mucus. With the exception of a few mucous râles, the respiration is normal throughout the right lung and remaining portions of the left.

Tongue white-coated; throat rather sore, with slight redness of the mucous membrane; no appetite; still thirsty; skin moist; bowels slightly relaxed; dejections rather loose and liquid. Pulse 84, of good strength.

*Prescription.—Sulph.*, two drops, fifth dilution, in doses of a sixth part every four hours.

Diet as before, with a little weak arrowroot when the appetite returns.

*Clin. com.—Sulph.* was administered, to act upon the serous membranes of the chest, the mucous membrane of the bowels, and also upon the skin. It is one of the best remedies to give at this stage of *pleuritis*, to promote the absorption of the effused serum and lymph; directly, by acting upon the absorbents of the *pleuræ*, and indirectly, by increasing the activity of the cutaneous exhalents.

May 14. Since taking the *Sulph.* he has been in a profuse perspiration, which still continues, and which very much relieved him. The dulness has diminished, and the respiration is fast improving. Tongue less coated; throat no longer sore; appetite returning; thirst subsiding; pulse 80; bowels regular; feels stronger.

*Prescription.—Sulph.;* two drops, fifth dilution; a sixth part morning, noon, and night.

Diet: arrowroot or sago, beef-tea, and cocoa.

To keep his bed whilst the perspiration continues profuse.

May 17. Whilst taking the *Sulph.*, the perspiration continued profuse, especially after the first four doses; since which it has

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gradually subsided. He got up yesterday, and went about the house. To-day he is up, and feels quite well, with the exception of not having recovered his usual strength. Tongue cleaner; appetite increasing; no thirst; skin cool. Pulse about 76, regular, and of good strength.

He can now lie in any position; respiration clear on both sides; percussion yields a normal sound.

*Prescription.*—No medicine.

Diet: a gradual return to his ordinary diet.

May 19. Has had no return of pain since the 17th. Feels quite well, and is able to come to the Dispensary to-day. Appetite natural; tongue nearly clean; digestive functions normal; bowels regular. Pulse 70, of natural strength. Auscultation and percussion normal.

*Prescription.*—*Sulph.*, three globules, twelfth dilution, dry, in one dose.

A few days afterwards this patient returned to his work, and when heard of, some years later, he had continued in the enjoyment of good health.

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# CHAPTER VIII.

**Case 17. Rheumatic fever—Bryonia—Rhus Toxicodendron—Their distinctive characteristics—Mercurius Solubilis—Sulphur—Pulsatilla—Nature's method of bringing about the resolution of an acute inflammation—The urgency of the exciting cause necessitates a corresponding energy in the vital reaction—The advantage of dynamic medication in sympathy with the reactive efforts. Case 18. Acute erysipelas of the head and face—Belladonna—Rhus Toxicodendron—Sulphur.**

## Case 17.—Rheumatic Fever.

**9th June, 1846.**

Mr. John H——, aged twenty, a student, of *lymphatic*-sanguine temperament, with light hair and eyes and fair complexion, of even temper and spirits, returned home from Cambridge a few days ago on account of indisposition. He had previously been bathing a great deal, and had got several chills in the water after violent exercise. Yesterday he made too hearty a dinner, and soon after experienced much general uneasiness. In the course of the night, he was seized with severe aching and shooting pains in the joints of the lower extremities, accompanied with much fever.

He was seen to-day at half-past one, p.m.

*Present condition.*—The pains are now intense, especially in the right leg; so much so, that at times he is unable to suppress his groans. The skin of both the lower extremities is *red*, and burning to the touch; and there is very *great swelling, with stiffness and inflammation, of the knee and ankle joints. The pains are of a sharp aching and shooting character*, very much *aggravated by the most gentle attempt* on the part of his attendants *to change his position*. He lies on his back, and is *unable*, from the excessive pain, *to move his legs or to bend the joints.*

No appetite; great thirst; tongue white-coated; bowels confined; skin hot and dry; spirits depressed. Pulse (which in his ordinary health averages from 50 to 60) 96, remarkably full, firm, and bounding.

Several of the members of his family had been affected with cutaneous eruptions during childhood, and his mother suffered from chronic rheumatism.

***Prescription.*—*Bry. Alb.*, two drops, third dilution, and *Acon.*, two drops, third dilution, in doses of a sixth part alternately every two hours.**

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Diet: toast-and-water.

*Clin. com.*—*Bry.* was selected on account of its action upon the fibrous (muscular) and fibro-cartilaginous structures. *Rhus Tox.* has many points of similarity in its operations as regards these tissues: but with this difference, that its pathogenetic effects (with the exception of a few of the symptoms) are *mitigated* by *motion* and *aggravated* by *rest*; whereas those of *Bry.* are, on the contrary, *aggravated* by *motion* and *relieved* by *rest*.

June 10. Almost immediately after he had taken the first dose of *Bry.*, a marked aggravation of the suffering took place; so that he screamed from its extreme intensity, exclaiming, every now and then, to his mother, "Oh, mother, I never suffered such pain in my life; what could have increased it so suddenly?" The aggravation continued until he had taken the second dose of the *Bry.*, when he began to feel very great relief, and his suffering has been bearable ever since. Has passed, upon the whole, a tolerable although restless night, dozing at short intervals. This morning the legs are less painful, and not quite so hot; both seem nearly equally affected, and are still much swollen. He can now move them slightly. He complains of aching pain in the region of the heart; also of abdominal uneasiness, and tenderness about the hypogastrium. Tongue coated with a white fur; bowels confined; urine scanty and dark-coloured, with much lateritious deposit; ardent thirst; pulse 106, *remarkably full* and *bounding*, yet he feels very *faint* and *weak*; there is great depression of spirits.

*Prescription.*—The same remedies as before. The *Acon.* to be exhibited twice running to once of the *Bry.*

Diet: toast-and-water, gum-water.

June 11. Has passed a more comfortable night, although he could get no satisfactory sleep. During the latter part of yesterday, and throughout the night, he perspired profusely, and the perspiration continued until ten o'clock this morning; since then, until the present time (one o'clock p.m.), the skin has been moist and warm, although the perspiration has in a great measure subsided. The lower extremities are almost entirely free from pain, and the joints can now bear limited motion. The pain seems to have been transferred to the upper extremities, both of which, especially the left arm, have become almost powerless. There is at times considerable pain in the muscles and joints, especially the elbow joints, similar to, but not so violent as, that first experienced in the lower extremities. The patient lies chiefly upon his back, and is again obliged to be turned when he wishes to change his position. The aching pain in the left mammary region has abated. Urine passed every ten hours, in moderate quantity; dark coloured, and depositing a brick-dust sediment. There is a slight cough, with pectoral tightness, and difficulty of expectoration; and,

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here and there, mucous râles are heard in the chest. Pulse 98, still full, but less so than yesterday. Feels stronger and less faint; spirits improved; less thirsty; no appetite.

*Prescription.*—*Bry.*, three drops, third dilution, a sixth part every three hours by itself, if the symptoms continue unchanged. *Merc. Sol.*, three drops, fifth dilution, in similar doses, to be substituted in the event of a marked perspiration being set up, and exhibited every two hours. *Acon.*, three drops, third dilution, a sixth part occasionally, or alternately with either of the above remedies in the event of a recurrence of inflammatory symptoms.

Diet as before.

*Clin. com.*—*Merc. Sol.* was prescribed *conditionally*, with a view to its action upon the cutaneous exhalents, should nature's efforts indicate its exhibition. It is very useful in those cases of rheumatism (acute as well as chronic) which supervene upon a suppression of the functions of the skin (without a compensating vicarious action of the other emunctories), from exposure to cold water, rain, or cold, damp weather. If the administration of this remedy has been neglected in the first instance, it will be better to wait for the reaction, which generally manifests itself sooner or later by profuse perspiration; and in the meantime to use those remedies which are suggested by the actual symptoms.

June 12. He perspired a great deal yesterday afternoon; so that, with the exception of one dose of the *Bry.*, he has taken the *Merc. Sol.* ever since. The perspiration still continues, only in a less degree. The arms are much less painful, and he has now recovered in a great measure the use and freedom of the lower extremities. Bowels open to-day, the dejections normal in colour and quantity; tongue white-coated; no appetite; less thirst; pulse 100, but softer and less full. Has slept at longer intervals, varying from half an hour to forty minutes at a time. Feels stronger, and in better spirits.

*Prescription.*—*Bry. Alb.*, three drops, third dilution, and *Sulph.*, two drops, fifth dilution, in doses of a sixth part alternately every two hours.

Diet as before.

*Clin. com.*—*Sulph.* was given with a view to its action upon the skin, the fibrous and vascular systems; and also as an *antipsoric.*

June 13. About ten o'clock last night, he complained of spasmodic pains in the hypogastrium, with abdominal tenderness. These pains continued, in a mitigated degree, until this morning; but are no longer complained of. There yet remains slight abdominal tenderness, which is not increased by gradual pressure. Much less pain in the arms; tongue cleaner; pulse 94, soft and regular; urine clearer and rather more copious. Upon the whole, he feels much better.

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*Prescription.*—The same medicines and diet as before.

June 14. Has passed a better night. The left arm is perfectly free from pain, and he can move it with tolerable ease; but the right has felt very numb and painful at times. At present, he complains of soreness and stiffness in the joints generally; he is, notwithstanding, able to vary his position without assistance. Tongue cleaner; skin moist, with gentle perspiration. Pulse, from 80 to 84, soft, and of good strength. Although he has no appetite for solid food, he feels inclined for more nutritious diet.

*Prescription.*—*Sulph.*, three drops, fifth dilution, a sixth part every three hours.

Diet: weak tea, gruel, and arrowroot.

June 15. Has slept pretty well, and feels stronger to-day. The right arm is more comfortable; tongue cleaner; skin moist; bowels open to-day; stools natural; urine more copious, clearer, and of better colour. Pulse 82, soft and regular; slight motion no longer causes uneasiness.

*Prescription.*—*Rhus Tox.*, three drops, third dilution, a sixth part every three hours.

Diet as before.

*Clin. com.*—*Rhus Tox.* was selected with a view to its action upon the muscular and fibro-cartilaginous tissues, seeing that the marked indications for *Bry.* no longer existed; and also on account of the natural tendency of the organism to become habituated to the same remedial *stimuli*, when frequently exhibited. It is, moreover, a medicine which may often be given with advantage after the previous exhibition of *Bry.*, when not otherwise contra-indicated.

June 16. Has perspired much in the course of the night. Feels much stronger, and can now raise himself comfortably in bed to sit up. The right arm enjoys much greater freedom of motion. Skin moist; sleep refreshing; spirits good. Pulse 80, soft.

*Prescription.*—*Merc. Sol.*, three drops, fifth dilution, a sixth part every four hours.

Diet as before.

June 17. Is going on very well. Appetite returning; bowels open to-day; stools rather loose, but natural otherwise.

*Prescription.*—*Rhus Tox.*, three drops, third dilution, in doses of a sixth part every four hours.

A light farinaceous and milk diet.

June 19. Had a very good day yesterday. Last night, however, he complained of a return of the aching pain in the right shoulder, which still continues to-day. He attributes it to having caught a slight cold. Tongue almost clean; appetite pretty good. Pulse 68, soft, and of good strength.



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*Prescription.—Sulph.*, three globules, thirtieth dilution, to be taken at a single dose; and, after an interval of six hours, *Bry. Alb.*, three drops, third dilution, in doses of a sixth part every four hours.

Diet as before, with the addition of beef-tea.

June 20. Feels better upon the whole. He complains of much stiffness, with a feeling of numbness and tingling in the right hand; and also of a *pricking, itching sensation in the joints generally*. Pulse 70, of good strength.

*Prescription.—Puls.*, three drops, third dilution, a sixth part thrice a day.

Diet as before.

*Clin. com.—Puls.* was given to act upon the digestive organs, as well as upon the muscular-fibrous tissues. It is peculiarly suited as a remedy to persons of this (lymphatic) temperament, with *a mild and equable moral disposition.*

June 22. Is very much better in every respect, and (with the exception of a slight stiffness) is now free from any unpleasant sensations. Appetite improving; tongue clean; urine clear and sufficiently copious. Pulse 60, soft, and of good strength. Bowels feel as though they wanted to act.

*Prescription.—Nux Vom.*, three globules, twelfth dilution.

Diet: weak tea, light farinaceous and milk food; and, in a day or two, a mutton-chop, interchanged with fish on alternate days.

To get up for half an hour at a time, at first.

June 26. The improvement is very rapid. He now gets up, and sits in the drawing-room. The stiffness is going off, and the strength fast returning. Appetite good; bowels open every second day. Pulse 62, normal; spirits good. The mutton-chops and fish have agreed very well.

*Prescription.—Sulph.*, three globules, thirtieth dilution.

A gradual return to his ordinary diet.

June 30. Is now able to take a short walk in the open air, and feels quite well with the exception of slight weakness. Pulse 64, normal. He is going to Hastings for a fortnight, for a change of air.

*Prescription.—Bry. Alb.*, three globules, thirtieth dilution; and, after an interval of eight days, *Sulph.*, three globules, 800th dilution.

July 15. Is just returned from Hastings in the enjoyment of perfect health, and now feels as strong as he was previously to his illness. He will return to Cambridge in a few days.

*Prescription.—Sulph.*, three globules, 800th dilution, to be taken a week hence.

When again heard of in October of the following year,* he had

* In the autumn of 1862, this gentleman informed me that he had continued perfectly free from rheumatism, and had enjoyed excellent health.

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continued very well, and regained his former strength. He had several times walked from twenty to thirty miles in a day, without feeling any ill effects; nor had he experienced the slightest return of the rheumatic pains.

*Clin. com.*—This case affords, in all its details, a happy illustration of nature's method of bringing about the resolution of an acute inflammation of no ordinary intensity and extent.

Thus, the re-active efforts may be followed from organ to organ, and from one external surface to the other, until the extreme severity of the attack (which at one time threatened to involve the heart and its serous membranes) was spent by its diffusion; and time was gained for the accomplishment of that succession of critical evacuations, which had become the indispensable preliminaries to complete restoration of health and function.

The urgency of the exciting cause—viz., the repeated and violent suppression of the functions of the skin, without the compensating vicarious action of the other emunctories, to prevent the poisoning of the blood by the retention of its excretions—necessitated a corresponding energy in the re-action; so that, for a time, all the available life-power of the unaffected organs—which, under ordinary circumstances, or in a less serious case, would have been employed for purely functional purposes—was required to sustain it.

In the present instance, as in several other cases which have already formed the subject of clinical comment, this extraordinary demand upon the vital resources diminished in proportion as nature's task progressed, and finally ceased with its complete accomplishment.

The great advantage of *dynamic* medication, in sympathy with the re-active efforts, in the treatment of rheumatic fever, consists in the economizing of the vital resources to the utmost, and, consequently, in the thoroughness of the cure. Even in those cases where the heart and its serous membranes have become involved, there is, almost invariably—I am speaking from my own experience, as well as from that of my colleagues, in many such cases—a sufficient reserve of vital energy to effect the absorption of the semi-plastic effusion before it has become permanently organized.

To the common practice of depletion by the abstraction of blood, of derivation by the exhibition of drugs in large material doses, and of rudely forcing into activity organs which nature has, with a view to the creation of a reserve force, temporarily kept passive, are mainly due those imperfect and tedious recoveries, which are of so frequent occurrence in urgent attacks of this kind. *The threatened fatal issue is staved off for a time; but at the expense of a permanent organic disease of the heart, and of superadded drug-disease.* (See Cases 2 and 21.)

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## Case 18.—Acute Erysipelas of the Head and Face.

3rd March, 1846.

Mrs. Y——g, a dairy woman, about fifty-five years of age, of sanguine temperament, has been subject all her life to acute inflammatory attacks; otherwise she has enjoyed good health. Rather more than a week ago, whilst out late in the evening driving her cows, she got a sudden chill, being in a state of profuse perspiration at the time. Some hours after, on her return home, feeling cold and uncomfortable, she went to bed, but could get no sleep. In the course of the next day, her face became so painful and inflamed, that no more time was lost in sending for medical advice. Antimonials were exhibited in depressing doses, and the usual antiphlogistic treatment was had recourse to. The inflammation and swelling increased, until at length the disease made such rapid strides that her medical adviser, observing that the vital powers were fast ebbing, pronounced the case hopeless, and ceased his attendance. In this state of things, her husband was persuaded to try the Homœopathic method.

*Present condition*, five o'clock, P.M.—The face is frightfully swollen, and the skin is very red and hot to the touch. The inflammation extends to the vertex above, laterally to the parietal protuberances, and anteriorly and inferiorly to the infra-clavicular regions. On the face and scalp there are numerous blisters, which have not as yet attained a great size; the eyes are closed, and the surrounding integuments are tense and swollen; she is unable to open her mouth, and the little nutriment which she takes is forced through the teeth, which are clenched. Since last night she has been in a delirious state, uttering incoherent sounds, and tossing her arms about; at times she seems to regain her consciousness for a few seconds only, just enough to express her sufferings, or to ask for cold water, in words which are only intelligible to her husband. She is constantly pointing to her forehead and temples, as being the seat of intense pain. She is very thirsty; skin hot and dry; coldness of the extremities. Pulse frequent, but very weak; and there is great depression of the vital powers. She lies on her back, and seems unable to assume any other position.

*Prescription.*—*Bell.*, two drops, third dilution, in doses of a sixth part, every two hours.

Diet: toast-and-water, to sip by spoonfuls.

*Clin. com.*—*Bell.* was indicated, on account of its *pathogenetic* power to produce a cutaneous inflammation very similar to that of erysipelas; and also on account of its action upon the membranes of

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the brain, which were fast becoming seriously involved by the spreading of the general inflammation of the external teguments of the head.

March 4. There was marked aggravation of all the symptoms after the first dose of the *Bell.*: but soon after the second, the pain and delirium in a great measure subsided; so that she had some natural sleep throughout the night, for half an hour at a time. To-day, there is less swelling, and she can now open her mouth a little wider; the tongue is dry, covered with a yellowish-white fur, and dark brown in the centre. She speaks much more intelligibly, and complains of great thirst, but has no appetite; general depression rather less. Pulse slightly frequent, and of better strength. The eyes are still closed; she dozes a great deal, and groans less frequently.

*Prescription.*—The same medicine, to be continued at intervals of three hours.

Diet as before.

March 5. Upon the whole has had a good night, and the improvement is very decided. She wanders a little occasionally, but is no longer delirious; at times, however, she appears to be in a kind of stupor. The swelling is diminishing, and the affected surface is less inflamed. The vesicles have increased in size and number, and several have already burst; the eyes are still closed, but the lids are less inflamed and swollen; there is now greater sensitiveness to the light; tongue much the same; no appetite. Pulse stronger. She seems a little stronger, and can open the mouth more freely.

*Prescription.*—*Rhus Tox.*, two drops, third dilution, in doses of a sixth part every three hours.

Diet: toast-and-water, gum-water.

*Clin. com.*—*Rhus Tox.* was now exhibited on account of the *vesicular* character of the erysipelatic inflammation. Its pathogenetic effects fully bear out the propriety of its selection, more especially as the active cerebral symptoms had, in a great measure, subsided and given place to a somewhat typhoid state.

March 6. Is improving rapidly. and enjoys refreshing sleep. The swelling is much diminished; so that she can now open her eyes, which are, however, very sensitive to the light. There is much sero-purulent discharge from the blistered surfaces; no appetite; less thirst; speech plainer, and spirits less depressed. The stupor has almost entirely subsided, and the pulse is stronger.

*Prescription.*—*Sulph.*, two drops, fifth dilution, in doses of a sixth part every four hours.

Diet as before, with a little weak milk-and-water or gruel.

March 7. Continues to improve in every respect. Since taking the *Sulph.* she has perspired very profusely, and the urinary secretion has been much clearer. Appetite and strength beginning to return.

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She no longer lies upon her back, but is now able to change her position without assistance.

*Prescription.*—The same medicine, to be continued every six hours.

Diet: gruel, milk-and-water, and beef-tea.

March 10. The epidermis of the face and neck is peeling off in large patches, and the swelling has almost entirely subsided. There is still a little redness about the eyelids, but the eyes are no longer sensitive to the light. Tongue cleaner; appetite improving; spirits cheerful. Pulse normal, and of tolerable strength.

She is now able to dress, and to sit up for two or three hours at a time.

*Prescription.*—No medicine.

Diet: arrowroot, cocoa, beef-tea, and gruel.

March 12. Yesterday she went out for a short walk, which seems to have done her good; so that she is now quite convalescent. The appetite and strength improve daily; she sleeps well, and is in good spirits; the bowels act regularly, and the digestive functions are normally executed. The skin has regained its former elasticity; and, with the exception of slight redness, which is no longer circumscribed, and roughness of the facial epidermis, there is no trace of the alarming cutaneous inflammation which, only a few days ago, threatened her existence.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution; and, after an interval of four days, *Sulph.*, three globules, thirtieth dilution.

A general return to ordinary diet and habits.

A few days afterwards she resumed her usual occupations, and continued in excellent health until the end of September, when she was seized with a very serious attack of acute pneumonia, brought on by a similar cause, which was also treated homœopathically with equal success. When last heard of (in December, 1846), she was again in the enjoyment of good health.

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# CHAPTER IX.

Case 19. Measles, complicated with Bronchitis and Pneumonia—Aconitum—Belladonna—Pulsatilla—Bryonia—Miasmatic poison eliminated in the manner best suited to each individual organism—Arsenicum—Rhus Toxicodendron—Sulphur—Phosphorus—Cina—Sulphur. Case 20. Measles—Aconitum—Pulsatilla—Belladonna—Nux Vomica—Sulphur.

## Case 19.—Measles, complicated with Bronchitis and Pneumonia.

8th December, 1846.

Richard T——w, aged two years and four months, of lymphatic-sanguine temperament, with light hair and eyes, living in a narrow unhealthy court in the immediate vicinity of Islington, had been ailing for several days, and complaining of headache and loss of appetite.

Last night, an eruption like that of measles began to make its appearance upon the face, preceded and accompanied by much general fever, lachrymation and intolerance of light, heat of head, and delirium. This morning, the whole surface of the trunk and extremities is covered with the eruption, and there is no longer any doubt as to its character. It has come out in irregular crescentic patches of a bright pinkish red.

The eyes are very sensitive to the light, and there is much lachrymation; head very hot. He seems to wander, and is rather delirious at times; or else he remains in a kind of stupor. He has, moreover, a hacking cough, with mucous rattling in the chest; and there is considerable oppression, with hurried respiration. Pulse 130, regular, and of tolerable strength; no appetite; ardent thirst, and general heat of skin.

*Prescription.*—*Acon.*, two drops, third dilution, and *Bell.*, two drops, third dilution, in doses of a sixth part alternately every three hours.

Diet: toast-and-water.

*Clin. com.*—*Acon.* was indicated in this, as at the commencement of almost every other acute disease, on account of the rapidity of the circulation; but more especially from the fact, that one of its pathogenetic effects upon the skin is to produce eruptive patches, very similar to those of measles.

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It was deemed advisable to alternate *Bell.* with it, on account of the cerebral symptoms.

The pathogenetic eruptions of *Puls.* and *Bry.* bear also a close resemblance to the eruption of measles. The other accessory symptoms which respectively characterize these two remedies, as well as the corresponding symptoms of the case to be treated, will determine their selection in actual practice. Thus, on account of its action upon the mucous membranes of the eyes and nose, *Puls.* will generally be prescribed in those cases where there is much lachrymation, mucous secretion, suffusion of the eyes, with intolerance of light, and fluent coryza attendant upon the eruptive stage; whilst *Bry.* will be exhibited when the catarrhal symptoms of the chest are more urgent than those of the head.

From what has already been insisted upon throughout this course of clinical instruction, as deduced from the enlightened practice of all ages, it follows that in no case should the treatment be influenced by a mere name, however perfect the associations which it may convey to the mind of the disease; as, for instance, that of measles. We must ever be on the watch for the indications of vital re-action, and prescribe accordingly, without any preconceived notions as to what set of textures or organs ought to be engaged in conflict with the *materies morbi;* for we have the certainty that nature has, in this class of diseases, pointed out, in characters which admit of no mistake, the manner in which the living organism eliminates the miasmatic poison which has infected it, best suited to its own individuality.

Dec. 9. Has had a rather better night. This morning the eruption is very abundant; eyes still very sore; tongue very white; throat sore and inflamed; thirst slightly diminished; short cough, with pectoral oppression, at times accompanied with retching and much rattling of mucous in the chest; skin very hot. Pulse rather less frequent.

He lies in a state of very heavy sleep, approaching to stupor, and accompanied with much heat of head. There is great prostration, and at times he seems as though he had not the strength to cough.

*Prescription.*—The same medicines to be continued.

Diet as before.

Dec. 10. Has had a better night. The eruption is less visible on the face, but is still very abundant about the trunk and extremities. Breathing very short and hurried; much accumulation of the bronchial secretions; distressing cough, which is followed by expectoration of *thin frothy mucous;* skin hot; great irritability of temper. Pulse less frequent, about 120.

*Prescription.*—*Ars. Alb.*, two drops, third dilution, in doses of a sixth part every three hours.

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Diet as before.

*Clin. com.—Ars.* was administered with the view of sustaining the organic vitality, and so preventing the too rapid disappearance of the exanthem; and also on account of the character of the bronchial secretions. Like *Stannum*, and some of the other metallic remedies, its pathogenetic effect upon the pulmonary mucous membranes is to produce *thin serous* secretions.

Dec. 11. Breathing very short; hacking cough, with inability to expectorate; skin hot. Pulse 120. There is dulness upon percussion, from the angle of the left scapula downwards. Respiration harsh and bronchial, with some obscuration of the vesicular murmur and increased vocal resonance in the dependent portions of the left lung; mucous *ronchi* are heard in various parts of the chest.

*Prescription.—Bry.*, three drops, third dilution, in doses of a sixth part every three hours.

Diet as before.

Dec. 12. Was delirious in the course of last night, and, upon the whole, has had a bad night. To-day he is in a kind of stupor, with inability to hold his head up or to bear the light; expression of countenance dull and stupid; respiration short and hurried; short hacking cough; no appetite; skin hot. Pulse 130, full.

*Prescription.—Rhus Tox.*, two drops, third dilution, in doses of a sixth part every three hours; *Bell.*, three drops, third dilution, a sixth part to be given at night, should there be a marked increase of acute cerebral symptoms.

Diet as before.

*Clin. com.—Rhus Tox.* was exhibited on account of the typhoid character of the cerebral and pulmonary symptoms.

Dec. 13. Has had a better night, and did not require to take the *Bell.* The breathing was much freer, and the cough less urgent, throughout the night and the greater part of this morning. Since noon the respiration has again become difficult and hurried. Bronchial respiration is heard at the posterior and dependent parts of the chest, especially on the left side; there is considerable obscuration of the vesicular murmur generally, but it is inaudible in some parts. Mucous and crepitant *ronchi* are also remarked during respiration; the vocal resonance and the dulness upon percussion still continue. The eruption has almost faded away. Pulse 128. No appetite; less thirst; tongue rather cleaner. The child seems less heavy about the eyes and head.

*Prescription.—Sulph.*, three globules, thirtieth dilution; and, after an interval of four hours, *Phos.*, three drops, third dilution, in doses of a sixth part every three hours.

Diet: toast-and-water and gum-and-water.

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Dec. 14. Has passed a more favourable night. Breathing still difficult, but the cough is less urgent. Of late he is constantly picking his nose, and his temper has become unbearable. Pulse 130. All traces of the eruption have vanished.

*Prescription.*—*Cina*, two drops, third dilution, and *Phos.*, two drops, third dilution, in doses of a sixth part alternately every three hours.

Diet as before.

Dec. 15. To-day he is much better. This morning he expectorated a great quantity of thick rusty coloured-matter, some of which was very offensive to the smell. Breathing much easier, and cough looser. The vesicular murmur has now returned all over the chest; the respiration is tolerably free and clear, anteriorly and posteriorly; and percussion again yields a normal sound. Is still thirsty. Pulse 112, of good strength.

The bowels acted this morning, for the first time since his illness; defecation easy, and stool normal.

*Prescription.*—*Sulph.*, three drops, fifth dilution, in doses of a sixth part every four hours.

Diet as before.

Dec. 16. Has enjoyed very refreshing sleep. Breathing much easier; cough loose, and no longer urgent. There are still a few mucous râles to be heard throughout the chest. Pulse 100. Appetite beginning to return; tongue nearly clean. Upon the whole he is very much better and stronger; he is now allowed to be dressed, and to play about the room.

*Prescription.*—The same as before.

Diet: milk-and-water at first, afterwards bread and light farinaceous food, to be gradually allowed.

Dec. 20. He is now quite convalescent, and was brought to the Dispensary to-day. Pulse of normal strength and frequency, tongue clean, and bowels regular. The cough has ceased.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution.

Diet: to return to his ordinary food.

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### CASE 20.—MEASLES.

25th November, 1845.

ROBERT T——W (brother of the preceding patient, and of similar temperament), aged five, has been sickening for some days. To-day the eruption of measles is beginning to come out upon the face, and is accompanied with redness of the *conjunctivæ*, sensitiveness to light,

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and profuse lacrymation, and also with soreness of the nasal mucous membrane. He is very thirsty, and perspires much. He retches and vomits after taking food. Pulse 130, full.

*Prescription.*—*Acon.*, two drops, third dilution, and *Puls.*, two drops, third dilution, in doses of a sixth part alternately every three hours.

Diet: water or toast-and-water.

Nov. 26. Has had a very restless night; at times he was delirious, wandering in his sleep, and suddenly waking up in terror. This morning his mind still wanders, and occasionally he is delirious. The eruption is out upon the face, but nowhere else. Head hot; spasmodic cough, retching; great thirst, and no appetite. Pulse about 120, still very full.

*Prescription.*—*Bell.*, three drops, third dilution, and *Acon.*, two drops, third dilution., in doses of a sixth part alternately every three hours.

Diet as before.

Nov. 27. Has passed a better night, and was less delirious. To-day he is much better; the head, however, is hot and burning; eyes less sore; cough very trifling; the eruption is now very copious, and has spread over the whole body. Pulse 100, full.

*Prescription.*—The same medicines to be continued.

Diet: gum-water and toast-and-water.

Nov. 28. Has had a very good night, feels very much better, and has got up to-day. Eruption dying away; appetite returning; tongue slightly coated; bowels still inactive. Pulse 96, regular, and of good strength.

*Prescription.*—*Nux Vom.*, two drops, third dilution, in doses of a sixth part every five hours.

Diet: milk-and-water and arrowroot.

Dec. 1. Is now quite convalescent. Bowels open yesterday; stool natural.

*Prescription.*—*Sulph.*, three globules, twelfth dilution, to be taken three nights hence.

Diet: a return to his ordinary food.

The recovery, in this as in the preceding case, was complete, no after effects having followed upon convalescence.

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# CHAPTER X.

**Case 21. Organic disease of the heart—Bryonia—Lycopodium—Pulsatilla—Arsenicum Album—Nux Vomica—Phosphorus—Lachesis—Sulphur—Opium—The advantages of remedial treatment in sympathy with the vital efforts—Dietetic and hygienic treatment—Effects of *antipsorics*. Case 22. Congestive headaches and hemorrhoidal suffering, dependent upon chronic gastro-hepatic disorder—Nux Vomica—Nitric Acid—Nature adapts her mode of cure to the necessities of an exceptional constitution.**

## Case 21.—Organic Disease of the Heart.

19th Feb., 1846.

Mr. Henry C——, aged seventeen, of sanguine temperament, was laid up, about two years ago, when at school in the country, with a very serious attack of rheumatic fever, in the course of which a metastasis took place, and inflammation of the heart and its membranes (*pericarditis* and *endocarditis*) supervened. The usual depletory measures of those days, bleeding, blistering, and leeching, together with the exhibition of sudorifics and mercurials, were prescribed by his medical attendants; and, as it not unfrequently happens in such cases, recovery took place at the expense of an organic affection of the heart.*

Ever since that period, he has been affected with dyspnæa and distressing palpitation of the heart, when walking fast or ascending a height. The heart's action becomes tumultuous upon the slightest excitement, whether moral or physical, attended with violent throbbing of the carotids and determination of blood to the head, and at times also with severe darting and aching pains in the left inframammary region. These symptoms occasionally come on when lying in bed at night.

In the day-time, he is subject to insuperable drowsiness, especially after meals or during the hours of study; so that often he cannot read for half an hour at a time without falling asleep. Frequently he complains of severe frontal and temporal headache of a congestive character, with cerebral confusion and marked disinclination for either mental or physical exertion. His face is very red and puffed; lips tumid; there is also a general flabbiness and puffiness of the whole

* See *Clin. com.* on Case 17, p. 83.

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frame, which is accompanied with coldness of the extremities, especially of the lower, arising from the unequal distribution of the circulation; digestive functions weak; epigastric soreness and aching; alternations of constipation and diarrhœa. Pulse 90, variable in strength. He is very soon fatigued, and his spirits, in general, are very much depressed.

*Thoracic examination.*—Heart's impulse strong and tumultuous; a loud bellows' murmur accompanies the first heart-sound, which is heard loudest intermediately between the middle and upper third of the sternum, and also in the carotids. Percussion is dull over too great a space, so as to convey the idea of hypertrophy, in addition to that of obstruction of the aortic semi-lunar valves, which the stethoscopic signs would seem to indicate.

His diet is simple, and he takes no stimulants. Latterly he has abstained, in a great measure, from animal food, by the advice of an eminent physician, to whose care he had been transferred, as soon as he was sufficiently recovered from his acute attack to return to town, where he has since continued to reside. He has lately taken a great quantity of mercury, from which he seems to have derived no benefit, but rather the contrary.

*Prescription.*—*Bry. Alb.*, three globules, twelfth dilution; and, after an interval of four days, *Lycop.*, three globules, thirtieth dilution.

Diet: light animal food (such as game, chicken, and mutton), in moderation, three or four times a week; with fish, maccaroni, and other farinaceous food on the intermediate days.

Regular exercise, short of fatigue.

*Clin. com.*—*Bry.* was prescribed with a view to the origin of the disease, on account of its action upon the digestive organs, the cerebral circulation, and more *especially* upon the heart. Among its pathogenetic effects will be noticed a similar congestion of the head and face, with puffiness of the face, and darting pains in the left submammary region, with increased action and impulse of the heart during motion, not to mention the moral and other symptoms. It is much indicated as a remedy in those constitutions which are subject to membranous inflammation.

*Lycop.* is one of the best *antipsorics* in such a case. It was indicated by the moral symptoms, the state of the brain and digestive organs, but especially on account of its action upon the heart, and as being antidotic to mercury. One of its pathogenetic effects is to cause a violent disturbance in the heart's action when lying in bed at night, which was also a characteristic feature of this case.

March 6. Is better, and complains of less palpitation; breathing freer and headaches less troublesome; the shooting pains in the

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region of the heart are also less urgent; spirits improved, and the general strength has increased. He mentions that *Bry.* caused much aggravation, which continued for two days; and that since he took *Lycop.*, he has felt such an increase of the drowsiness that he could sleep all day long.

His bowels had acted more regularly; but, within the last few days, he has suffered from diarrhœa, brought on by exposure to sudden changes of temperature. At present the evacuations occur five or six times in the course of the day, consisting of loose, liquid, light-coloured slimy stools, and are voided without pain. Tongue white coated; appetite indifferent; absence of thirst; fluent coryza, with fulness in the frontal sinuses. Pulse 88.

*Prescription.*—*Puls.*, three drops, third dilution, in doses of a sixth part every four hours.

Diet: light farinaceous food for a few days.

*Clin. com.*—*Puls.* was prescribed with a view to its action upon gastro-enteric and nasal mucous membranes. The diarrhœa, which is recorded in the *pathogenesis* of this remedy, is characterized by absence of thirst, and is usually unattended with colic or tenesmus, as compared with that of *Cham.*, *Ver.*, *Ars.*, and *Merc. Sub. Corr.* It is chiefly adapted, as an intermediate remedy, to the treatment of the affections of persons of a mild and timid disposition, and of lymphatic or nervous-lymphatic temperament, more particularly of those who are subject to mucous fluxes. As a medicine, it likewise exerts a powerful influence upon the heart's action.

March 8. The diarrhœa soon abated after a few doses of the *Puls.* had been taken; it has now entirely ceased. He feels less drowsy, and is free from head-ache. The heart is easier. Pustular eruptions have broken out upon the face.

*Prescription.*—*Ars. Alb.*, three globules, thirtieth dilution, four nights hence.

*Clin. com.*—*Ars. Alb.* exerts a powerful action upon the heart and blood-vessels (especially the veins), as well as the serous membranes. On referring to its *pathogenesis*, we shall find, "violent and insupportable throbbings of the heart, especially at night when lying down;" also, "irregular beating of the heart, with anxious countenance, and irregularity of the radial pulsations." The exhibition of this *antipsoric* was indicated to support the vital powers, which had been depressed for so long a period; and also on account of the tendency to serous infiltrations, manifested by the chronic puffiness and flabbiness of the external cellular texture.

March 28. Has lately suffered from headache, which supervened upon an infraction of the dietetic restrictions, namely, in taking wine.

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General health, however, is improved; extremities warmer; bowels regular; pulse full; face very red.

*Prescription.—Nux Vom.*, three globules, twelfth dilution; and, after an interval of four or five days, *Phos.*, three globules, thirtieth dilution.

*Clin. com.—Nux Vom.* was exhibited with a view to the *dynamic* neutralization of the effects of the stimulant, and *Phos.* on account of its action upon the general circulation.

April 16. No longer suffers from headaches; the puffiness and redness of the face have in great measure subsided; palpitation less urgent, and the breathing is much more free, so that he can now go up stairs without inconvenience; the circulation appears to be more equally distributed, and a consequent increase of firmness in the fibrous tissues has taken place generally. The heart's impulse is less strong, and the bellows' murmur is not so loud. The bowels act once a day; stools rather loose, but normal otherwise. Pulse 84, more regular.

Upon the whole, he feels better and stronger than he has ever done since his imperfect convalescence from the rheumatic fever; moreover, he takes regular exercise with ease and comfort to himself, and can now go on with his studies.

*Prescription.—Lach.*, three globules, thirtieth dilution.

*Clin. com.*—The exhibition of *Lach.* was suggested by its decided action upon the heart; also on account of the tendency (manifested in this case) to chronic relaxation of the intestinal canal, very similar to that which it produces pathogenetically; and as an efficacious mercurial antidote. The extensive range of action which this remedy possesses entitles it to a high place among the most energetic of the *antipsorics.*

May 6. Feels better and stronger; heart's impulse less; spirits good. The bowels have acted regularly and normally in every respect, with the exception of a very slight return of the relaxation a few days ago.

*Prescription.—Ars. Alb.*, three globules, thirtieth dilution.

May 29. Continues to improve, and takes plenty of out-door exercise. Small pustular eruptions have come out all over the body, and also upon the face. Pulse 92. Has felt rather drowsy lately.

*Prescription.—Sulph.*, six globules, 800th dilution, in doses of a sixth part morning and night; and, after an interval of two days, *Sulph.*, three globules, 800th dilution, at a single dose.

June 18. Fresh eruptions continue to come out as the old ones disappear. Within the last few days he has experienced great drowsiness, and his sleep has been heavy and stupor-like. Heart much less troublesome; bellows' murmur very much diminished. Pulse 82.

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*Prescription.*—*Opium*, three globules, thirtieth dilution; and, after an interval of three days, *Sulph.*, three globules, thirtieth dilution.

*Clin. com.*—*Opium* was given on account of the great drowsiness and stupor; and also as an intermediate remedy, with a view to awakening the sensitiveness of the organism to the action of an appropriate *antipsoric*.

July 4. Continues to improve in every respect. The puffiness and congestion of the face are, comparatively speaking, but very slight, and the drowsiness is no longer distressing. He very seldom experiences pain at the heart; the bellows' murmur is now only heard when the circulation has been disturbed by over-exertion or great moral excitement, and even then only in a slight degree. He has resumed his former habits of bodily activity, and enjoys good spirits.

*Prescription.*—*Nux Vom.*, three globules, twelfth dilution; then, after an interval of four days, *Ars. Alb.*, three globules, twelfth dilution; and, lastly, after a further interval of four days, *Ars. Alb.*, three globules, 800th dilution.

*Clin. com.*—This case (or rather a portion of it) is given in order to exhibit the degree of relief which it is within the power of the physician to afford, in the treatment of these serious structural diseases, even in a very short space of time, provided only that he will condescend to be "the servant of Nature," and take her for his guide. It can scarcely be doubted but that the increased action of the heart (if Nature's language admits of any interpretation), in such cases, is induced only with a view to the best distribution of the circulation which the actual state of things, under these adverse circumstances, admits of. Hence the advantage of gentle remedial stimulation in sympathy with the vital efforts.

In the treatment of these and similar cases, moderation in diet must be insisted upon to prevent local *plethora*, as well as abstinence from those stimulants which act upon the heart, and tend to disturb the harmony of its ordinary functions. All sources of moral or physical excitement, which are likely to cause an unequal distribution of the blood, and thereby to favour its accumulation in sensitive organs (*e. g.*, the heart and brain), should also, and for obvious reasons, be avoided.

March 5, 1847.—The treatment has been continued since last July. The patient has, during this interval, grown very much, and his physical development has been very rapid; notwithstanding his strength has continued to increase, and he has felt so well that he has occasionally remained a month at a time, and latterly nearly two months, without medicine. The *antipsorics* prescribed from time to time, generally in the highest dilutions (200ths and 800ths), have

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invariably produced a constant succession of numerous small *pustular eruptions*.

*Clin. com.*—The remarkable effects of these last remedies, with regard to the modification of that constitutional state upon which the seriousness of the original disease, and of its after consequences, in some measure depended, tend to confirm the correctness of Hahnemann's psoric theory, in the sense that it has already been explained elsewhere. (See *Clin. com.* on Case 1, page 11.)

The permanency of the organic disease of the heart was, however, owing to that partial "bankruptcy" (if I may be allowed the expression) of the vital resources which had been induced by the injudicious measures of depletion and drug derivation adopted at the outset, to which allusion has already been made when commenting upon Case 17. (See p. 83.)

It is owing to the abuses of this kind, so commonly sanctioned and enjoined by our medical "fathers," that not a few of the younger and better instructed physicians of the present day have become "thorough sceptics" in medicine. Blinded by the flood of light which has recently been shed upon the malpractices of ages, they can no longer discern what always has been, and ever will be, true and valuable (although of less general application than direct dynamic medication) in the allopathic and antipathic methods.

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### CASE 22.—CONGESTIVE HEADACHES AND HÆMORRHOIDAL SUFFERING, DEPENDENT UPON CHRONIC GASTRO-HEPATIC DISORDER.

12th December, 1845.

MR. ——, a medical practitioner in Islington, of a *bilious* sanguine temperament, with dark hair and eyes, willing to test the efficacy of homœopathy in his own case, placed himself under my care.

The following history of his case, with a *résumé* of the various modes of treatment to which he had subjected himself, I transcribe from his own written statement:—

"I have suffered, more or less, all my life from constipated bowels, attended with frequent severe bilious headaches and hæmorrhoids. Three years ago I had a severe acute cerebral attack, which was met by active depletory measures, together with the exhibition of mercurials. Again restored by these means to comparative health, the bowels became more and more constipated, with great augmentation of the hæmorrhoidal suffering. The ordinary aperients soon lost their effect, and even croton oil, in ordinary doses, became insufficient. In this state, I



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had recourse to Sir B—— B——, and to several other physicians and surgeons* successively, without benefit. The routine which I was advised to follow consisted in strict attention to diet, and mild mercurial alteratives with occasional full doses of calomel. These failing, every variety of aperient, injections, antimonials, together with counter-irritation over the liver, were tried without benefit. As a 'forlorn hope,' I thought I would try an opposite course, and see what diet alone would do. Accordingly, I took no aperients, but only copious draughts of cold water on first rising, and also at various times throughout the day; and had recourse to injections, as required. I restricted myself to a diet of brown bread and milk, which I partook of four times a day, to the exclusion of every other kind of food. During this experiment, to which I subjected myself for ten days, I had one of the most severe bilious attacks that I ever experienced; so that I again resorted to the former plan of treatment, with frequent relaxation in the country. No plan of treatment afforded me more than temporary relief. My general health became so broken down that I was advised to give up practice altogether, or else to go into the country for six months, or until my health was sufficiently restored to resume it. My sufferings at this time (12th December, 1845), when I placed myself under homœopathic treatment, were as follows:—Pain and heat in the forehead, coming on worse about seven o'clock in the evening, accompanied by giddiness and languor, and followed by restless nights disturbed by frightful dreams; at times the *pain would be of a darting character, going through the occiput like an electric shock, as sudden in its invasion and as quickly passing off;* throughout the day, *a constant but ineffectual desire to go to stool, with much straining and hæmorrhoidal suffering;* at times, aching in the right hypochondrium, and below the shoulders; complexion muddy and sallow; appetite indifferent; no relish for food; a dry furred tongue; and great prostration both of mind and body. The bowels had acted spontaneously only three times during the two previous years."

*Prescription.—Nux Vom.*, three globules, twelfth dilution; and after an interval of three days, *Nit. Acid.*, three globules, twelfth dilution.†

*Clin. com.—Nux Vom.* exerts a powerful action upon the cerebro-spinal axis, but more especially upon the spinal chord, and those of its branches which are distributed to the digestive organs. From a careful

* His former medical teachers.

† High dilutions of *Sulph.*, *Nit. Acid.*, and *Calc. Carb.*, with *Nux Vom.*, *Bell.*, and *Merc. Sol.* (as intermediate remedies) in the lower and middle dilutions, were afterwards exhibited, at intervals of eight, ten, eleven, and fourteen days, for several months, with a view to confirming the curative effects of the two preceding remedies. Altogether, the treatment did not exceed three or four months.

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study of the *pathogenesis* of this remedy alone (if pathological *anatomy* had not revealed the fact), we should be justified in the inference that one remarkable characteristic of this action consists in the venous congestion with which it is attended; hence the inestimable value of *Nux Vom.* in the treatment of these gastro-hepatic disorders, with obstinate intestinal inaction, and cephalalgia from venous congestion (bilious headache as it is commonly termed), which arise from stagnations in the portal and hæmorrhoidal systems. This medicine is peculiarly suited to the cases of patients of *bilious* and *bilious*-sanguine temperaments, whose moral dispositions are commonly characterized by tenacity and fixity of purpose for good or evil.

The immediate effect of these three globules of *Nux Vom.* was truly marvellous; for, in November, 1846, Mr. —— thus sums up the amount of his indebtedness to the immortal Hahnemann:—"I found remarkable benefit from the homœopathic remedies; for, on the fourth day from the commencement of the treatment, all my sufferings ceased. In fact, from that day until the present time, my bowels have acted spontaneously two or three times a day; and (with the occasional exception of very slight gastric and bilious derangements, which have yielded at once to homœopathic remedies without being obliged to interrupt my duties) my sufferings have never returned. I am an altered man. So miraculous a change has been operated in my health, that I have now for many months been able to eat every kind of food, inclusive of pastry and cheese—articles which I had not tasted for years. The duties of my profession, which are more arduous than ever, are now, comparatively speaking, a mere pastime; and I once more enjoy the pleasures of existence."

*Clin. com.*—In this case, the rapidity and completeness of the recovery, whilst it appears little short of a therapeutic miracle, will be found to have been effected in the most simple manner.* Nature, in fact, as though she disdained an effort, adapted her mode of cure to

* I myself am equally indebted to homœopathy for as speedy and permanent a cure of epistaxis, to which I had been subject from childhood. Towards the end of 1834, being then in my fifteenth year, I left home and proceeded to Italy, where I sojourned nearly five years. The increased temperature of a southern climate, more especially during the summer and autumn, greatly aggravated the complaint; so that, by the time I was seventeen, it had become so troublesome that the nasal hæmorrhage would recur at least once, and often three or four times a day. At such times I used to experience a sensation as though an insect had crawled into one of my nostrils; but before I had time to use a pocket-handkerchief a stream of dark blood was issuing from the nose, which it took a long time to staunch. The hæmorrhage had thus become such a source of personal inconvenience (for, strange to say, neither my health nor strength appeared in the least to suffer) that I at last sought the advice of my friend Dr. J——, the staff physician-in-chief of the French army of occupation in Ancona. Dr. J——, who was a very able physician of the expectant

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the necessities of an exceptional constitution, as soon as the appropriate *dynamic* remedial stimulus was exhibited. Thus an over secretion of bile had for many years become, as it were, the normal habit of the patient's constitution, without a corresponding facility of excretion;

school, wisely counselled me to try what could be done to moderate it by attention to diet and hygiene alone; observing that, so long as my general health continued unaffected, it would be dangerous to attempt the violent suppression, by powerful drugs, of a flux which had probably become necessary to my constitution. He had, in fact, known several instances in which fatal results ensued upon the sudden drying up of similar "depuratory" issues (as he termed them), under precisely the same circumstances. By his advice, I abstained from wine and stimulants, and lived during the hot weather almost exclusively upon bread-and-milk, maccaroni, fish, vegetables, and fruit. Finding that several months' trial of this plan did not make the slightest difference, I again consulted my friend as to the expediency of more active treatment. He, however, still persisted in his original advice, and, as he phrased it, "declined the responsibility of killing me on his own account;" but he slily added that, if I was really bent upon "self-destruction," he would commend me to the care of his colleague, Mons. ——, whose heroic measures of depletion and drugging I well knew to be the terror of the whole garrison. Having, therefore, no relish for this latter alternative, I resolved to follow nature's instincts in the matter of diet, and let matters take their course, until such time as I could consult a physician of the new school; for, some months before, I had heard of the wonderful cure of a very near relative (whom, when I left home, I had never expected to see again on this side the grave) by homœopathy, and thought I might just as well give the same method a trial in my own case, *quantum valeret*. As practitioners of this school were not easily met with in those days, I might have waited long for my cure, but for a zealous homœopathic *amateur*, who kindly placed his box of remedies and Jahr's Manual at my disposal. On comparing my own symptoms with those of the remedies enumerated in the Manual, it seemed to me (innocent as I then was of all medical matters) that the *character of the hæmorrhage*, a *constitutional tendency to nasal catarrh*, a slight *disposition to sluggishness of the bowels*, and a mixed temperament, in which the *nervous-bilious* predominated, pointed to *Nux Vom.* as a suitable remedy; whilst a similar tendency to *irritation of the mucous membranes* of the *nose* and *rectum*, and occasionally to slight *biliary derangements*, as well as the *bleeding itself*, indicated *Merc. Sol.* also. Accordingly, I took *Nux Vom.*, three globules, twelfth dilution, for three days running; and after an interval of three days more, *Merc. Sol.*, three globules, twelfth dilution, for the same period. Then after a further interval of three days, I repeated both medicines once more in the same manner. The hæmorrhage became less frequent during the first three or four days of the treatment, and by the end of a fortnight it ceased altogether. The cure was so complete, that from that day to this—a period of nearly thirty years—my nose has not bled a dozen times. In so far as my subjective sensations are concerned, I have felt neither the better nor the worse for the cessation of this hæmorrhage. Objectively, an increased tendency to mucous catarrh of the head, more especially during the summer months, is the only change that I am conscious of; nature having, as I believe, only transferred the depuratory effort (with which this original flux had in some way been concerned for so many years) to other textures, as a less irksome compromise to the necessities of my own peculiar constitution.

Within a comparatively recent period of my practice a highly instructive case, which, at the outset, was very similar to my own, came under my observation. As

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hence the immediate and lasting relief which followed from the time that an increased frequency of intestinal action (although in excess of the requirements of an ordinary constitution) was also established as a permanent habit of body.

this case is singularly corroborative of Dr. J——'s experience of the danger attendant upon the violent suppression of constitutional *epistaxis*, a short notice of its principal features may not be out of place.

On the 11th August, 1864, Mr. W—— A——, aged thirty-seven years, married, and the father of several healthy children, gave me the following history of his disease, which I abridge from my Case book:—From the seventh or eighth to about the thirty-fourth year of his age, he had been subject to *epistaxis*, which was invariably more troublesome in summer, when it would recur on an average twice a week; sometimes the bleeding was very profuse. With the exception of this constitutional inconvenience, his general health and strength had not been in the slightest degree affected by it, when, in an evil hour, his family medical attendant persuaded him to have the bleeding stopped. Accordingly, some powerful styptic was applied to the nasal mucous membrane, and an active course of alterative (mercurial) purgation was simultaneously pursued. The hæmorrhage was immediately suppressed by this treatment, and had not since recurred. But within a short time after the suppression, he began to cough. The cough was for a long time attributed to slight bronchial catarrh, and, notwithstanding its persistence, was thought lightly of both by patient and medical adviser, until about a year later, when the expectoration began to be tinged with blood. From that time, the disease gained ground; and by the time another year had elapsed, there was no escape from the fact that the patient was in the last stage of a pulmonary consumption; and yet there had been no hereditary predisposition to tubercular affection. As all the physicians whom he had latterly consulted had honestly expressed their conviction that the case was past remedy, he had sought my advice. On examining his chest, I found both lungs riddled with tubercles, a large cavity in the right lung, and commencing disorganization in the left. The patient was wasted with hectic fever and night sweats; his voice was nearly extinct; he had no appetite; and the emaciation was extreme. Under these unfavourable circumstances, and with little hope of effecting any lasting improvement, I prescribed three drops or grains of each of the following, viz., *Phos.*, third decimal dilution, *Cup. Acet.*, third decimal trituration, *Phos.*, third dilution, and *Cup. Acet.*, sixth decimal trituration; *Phos.*, thirtieth dilution, and *Cup. Acet.*, thirtieth dilution; to be taken in succession, each for two days running, in doses of a sixth part three times a day, for the four first, and of a fourth part twice a day, for the two last remedies. An occasional intermediate dose of *Acon.*, third dilution, was also added for the hectic fever and restlessness at night. On the 25th of August, Mr. A—— reported that on the 21st the nose had begun to bleed slightly for the first time since the suppression. The appetite had improved; the voice was stronger; the pulse had come down to 88; and the cough was less urgent at night; but the state of the chest continued as before. From the 25th August to the 10th November, under the action of *Phos.*, *Ars. Iod.*, *Nit. Acid.*, and *Stann.*, exhibited in various dilutions, the nasal hæmorrhage continued to recur slightly at intervals of seven or eight days. Although, for nearly two months, the general improvement was maintained and the disease kept stationary, the bleak November weather soon caused him to lose the little ground he had gained. As winter advanced, the disorganization of the lungs rapidly increased; and thus was extinguished that little "flicker of hope," which nature's last effort to remedy the fatal *metastasis*, by the partial restoration of the suppressed flux, had kindled.

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# CHAPTER XI.

Case 23. Disorder of the moral faculties dependent upon chronic affection of the brain —Belladonna — Sulphur — Calcaria Carbonica — Lachesis—Agaricus—Silicea. Case 24. Acute inflammation of the brain complicated with gastro-enteritis and pneumonia — Arsenicum —Aconitum—Phosphorus—Bryonia—Lachesis—HeparSulphuris—Points of special interest to the candid medical inquirer, afforded by the contrast of these two cases.

## Case 23.—Disorder of the Moral Faculties dependent upon Chronic Affection of the Brain (Gastro-encephalitis Chronica).

27th Feb., 1845.

Walter P——, aged seven years, of a *nervous-sanguine*, bilious temperament, with dark hair and eyes, and of a strumous constitution, had, about two years and a half ago, a very serious attack of typhus fever, in the course of which inflammation of the brain supervened, and for a time seemed to render the case hopeless. His head was shaved, ice and cold evaporating lotions, besides blisters and leeches, were applied locally, with a view to checking the inflammation, and aperients were administered to cause a derivation, whilst a variety of stimulants were given to prevent the sudden sinking of the vital powers. Notwithstanding this contradictory treatment, he remained in a state of stupor and apparent insensibility for six or seven weeks; and then gradually revived. It was not until five or six months more had elapsed, that he was able to leave the house.

Previously to this cerebral affection, he was quick and clever, affectionate in disposition, remarkably good-tempered, open-hearted, and truthful; and although naturally high-spirited, he was considered as docile and tractable as most children of his age. Ever since his partial recovery (for he had never regained his former health), he has been ill-tempered, disobedient, sulky, and headstrong. At times he is so violent that he breaks everything which comes in his way, such as chairs, and other articles of furniture, plates, cups, etc.; and when interfered with, he will lie down on the floor, and kick, and bite anyone who attempts either to pacify or to punish him, howling and screaming all the while. He seems, moreover, to have lost all affection for

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his parents; he is wantonly addicted to falsehood, and although still a clever child, he is not so remarkably intelligent as formerly.

His present physical condition is as follows:—

He frequently complains of aching in the occiput, occasionally of aching and shooting in the frontal, temporal, and occipital regions; especially in the latter situation, where the pain is sometimes so intense as to cause him to cry and moan. His head is usually hot, and face flushed; pupils subject to alternations of contraction and dilatation; occasionally marked strabismus is noticed for days together. He is very restless at night, often tossing his arms over his head during sleep, which is heavy and unrefreshing. These have accompanied the moral symptoms ever since the acute affection passed into a chronic state.

Appetite variable, at times craving or voracious; bitter taste in the morning; digestive functions easily disordered; the bowels act, however, with tolerable regularity. Pulse 95, rather weak, and of irregular strength.

He is of a very spare habit of body, and his chest is narrow. He seems possessed of ordinary strength, although he is sometimes very languid, and indisposed to physical exertion.

His diet is simple, consisting chiefly of bread-and-butter, meat, fish, vegetables, milk, and cocoa.

For the last eight or nine months, he has been without regular treatment.

His mother is phthisical, and his three sisters are all subject to scrofulous affections in one form or another.

*Prescription.—Bell.*, three globules, thirtieth dilution; and after an interval of six days, *Sulph.*, three globules, thirtieth dilution.

*Clin. com.—Bell.* was prescribed with a view to its action upon the brain, and *Sulph.* on account of the patient's *psoric taint*.

March 10. He suffers less pain in the occiput; appetite more natural; digestion improved. In other respects he appears much the same. The *Bell.* caused much aggravation both of the moral and physical symptoms; but chiefly of the former kind, as might be inferred from the excessive breakage of sundry kinds of crockery ware with which he was concerned, during a period of six or seven days after its exhibition.

*Prescription.—Bell.*, three globules, thirtieth dilution, this day week.

March 31. Has been better generally, although the moral symptoms continue as before. Within the last few days he has lost his appetite, and complained of thirst; the occipital aching has been more frequent, whilst he seems to have lost the other physical symptoms of cerebral irritation; bowels confined, and stools very dark.

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*Prescription.—Nux Vom.*, three globules, twelfth dilution; and after an interval of six days, *Calc. Carb.*, three globules, thirtieth dilution.

*Clin. com.—Calc. Carb.* was exhibited with a view to its action upon the brain, and as an *anti-psoric.*

April 16. Is better altogether. The headaches are slighter, and recur less frequently; he enjoys refreshing sleep, and is less languid; digestion good; bowels regular. There is, however, no change in the moral symptoms.

*Prescription.—Nux Vom.*, three globules, thirtieth dilution; and after a week's interval, *Bell.*, three globules, thirtieth dilution.

May 7. He continues to improve generally.

*Prescription.—Sulph.*, three globules, thirtieth dilution.

May 27. The general improvement is maintained. The headaches are now very slight, and recur but seldom; pulse of normal strength and frequency.

*Prescription.—Lach.*, three globules, thirtieth dilution.

*Clin. com.—Lach.* has, over and above its extensive range of action as a constitutional remedy, a special action upon the heart and brain. It is on this last account of great service, not only in certain diseases of the heart and brain, but also in those embarrassed states of the general circulation, which are so often experienced by women at the "turn of life."

June 23. Has not complained of headache until the last few days. He is still very passionate; but his disposition is certainly improved, although only in a slight degree.

*Prescription.—Bell.*, three globules, thirtieth dilution.

July 17. His temper seems to improve; he is still very passionate, but less wilful and more tractable. Has complained lately of pain in the occiput, not, however, so violent as formerly. He is very nervous and excitable, and remarkably sensitive to all external impressions.

*Prescription.—Agar. Musc.*, three globules, thirtieth dilution.

*Clin. com.*—This remedy was exhibited with a view to its action upon the brain and nervous system, and to the revival of the organic susceptibility to remedial action. It is a good occasional medicine in those cases where there has been a long-continued drain of the nervous force from over-excitement of the brain and spinal chord.

August 31. His temper continues to improve; he is now much more obedient to his mother, has fewer sulky fits, and adheres more strictly to the truth. Has lately complained of aching at the epigastrium, but in other respects seems quite well.

*Prescription.—Nux Vom.*, three globules, thirtieth dilution.

Oct. 1. Is looking very well. His temper is remarkably improved, and he seems to be fast regaining the normal condition of his mind.

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*Prescription.*—*Bell.*, three globules, twelfth dilution; and *Sil.*, three globules, thirtieth dilution, after an interval of ten days.

*Clin. com.*—*Sil.* was selected as an appropriate antipsoric as well as with a view to its action upon the cerebro-spinal axis.

Oct 24. His temper improves every day. He is now perfectly subject to moral control, and manifests the same affectionate regard for his family that he did before his illness. In short, he seems sufficiently well, morally and physically, to leave off the treatment.

*Prescription.*—*Nux Vom.*, three globules, thirtieth dilution.

*Memorandum of Oct.*, 1846.—Since this time last year, he has had two or three slight returns of the occipital pains, which were speedily removed by *Bell.* and *Lach.*; his general health has been good, and the moral restoration maintained. He is at present stronger, and of a less delicate frame. He is, moreover, an affectionate, good-natured, and lively child; and for the high-spirited little fellow that he is, as tractable as his mother could wish. In December, 1846, the subject of this interesting case left London with his family, being then in good health. He has since been lost sight of.

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## CASE 24.—ACUTE INFLAMMATION OF THE BRAIN (ENCEPHALITIS) COMPLICATED WITH GASTRO-ENTERITIS AND PNEUMONIA.

24th July, 1845.

EMILY P——, aged fourteen months, of lymphatic, *nervous-sanguine* temperament, with dark complexion and eyes (the youngest sister of the preceding patient), is now suffering from a serious attack of encephalitis.

*History.*—About six weeks ago, one of the lodgers in her mother's house was playing with this little girl, and amusing himself by tossing her up in the air, and then catching her again. It happened, unfortunately for the poor child, that he at length failed to catch her, and she fell head-foremost to the ground, the right side of her head coming into contact with the floor. Although she continued insensible for some minutes after her fall, she did not seem at the time to have sustained much injury. Some days afterwards, a tumour was observed below the integuments covering the right parietal bone, which soon became very large (about the size and form of the closed fist of a man of ordinary stature) and tense, hot to the touch, and fluctuating. The tumour was absorbed in a few days by the local application of a weak arnicated lotion (which was renewed morning and evening) for a period of two days, aided by the internal exhibition of *Arn.*, two drops, third dilution, in doses of a sixth part every four hours; followed

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by a few doses of *Arn.*, twelfth dilution, at intervals of two days, after the lotion had been discontinued. It was, however, remarked that a complete revolution had taken place in the child's moral disposition. Whereas previously to the accident, she was lively and good-tempered, and remarkably fond of strangers, she had since become very shy and irritable. She was either extremely passionate, crying the greater part of the day and night, and frequently attempting to bite her attendants; or else she seemed heavy and stupid, taking little notice of surrounding objects. With this change in the moral state, the head had become very hot, the pupils alternately contracted and dilated; and constant *strabismus* was noticed. She was sleepless at night, or else in a kind of stupor; the appetite was indifferent, and the bowels confined. After the subsidence of the tumour, as the moral and physical condition did not manifest any improvement, it was evident that the brain had suffered; and accordingly *Bell.* (third, twelfth, and thirtieth dilutions) was administered, at first at intervals of a few hours, then intercurrently with *Sulph.* and *Calc. Carb.* (fifth and thirtieth dilutions) at intervals of two, four, six, and eight days, in the hope of preventing an acute reaction. The above enumerated symptoms continued without apparent amelioration or aggravation, until yesterday afternoon, when she was exposed to the rain, and got slightly wet. Soon afterwards, acute cerebral symptoms came on. Throughout the night she was delirious; at one time screaming and tossing her head about, at another convulsed and in a state of stupor.

July 24. The present state is as follows:—

Head very hot, especially about the forehead and vertex; eyes dull and fixed; and the whole frame convulsed. Occasionally, however, her look is wild and furious; she then tosses her head, and tries to bite (in fact, her mother's hand has already been severely bitten); at the same time, she seems unconscious of what passes around her, and does not even recognize her parents. She is very thirsty, tongue covered with a white coating, abdomen burning, bowels confined; pulse 130, very full and strong.

*Prescription.*—*Bell.* three drops, third dilution, and *Acon.* three drops, third dilution, in doses of a sixth part, alternately every two hours.

Diet: toast-and-water.

July 25. Upon the whole, the cerebral symptoms have been rather less urgent since yesterday evening, and she has had a good night. This morning the head is less heavy, and not quite so hot; the eyes more natural in appearance, and the convulsions less frequent. The stomach and abdomen (especially the latter) are burning to the touch; the legs are bent up against the belly, and she screams when pressure is made upon the abdomen; bowels relaxed; stools scanty, light-

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coloured, and watery, with admixture of slimy mucus, preceded and followed by much *tenesmus*. She is very thirsty, and retches continually, without being able to vomit; or else the vomiting is so slight, that it affords little or no relief. The pulse is still very strong, but not so frequent. She is much prostrated, and takes no notice of those around her.

*Prescription.*—*Acon.*, three drops, third dilution, and *Ars.*, three drops, third dilution, in doses of a sixth part, alternately every three hours.

Diet as before.

*Clin. com.*—As nature was evidently attempting a transfer of the acute reaction to less immediately vital organs, and so gaining time for a salutary resolution of the cerebral inflammation, it was deemed advisable to sustain these derivative efforts by the substitution of *Ars.* for the *Bell.* The alternation of *Acon.* was, however, persevered in, on account of the vascular excitement, which was considerable in both the affected organs.

July 26. Has passed a better, although still a very restless night. She is slightly better to-day, and seems a little stronger; the retching and straining have ceased, and the bowels are no longer relaxed. The eyes have a more natural expression, and she is less convulsed; *the head*, however, is still *hot*, and there is *much throbbing in the temporal arteries; face flushed;* tongue coated with a white fur; *breathing quick and oppressed; pulse* 120, *full; heart's action very strong; much general heat of skin;* no appetite; *ardent thirst.* The moral symptoms much the same.

*Prescription.* — *Phos.*, three drops, third dilution, a sixth part every four hours.

Diet: toast-and-water; and gum-arabic water sweetened with a little sugar.

*Clin. com.*—As the chief symptoms—viz., the increased temperature of the skin, the fulness and tension of all the blood-vessels, the strength of the heart's action, and the rapidity of the respiration—now indicated a marked increase of general vascular reaction, *Phos.* was exhibited with a view to its action upon the general, as well as upon the local (cerebral) circulation; and also to the revival of the organic susceptibility to the actions of *Acon.* and *Bell.*, which was becoming blunted by their frequent repetition.

July 27. She continued better throughout yesterday, and has had, comparatively speaking, a more favourable night; but this morning the gastro-enteritic symptoms have returned in a very acute degree. The head is, however, less affected; for, at times, she seems to recognize her mother, and to manifest a decided preference for her attentions to those of any of the other members of the family.

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*Prescription.*—*Acon.*, three drops, third dilution, and *Ars.*, three drops, third dilution, in doses of a sixth part, alternately every two hours.

Diet as before.

Ten o'clock, p.m.—She has been much better; but is worse again in some respects. The retching and relaxation have ceased; but there is more stupor, although the head is not so hot, and the fever is less. At times she appears quite prostrated, and then rallies again, without apparent cause. Her *face is puffed and sallow;* she is *continually picking her nose.*

*Prescription.*—*Cina*, three drops, third dilution, a sixth part every three hours. The other remedies to be suspended during the night.

July 28. The head was cooler, and the skin moister, throughout the night, and she seemed better until about three o'clock, a.m., when the breathing became hurried and oppressed, accompanied by a short hacking cough and great heat of skin. Her mother mentioned that some cold water was spilt in the bed by a careless attendant; and that the bed-linen was not changed for some hours after, when the cough was first noticed. At present, the rapidity of the respiration and urgency of the cough seem to increase; the skin is dry and burning, and the pupils dilated. She is very irascible, and furious at times, but for the most part lies in a state approaching to unconscious stupor; pulse more frequent, but diminished in strength.

*Thoracic examination.*—There is slight dulness under percussion in the more dependent portion of the right back; the respiration is harsh and bronchial; crepitant *râles* accompany the respiratory murmur, and there is increase in the vocal thrill (when the child cries), as compared with that on the opposite side of the chest.

*Prescription.*—*Bry. alb.*, three drops, third dilution, a sixth part every three hours.

Diet: toast-and-water.

*Clin. com.*—The state of the lung, together with the typhoid condition of the brain, afforded indications for the exhibition of *Bry.*

July 29. Has been better during the past night, but since the morning the respiration has become more difficult, and the cough more urgent; the dulness under percussion is more extensive, and the respiration harsher and more bronchial. Pulse 160, fuller and stronger; skin hot, and countenance flushed. She takes little notice of things.

*Prescription.*—*Phos.*, three drops, third dilution; a sixth part every three hours.

Diet as before.

July 30. This morning, although she is better than she was yesterday at the same hour, the improvement is not so decided as it was last night. The cough is changing its form, and becoming more

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spasmodic and choking in character, but much looser, upon the whole; the *râles* are moister, respiration less harsh, and the dulness has not extended. Pulse 130, of tolerable strength; tongue coated; no appetite; thirst; heat of head, and great physical prostration. She continues either very passionate, or else dull and stupid; and as yet seems to have had no satisfactory sleep.

*Prescription.*—The same remedy to be continued. At night, the last thing, *Lach.*, three globules, twelfth dilution, to be given at a single dose, instead of the dose of *Phos.*; three hours after which the *Phos.* to be repeated as before.

*Clin. com.*—*Lach.* is particularly indicated in those *diseases of the brain*, where there is a *tendency to organic disintegration* (softening), *or to deposition of tubercles* in its substance. This remedy has also a marked action upon the larynx, the parenchymatous textures of the lungs, and the serous membranes of the thoracic *viscera*. From the depressing influence which this snake-poison exerts upon the general and local vitality, gangrene of the lungs will be found among its *pathogenetic* effects; hence its dynamic preparations will prove of the greatest therapeutic advantage in the treatment of the pulmonic inflammations of exhausted constitutions, when gangrene is imminent. Even in those instances where gangrene has actually taken place (provided it be limited in extent), *Lach.* may be exhibited with some hope of success.

July 31. In the course of last night she passed two or three liquid stools, of a brown colour and very fetid, which were attended with general perspiration. This morning she seems better and stronger, and for the first time since her illness, begins to notice those around her. The cough is looser and less urgent; respiration freer; the crepitant have given place to mucous *ronchi*, and the vesicular breathing is now distinctly heard. Pulse 120, regular, and of good strength; the skin is moist and comfortably warm, manifesting a strong tendency to perspiration: the head, however, continues hot; but the eyes are less dull, and the expression of the countenance is becoming more natural. Has voided another very offensive stool, which was loose and slimy.

*Prescription.*—*Hep. Sulph.*, three drops, fifth dilution, in doses of a sixth part every four hours.

Diet: gum-arabic water and toast-and-water.

*Clin. com.*—*Hep. Sulph.* was prescribed with a view to sustaining the cutaneous re-action. There is no medicine whose action upon the cutaneous exhalents is more marked.

August 1. She perspired very much last night. To-day she is evidently better. The cough is looser; mucous ronchi are heard in different parts of the chest, but more especially in the affected lung; and there is now a natural resonance under percussion on both

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sides throughout. She is stronger, and does not seem to have lost much flesh. Her face is still puffed, and she continues to pick her nose a great deal; her head is cooler, although still slightly hot at times; and her appetite seems to be returning: for she is no longer thirsty, and shows a preference for the gum-water. She now likes to be kept upon her mother's lap; whereas before, she lay in bed, upon her back, in a passive state.

*Prescription.*—*Cina*, three drops, third dilution, in doses of a sixth part, morning, noon, and night.

Diet: milk-and-water, gum-water.

August 2. The improvement continues; sleep more natural, and cough very slight.

*Prescription.*—The same as yesterday.

August 4. The improvement has been very rapid, more especially since yesterday morning. The head is no longer hot, and the skin is cool and moist; tongue nearly clean; no cough; pulse normal; and appetite daily increasing. She is now very peevish, and rather passionate; but she no longer attempts to bite or scratch. In other respects, she seems to have regained her former good nature.

*Prescription.*—*Cham.*, three globules, twelfth dilution.

Diet: milk-and-water and arrowroot. The latter to be increased in quantity as it is found to agree.

August 8. Continues to improve, and has now resumed her ordinary diet and habits. She is neither so peevish nor so passionate; her face is less puffed, and she has left off picking her nose. A small pustular eruption has appeared in different parts of the body, causing much irritation. She enjoys refreshing sleep at night, and she also sleeps during a great part of the day.

*Prescription.*—*Bell.*, three globules, twelfth dilution.

August 14. The improvement is maintained. For the last ten days, there has been a satisfactory action of the bowels every third or fourth day, without effort.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution.

August 21. Is very much better in every respect; spirits and temper very good; tongue clean, and bowels regular. The pustules still continue to come out.

*Prescription.*—*Sulph.*, three globules, twelfth dilution.

August 25. She has been rather ravenous the last day or two, and picks her nose again. The face is rather puffed, and abdomen slightly tense.

*Prescription.*—*Cina*, three globules, twelfth dilution.

Sept. 10. Is now quite fat and strong again, and seems as though she had never been ill.

*Prescription.*—*Sulph.*, three globules, twelfth dilution.

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*Memorandum of Oct.*, 1846.—Up to this period, her moral disposition has continued as good as formerly; and with the exception of two or three slight gastro-enteritic attacks, generally accompanied with sympathetic cerebral symptoms (not, however, more severe than are often met with in sensitive children during the first dentition), and of a few bronchial catarrhs, her physical health has been equally good. In December, 1846, she left London with her family, being in good health at the time; and like her brother, has not since been heard of.

*Clin. com. upon Cases* 23 *and* 24.—These two cases have an especial interest for the candid medical inquirer, as they are of that class which may fairly be held to be decisive of the comparative merits or demerits of the therapeutic methods severally employed in their treatment. This will be evident from a consideration of the facts which are common and peculiar to each case.

The following are the facts common to both cases :—

The patients, both children, were of the same family, having as nearly as possible the same temperaments and constitutional predispositions.

The same organs (the cerebral *viscera*) were attacked. A similar moral affection was observed; and *true convalescence* was indicated by a similar return to the normal state of the moral faculties.

The general hygienic and dietetic treatment were pretty much the same.

Then, as regards the treatment and the facts peculiar to each case :—

In the first case, an acute cerebral inflammation, which had supervened upon typhus fever, was combated by allopathic and antipathic measures. Six or seven weeks elapsed before consciousness was fully recovered, and five or six months more before the patient was able to leave the house; and even then the *acute* was only converted into a *chronic* disease, accompanied by so distressing a change in the moral condition as would have rendered a fatal issue, in the first instance, a boon both to the patient and to his friends. The *chronic* disease continued unchecked for a further period of about two years, when homœopathy was had recourse to. Under this treatment, the physical improvement was immediate: the moral was at first imperceptible; but afterwards not to be mistaken. Finally, a complete cure, moral as well as physical, took place in about eight months. In the second case (acute encephalitis consequent upon a very serious concussion of the brain), the homœopathic method was had recourse to from the beginning, and pursued throughout. The *sub-acute* symptoms, which preceded the acute attack, lasted about six weeks. Although the curative influence of the remedies employed during this period may have appeared less striking than in some other cases of cerebral inflamma-

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tion, which have already been commented upon, it may, I think, be legitimately concluded from the history of the case, that the violent acute reaction was thereby happily retarded; so as to have admitted of a more successful organic struggle than could have been anticipated, had the brain not had a respite of some weeks to prepare for it after so severe a shock. Whether this be conceded or not, it cannot affect the nature of the facts which afford so great a contrast with those of the first case, viz., that the acute attack, complicated as it was with *pneumonia*, only occupied a period of fifteen days, at the end of which the patient had resumed her old habits; that in about a month additional the cure was rendered certain; that the whole treatment occupied but a period of fifty days; and, lastly, that notwithstanding the severity of the symptoms, recovery took place without that physical depression and loss in the organic fluids and solids which always ensue upon the most successful employment of the allopathic and antipathic methods, as they are commonly practised.

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# CHAPTER XII.

Case 25. Quinsy, with inflammation and swelling of the parotid and sub-maxillary glands—Aconite—Belladonna—Comparative actions of certain remedies with regard to the lymphatic and vascular systems—Mercurius Solubilis—Hepar Sulphuris. Case 26. Choleraic diarrhœa—Veratrum—Ipecacuanha—Mercurius Sublimatus Corrosivus. Case 27. Acute strumous ophthalmia—Aconite—Mercurius Solubilis—Hepar Sulphuris—Belladonna—Sulphur.

## Case 25.—Quinsy (Angina Cynanche), with Inflammation and Swelling of the Parotid and Sub-maxillary Glands.

14th October, 1846.

Mrs. K——, middle-aged, of lymphatic-sanguine temperament, very subject to glandular inflammations and sore throat, has of late been obliged, by the nature of her occupations, to take much exercise in the open air. Two days ago, having quitted a very close, warm room to go out of doors, she got a sudden chill, the weather at the time being damp and cold. Beyond a feeling of discomfort, she did not perceive any remarkable change in herself; so that she continued out for several hours. On her return home for dinner, she forced herself to eat against her inclination, thinking that she would get ill by not taking nutriment. Towards the evening, the face began to swell; and throughout the night the swelling continued rapidly to increase, accompanied with great soreness of the throat and difficulty of deglutition. She was very feverish and unable to sleep, very thirsty, and at times rather delirious. This morning, as the symptoms had become alarming, she no longer hesitated in having speedy recourse to medical advice.

Her present state is as follows:—The lower part of the face is very much swollen, and the integuments are so tense that she can open her mouth only to a sufficient extent to enable her to sip two or three spoonfuls of toast and water at a time, and that with much pain and difficulty. The sub-maxillary and parotid glands (especially of the left side) are very much swollen and painful. At present it is impossible to ascertain the exact state of the mucous membrane of the fauces and



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throat. Judging, however, from the severe shooting pain, the feeling of fulness, and suffocation, as well as from the difficulty of deglutition, combined with the swelling of the throat and the great external heat and tenderness, there is every reason to believe that considerable internal inflammation is going on. No appetite; intense thirst; skin generally very hot; aching in the limbs; pulse 110, full; bowels confined, and spirits much depressed.

*Prescription.*—*Acon.*, two drops, third dilution, and *Bell.*, two drops, third dilution, in doses of a sixth part alternately every three hours.

Diet: toast-and-water or pure water.

*Clin. com.*—*Acon.* was exhibited to act upon the circulation generally and locally; whilst *Bell.* was prescribed with a view to its action upon the mucous membrane of the throat and upon the glands. Comparing the respective actions of these two medicines, *Bell.* seems to stand, with regard to the lymphatic, in a similar degree of relation to that of *Acon.* in respect of the vascular system; in other words, *Bell.* is to the lymphatic what *Acon.* is to the vascular system. The comparative action of certain other remedies upon the glands and circulation admit of a like generalization. Thus we shall find that the pathogenetic effects of *Con.*, *Merc.*, and *Calc. Carb.*, upon the lymphatic system, bear a strong analogy to those of *Phosph.*, *Sep.*, and *Sulph.*, upon the circulation, in their respective degrees. (See *Clin. com.* on Case 10, page 47.)

October 15. Since yesterday morning she has been in a profuse perspiration, and upon the whole has had a very good night; to-day the face is less swollen, and also less tender to the touch; she is now able to open her mouth. The throat is inflamed and red, and the tonsils are much swollen; deglutition, however, is less painful, and the pain in the throat at present amounts only to a sensation of soreness. Skin warm and moist, with profuse perspiration; thirst much abated; no appetite; tongue rather coated; pulse 82, soft and regular; spirits improved.

*Prescription.*—*Bell.*, two drops, third dilution, and *Merc. Sol.*, two drops, fifth dilution, in doses of a sixth part alternately every four hours.

Diet: water-gruel, or toast-and-water.

*Clin. com.*—*Merc. Sol.* was prescribed to act upon the mucous and glandular tissues, and especially to promote the cutaneous exhalation: it was also exhibited with a view to the exciting cause of the disease.

October 16. Has had another good night. The swelling decreases, and the pain is fast subsiding; the throat still continues inflamed, and shooting pains in the left ear are complained of; thirst diminished; no appetite; pulse 82, soft; the skin is moist, but the perspiration is no longer profuse.

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*Prescription.—Bell.*, two drops, third dilution, in doses of a sixth part every four hours.

Diet as before.

October 17. Is much better in every respect. The inflammation of the throat is fast subsiding, and the appetite beginning to return; bowels open to-day for the first time since her attack; slightly relaxed. Pulse 80, soft and regular.

*Prescription.—Merc. Sol.*, two drops, fifth dilution, in doses of a sixth part every four hours.

Diet: gruel and milk-and-water.

October 18. Continues to improve, and has got up to-day. The glands are much reduced in size; but there is still a slight tenderness in the left sub-maxillary glands. The redness and inflammation of the mucous membrane is now confined to a small space just above the left tonsil; throbbing pain has lately been experienced in this situation, as though matter were forming. Tongue cleaner; appetite returning; skin moist; urine copious and clear. Pulse 80, normal.

*Prescription.—Hep. Sulph.*, two drops, fifth dilution, in doses of a sixth part every four hours.

Diet as before, with the addition of a small quantity of arrow-root.

*Clin. com.—Hep. Sulph.* was prescribed, with a view to its action upon the mucous membrane of the throat and glandular structures, but more especially on account of its influence on the suppurative process. Its effects upon the cutaneous exhalants are no less remarkable, and have already been dwelt upon elsewhere.

October 19. After she had taken a few doses of *Hep. Sulph.*, the small abscess which had formed burst; she has since had no return of the throbbing pain. A scanty purulent discharge marks the seat of the abscess. The mucous membrane is resuming its normal appearance; skin moist, with a gentle perspiration; appetite and strength fast returning; spirits cheerful; pulse normal.

*Prescription.—Merc. Sol.*, two drops, fifth dilution, in doses of a sixth part, morning, noon, and night.

Diet: light farinaceous food, beef-tea, and cocoa.

October 21. She is now quite convalescent; the glandular swellings and the inflammation of the throat have entirely subsided; tongue clean; appetite normal; and bowels regular.

*Prescription.—Merc. Sol.*, three globules, twelfth dilution; then, after a day's interval, *Merc. Sol.*, three globules, twelfth dilution; and, after a further interval of four days, *Sulph.*, three globules, thirtieth dilution.

Diet: a gradual return to her ordinary mode of living.

*Clin. com.*—The pathological mechanism of this case bears some analogy to that of No. 17 (see page 78), seeing that the exciting

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causes were the same. A similar suppression of the secretions of the skin took place; and, although different organs were affected, the same general purpose may be traced in the re-action which ensued in both instances, namely, the restoration of the cutaneous functions. It is in cases such as these, that the philosophy of remedial stimulation in sympathy with the vital efforts must of necessity commend itself to every candid and reverent observer of Nature's ways.

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### Case 26.—Choleraic Diarrhœa.

29th July, 1845.

The Countess of ——, rather above the middle age, of a *nervous-bilious*, sanguine temperament, was seized between five and six o'clock this morning with violent diarrhœa, accompanied with faintness, nausea, and vomiting of dark biliary matter, and preceded by very severe griping and cutting pains in the bowels, together with cramps in the lower extremities.

On the previous night, Lady ——, although suffering from slight indisposition at the time, had attended a state-ball, which was over-crowded. Feeling extremely oppressed by the heat of the apartments, she had eaten a great many ices in the course of the evening, which, in all probability, had acted as the exciting cause of her disorder.

Up to this time, half-past seven o'clock, when first seen, Lady —— has had seven or eight very *copious dark watery stools*; and the relaxation continues as *violent* as ever. The *abdominal griping* is very *severe*, so that she can hardly lie down; *sensations as from electric shocks* are experienced *in the arms and chest*, accompanied with *cramps in the calves of the legs; great thirst;* tongue tolerably clean; *countenance anxious; face pinched and blue; extremities cold; spirits much depressed;* pulse about 80, weak; *nausea, and vomiting of a dark thin fluid.*

*Prescription.*—*Ver. Alb.*, three drops, third dilution, in doses of a sixth part every two hours; *Ipec.*, three drops, third dilution, a sixth part to be given after each attack of vomiting only, if *Ver.* does not suffice.

Diet: toast-and-water and rice-water.

*Clin. com.*—All the symptoms marked in *italics* will be found in the *pathogenesis* of *Ver.* If to these we add the "rice-water dejections and vomits," we have that characteristic group of symptoms which led at once to the selection of this priceless remedy for the treatment of Asiatic cholera, solely in accordance with Hahnemann's purely therapeutic law, at a time when the most opposite, and often most pernicious, modes of treatment had been adopted, almost at

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random, amid the darkness of pathological uncertainty in which this fearful disease was, and is to this day, enshrouded.

Five o'clock, p.m.—This morning, after taking the first dose of the *Ver.*, there was a slight improvement; the cramps became less urgent, and the vomiting occurred but once; the bowels, however, continued much relaxed. After the second dose, the improvement was *remarkable* in *every* respect; the extremities no longer continued cold, and the cramps ceased in a great measure. Since my first visit, the bowels have acted four or five times only; the stools are rather less serous, and much diminished in quantity; the countenance is no longer anxious; the nausea and cramps have ceased; extremities warm; pulse fuller; the patient feels comfortable, and in better spirits.

*Prescription.*—The *Ver.* to be continued as before.

July 30, 8 o'clock, a.m.—Lady —— has passed a good night, and feels decidedly better. Bowels less relaxed (three or four motions since yesterday evening); dejections watery and dark, still attended with griping; the last, however, have contained much bloody and slimy mucus, and have been followed by painful *tenesmus;* no appetite; thirst; pulse as before.

*Prescription.*—*Merc. Sub. Corr.*, three drops, fifth dilution, and *Ver.*, three drops, third dilution, in doses of a sixth part alternately every three hours.

Diet as before.

Five o'clock, p.m.—Is going on very well. The motions are more feculent, with slight admixture of mucus and blood; *tenesmus* abated; feels weak, and inclined for a little nutriment; is in very good spirits.

*Prescription.*—*Merc. Sub. Corr.*, three drops, fifth dilution, in doses of a sixth part every four hours.

Diet: water-gruel and beef-tea, *cold.*

July 31, half-past 7 o'clock, a.m.—Has passed another good night, during which the bowels were tolerably comfortable; this morning, has had a scanty stool without pain, consisting chiefly of slimy, sanguineous matter; is satisfied with the gruel, and already feels stronger.

*Prescription.*—The same medicine to be continued as before.

To get up for a short time this morning.

Diet: gruel, beef-tea, and a small quantity of arrowroot in the evening.

August 1, eight o'clock, a.m.—Has had very refreshing sleep, and the diarrhœa has quite ceased.

*Prescription.*—*Merc. Sub. Corr.*, three drops, fifth dilution, a sixth part three times a day; then, after an interval of two days, *Puls.*, three globules, twelfth dilution; and, lastly, after an interval of four days, *Sulph.*, three globules, thirtieth dilution.

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Diet: light farinaceous food, with beef-tea, for a few days, and then a gradual return to ordinary diet.

Lady ——, although rather weak, was sufficiently well to leave town for the country in the course of the same morning, where, in a few days, she regained her usual health and strength.

*Clin. com.*—The remarkably short duration of this and of other severe acute attacks of a kindred nature, under the homœopathic, forms a very strong contrast to that which would probably have been the case under the ordinary method of treatment. In fact, Lady —— herself observed, that she had previously had several similar attacks, which, although they had not been so violent at the outset, had, under the latter treatment, invariably laid her up for two or three weeks, besides subjecting her to a tedious convalescence. It was this experience that induced Lady —— to make a trial of Homœopathy on this last occasion.

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## Case 27.—Acute Strumous Ophthalmia.

28th December, 1845.

Ellen P——, a sister of the subjects of Cases 23 and 24, aged between two and three years, and of a lymphatic-bilious temperament, was exposed to a damp cold wind some days ago. Since that time the eyes have been much inflamed. To-day, the *photophobia* is so great, that there is no getting the child to submit to an examination of the right eye, which she keeps closed. The eye-lids are much inflamed and swollen, and there is profuse lachrymation, with a thick muco-purulent discharge. The inflammation of the left eye, which is less deep-seated, seems restricted to the *conjunctiva*. She is very thirsty and feverish. The skin is dry and hot. Pulse 140, full and strong. She is very restless, and sleepless at night.

*Prescription.*—*Acon.*, two drops, third dilution, and *Merc. Sol.*, two drops, fifth dilution, in doses of a sixth part alternately every three hours.

Diet: toast-and-water.

*Clin. com.*—*Merc. Sol.* was exhibited on account of its action upon the mucous membranes, as well as upon the internal structures of the eyes, with a view to promoting the elimination, if not the absorption of the morbific products; reference being had both to the exciting cause, and to the strumous constitution of the patient.

December 29.—To-day, with some difficulty, the lids of the right eye were forced open; so that a hasty glance revealed an opacity of the

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*cornea* from effusion of lymph into the anterior chamber, as well as considerable injection of the *conjunctiva*. The left eye is more inflamed than yesterday; and has now become very sensitive to the light, so that she keeps both eyes closed. There is also much agglutination of the eye-lids. She is still very thirsty, and has no appetite. Pulse 130, not quite so strong.

*Prescription.*—The same as yesterday.

Diet: toast-and-water and gum-water.

December 31.—There is a slight, yet decided improvement in the inflammatory symptoms, and the *photophobia* is less urgent. Much muco-purulent matter is discharged from both eyes, especially from the right; and a thick gum-like exudation collects in the inner angles. The patient sleeps better at night, and is less thirsty; but as yet the appetite has not returned. Pulse 126.

*Prescription.*—*Merc Sol.*, two drops, fifth dilution, a sixth part every four hours.

Diet: water-gruel and milk-and-water.

January 1, 1846.—The eyes are better; especially the left, in which the improvement is very sensible. There is less intolerance of light, so that she now opens the eyes occasionally for a few minutes at a time. There is a marked increase of the muco-purulent discharge from the eyes, and of the gum-like exudations. The *skin is more moist*, and at times manifests a *tendency to perspiration*. Pulse less frequent.

*Prescription.*—*Hep. Sulph.*, two drops, fifth dilution, a sixth part every four hours.

*Clin. com.*—At this period of the disease there was an evident determination of the vitality to the skin, in order to the restoration of its functions, the suppression of which had been the immediate exciting cause of the attack. *Hep. Sulph.* was therefore exhibited to sustain the cutaneous re-action, whilst its kindred action upon the eye-textures in promoting the elimination and absorption of the inflammatory products admitted of its substitution for *Merc.*, without disadvantage to the patient.

January 2.—She perspired profusely last night. To-day the skin is comfortably moist. The inflammatory symptoms have greatly abated; and there is less discharge. The *cornea* of the right eye is more transparent from the gradual absorption of the effused fluid. The appetite is returning, and the bowels are resuming their action. The head, however, is rather hot; and she is peevish and irascible. Pulse 120.

*Prescription.*—*Bell.*, two drops, third dilution, a sixth part three times a day.

Diet: gruel, milk-and-water, and arrowroot.

*Clin. com.*—*Bell.* was exhibited with a view to its action upon the

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brain, upon that portion of the nervous system more immediately connected with the organs of vision, and also upon the mucous capillaries of the eyes.

January 5.—The left eye is now quite well, and only a very slight injection of the right remains; so that she keeps both eyes constantly open. The *cornea* of the right eye has regained its entire transparency. Appetite and digestive functions normal. Pulse 96.

*Prescription.—Sulph.*, three globules, thirtieth dilution.

Diet: a return to her ordinary mode of living.

January 12.—Is now quite well, and both eyes seem to have regained their former vigour.

*Memorandum of Oct.*, 1846.—Up to this time, when she left town with her family, there has been no relapse.

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# CHAPTER XIII.

Case 28. Scarlatina. Case 29. Scarlatina and Measles—Aconitum—Belladonna—Belladonina as a prophylactic against Scarlatina—Sulphur—Mercurius Solubilis—Chamomilla—Strammonium—Sulphur.

## Case 28.—Scarlatina.

5th March, 1846.

Ellen F——, aged three years, of lymphatic temperament, with light hair and eyes, has hitherto enjoyed good health, and seems free from constitutional taint. Last night she complained of head-ache, and refused to eat for tea. Several of her sisters and a brother were affected with scarlatina. To-day the throat is red and inflamed; deglutition painful; tongue scarlet; face red and hot; head-ache, with oppressed respiration; no appetite; thirst. Pulse slightly frequent.

*Prescription.—Bell.*, two drops, third dilution, in doses of a sixth part every four hours,

Diet: toast-and-water.

March 6. Yesterday, after she had taken two or three doses of the *Bell.*, the scarlatina rash came out upon the face and neck; the oppression diminished, and the throat became more comfortable. To-day the eruption is fading away; the redness of the throat has almost disappeared, and there is not the slightest pain when she swallows. No head-ache. Appetite returning. Pulse normal. She is up.

*Prescription.—Bell.*, three globules, twelfth dilution.

Diet: milk-and-water and arrowroot.

March 7. The rash has disappeared, and she now seems quite well.

*Prescription.—Sulph.*, three globules, twelfth dilution, four nights hence.

Diet: bread-and-milk, milk puddings, and beef-tea. Then a gradual return to her ordinary food.

*Clin. com.*—This case is merely given as an instance of the ordinary course of a mild attack of scarlatina. The remarks on the remedial treatment of this exanthem will be reserved for the next case.

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## CASE 29.—SCARLATINA AND MEASLES.

15th May, 1846.

AUGUSTA N——T, aged fourteen months, of lymphatic-nervous temperament, with light hair and eyes, has been sickening for some days. Her father, who is of a strumous constitution, suffers much from the pernicious effects of his trade, that of a house-painter; and her mother is affected with bronchocele.

Her chief food, when in her usual health (which hitherto has been pretty good), consists of baked flour and milk. She has not, however, been entirely weaned.

Yesterday this little girl appeared to be affected with the preliminary symptoms of measles; viz., *sneezing, and watering of the eyes, with great sensitiveness to the light, accompanied with fever,* loss of appetite, and thirst.*

To-day, after having passed a very restless night, the head is very hot and the face red; there is also much heat and dryness of the surface of the body, with redness of the chest and arms. The tongue is red at the sides and tip; and the mucous membrane of the throat is inflamed. No appetite, great thirst; respiration oppressed; countenance anxious; pulse 162, full and strong. The catarrhal symptoms of the head continue; but they are less intense.

*Prescription.—Acon.* two drops, third dilution, in doses of a sixth part every two hours.

Diet: toast-and-water.

May 16. Until three o'clock this morning, she had not been quite so restless, and had slept occasionally. About half-past three, her mother imprudently gave her the breast; since which there has been a very marked aggravation of all the febrile symptoms, and the infant has continued sleepless.

10 o'clock a.m.—The face and neck are covered with a *bright scarlet rash,* which is extending over the trunk and extremities. The *tongue is of a bright scarlet colour, with very great prominence of the papillæ; the throat and tonsils much inflamed,* so that deglutition is evidently painful; the skin generally is dry and burning; and the respiration short and quick, with much heaving of the chest. She is very delirious at times, and frequently tosses her arms over her head; the eyes seem sensitive to the light; bowels inactive; pulse 184, very full. The catarrhal symptoms of the head have entirely ceased.

* As several cases of measles had occurred in the immediate neighbourhood, her mother rightly concluded from these symptoms that she was sickening for this exanthem.

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*Prescription.*—*Bell.*, two drops, third dilution, and *Acon.* two drops, third dilution, in doses of a sixth part alternately every two hours.

Diet: water, and toast-and-water. To be weaned entirely.

*Clin. com.*—We know of no remedy like *Bell.*, whose pathogenetic effects so closely resemble those of the vital efforts at this stage of scarlatina. It is the specific* *par excellence* in the treatment of the smooth scarlatina of Sydenham. This medicine exerts a powerful action upon the mucous membrane of the mouth and fauces, and causes inflammation and swelling of the throat and tonsils, as well as of the sub-maxillary and parotid glands. It moreover induces a scarlet redness of the tongue, with elongation of its *papillæ*. Its action upon the skin is still more remarkable, where it causes an eruption very similar to that by which nature eliminates the poison of scarlatina.

*Bell.* is also given as a *prophylactic* against scarlatina with great success. Even in those exceptional instances, where scarlatina has occurred in spite of the timely exhibition of this prophylactic, the disease will almost invariably run a much milder course than, we have reason to believe, would otherwise have been the case.†

During the prevalence of scarlet fever, *Bell.*, third dilution, administered in doses of two or three drops morning and night, for three days running, and repeated in the same manner from time to time, with two or three days' interval between each successive exhibition, will generally act as a preventive. More material exhibitions of the remedy are also efficacious; but they are not necessary,‡ and possibly may be injurious in some cases.

May 17. The patient has had a restless night, and was rather delirious. She is still very thirsty; but there is less fever. Pulse, 160, full and regular; tongue scarlet; skin very red uniformly all

* The term "specific," as expressing the relation of the remedy to the disease for which it is prescribed, should always be used with some reserve. In doing so, we should never forget that it is *only* the comparative generalization of a certain number of facts which should ever be present to the mind of the physician and pathologist. Thus, in the treatment of the smooth scarlatina of Sydenham (and in none other), *Bell.* will be exhibited; not from the mere abstract notion of its *specificity*, but because its pathogenetic effects so completely simulate the efforts of the organism to eliminate this miasmatic poison as to merit for it the title of "specific," when the actions of other kindred remedies are made the subject of comparison.

† See the cases given in footnote at page 11, in reference to this subject.

‡ At a public school where scarlatina had broken out, all the boys who took *Bell.* (whether in the dynamized, or in the crude material, form) were alike preserved from the infection. Among them were some of my own patients, who volunteered the remark, that those of their companions who took the prophylactic in material doses, had to put up with the inconvenience of a sort of semi-narcotization, during the whole period of its exhibition, whilst they themselves perceived no difference in their ordinary health.

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over the body, with the exception of the chest, where it has assumed a mottled appearance. The eyes have again become suffused and sensitive to the light; and there is much lachrymation.

*Prescription.*—The same as before.

May 18. Has passed a restless night; but was less delirious. Throughout the day she dozes very heavily; and at times seems to be in a kind of stupor. The throat is still very sore, and small ulcerations may be seen on both tonsils, and on the adjacent mucous membrane; the mouth is also inflamed and ulcerated. The scarlet rash is fading in some parts; but there is still the same mottled appearance of the chest. The bowels continue inactive; pulse 164, full and regular. The catarrhal symptoms of the head continue.

*Prescription.*—As before.

May 19. To-day there are two distinct rashes; that of measles is clearly ingrafted upon the preceding exanthem, which is fading in some parts, but still bright in others. The skin of the chest and of the upper extremities has a curiously mottled appearance, offering at the same time the characteristics of both exanthems. The scarlet colour of the tongue and the soreness of the throat still continue in a marked degree. The eyes are extremely sensitive to the light, and there is copious lachrymation with exudation of thick gum-like matter. The nasal mucous membrane is very sore, and thick brown scabs extend from the nostrils to the upper lip. There is also a short hacking cough, with oppressed breathing. Pulse 164, of tolerable strength.

*Prescription.*—*Bry.*, two drops, third dilution; and *Bell.*, two drops, third dilution, in doses of a sixth part alternately every three hours.

Diet as before.

May 20. She has had another restless night. Both eruptions seem to be rapidly dying away, since which the respiration has become more oppressed, and the cough more troublesome; mucous *ronchi* are now heard throughout the chest. The mucous discharge from the eyes and nose continue to increase; mouth very sore; tongue becoming coated, whilst the centre and edges still continue scarlet. Pulse 140, regular, but weaker.

*Prescription.*—*Sulph.*, three globules, twelfth dilution; and after an interval of four hours, the two preceding remedies to be resumed as before.

Diet: toast-and-water, gum-water, and water-gruel.

*Clin com.*—*Sulph.*, was exhibited as the most appropriate *antipsoric*, in order to sustain the cutaneous re-action, which was becoming too feeble to prevent the retrocession of the last eruption, as well as to revive the organic susceptibility to the action of the ordinary remedies. Had this not succeeded, *Cup. Acet.* would have been exhibited: the indications for its administration will be given hereafter.

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May 21. There was much drowsiness and stupor, throughout the afternoon and evening of yesterday; and burning heat of the skin, accompanied with great restlessness and continued moaning during the night. Early this morning, the eruption of measles reappeared in so decided a manner about the neck and chest, as to admit of no mistake; it has since extended all over the body, and now seems to be at its height. With the re-appearance of the eruption, a great many *pustules*, varying in size, broke out all over the neck, behind the ears, and also about the trunk and extremities, more especially the lower; a simultaneous discharge of very fœtid dark matter also took place from the right ear, which still continues. The skin also became cooler and moister, and the breathing freer.

The throat still continues sore; the head is heavy, and breathing quick, but tolerably clear. Soft mucous *râles* are heard on both sides of the chest, chiefly in the more dependent portions; percussion normal; pulse 142, weak.

The little patient is still very thirsty, and, although the physical prostration is considerable, she seems satisfied with the gruel and toast-and-water, giving the preference to the latter. She is now very irritable, and cries a great deal.

*Prescription.*—The alternate remedies to be continued. Diet as before, with the addition of milk-and-water and arrowroot, as soon as the patient will take them.

*Clin. com.*—The action of the *Sulph.*, in this instance, affords an apt illustration of the correctness of a previous observation with regard to the extraordinary benefit which may often be derived in the treatment of acute diseases by the timely exhibition of an *antipsoric*, more especially in those cases where a hereditary constitutional *dyscrasia* is presumable. In all human probability, the life of the little patient was saved, not only by the restoration of the exanthem to the surface, but also by the constitutional depuratory effort evinced, by the eruption of the pustules, and the purulent discharge from the ear. Analogical experience would justify the inference that by this last effort serious impending cerebral mischief was averted.

May 22. The patient has had a bad night, during which she became very feverish; the pulse increased considerably in strength and frequency; so that two doses of *Acon.*, third dilution, were administered in succession. This morning she is still rather feverish and thirsty; the skin is hot, and the eruption is dying away. Pulse 140, weak. The nose and mouth are very sore; the tongue is covered with a white fur; and the bowels are still inactive. There is also much general restlessness, with heat of head, and intolerance of light. The countenance is anxious; and the cough is more troublesome, especially at night. Although much prostrated, the child has hitherto refused to

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take any other aliment than toast-and-water, very thin gruel, or gum-water.

*Prescription.*—*Bell.*, two drops, third dilution, and *Sulph.*, two drops, fifth dilution, in doses of a sixth part every three hours.

Diet: as before.

May 23. Seems much the same, with the exception that the bowels have acted several times. Dejections dark-coloured, loose, and slimy, and very offensive to the smell. Pulse 152, rather stronger.

*Prescription.*—*Merc. Sol.*, two drops, fifth dilution, and *Sulph.*, two drops, fifth dilution, in doses of a sixth part alternately every three hours.

May. 24. The bowels have acted three or four times since yesterday's report; to-day there has been no action. The mouth and nose are very sore; there is heat of head, with drowsiness and great prostration. The last eruption may still be seen, although it is fast fading away. Pulse 138, weak. The skin is cooler, and there is a marked desquamation from the first exanthem about the extremities. The discharge from the ear has nearly ceased.

*Prescription.*—*Bell.*, three globules, twelfth dilution; and, after an interval of four hours, *Sulph.*, two drops, fifth dilution, in doses of a sixth part every four hours.

May 25. Had a better night, and some quiet sleep. The eruption has nearly disappeared; eyes less dull; head cooler; mouth less sore; pulse 120, regular, and of better strength. The bowels are slightly relaxed, and dejections of better colour.

*Prescription.*—*Sulph.*, two drops, fifth dilution, in doses of a sixth part every five hours.

May 26. Last night there was a slight increase of the febrile symptoms, which still continue; she is, however, less thirsty. She is cutting her double teeth, and is now very feverish and irritable; at night she grinds her teeth in her sleep, and is slightly convulsed at times. The bowels have acted several times to-day; dejections loose, green, and frothy. Pulse 130, fuller and stronger.

*Prescription.*—*Cham.*, two drops, third dilution, in doses of a sixth part every four hours.

Diet as before.

May 27. Has had a better night. To-day, the breathing is not so free, and mucous and sibilant *râles* are heard in various parts of the chest. She rubs her eyes a great deal, and continues very cross and passionate. Although the thirst has abated, she still refuses the more nutritious aliment. Pulse 120, not so full, but of fair strength. The emaciation is now considerable, so that she is reduced to a mere shadow of herself.

*Prescription.*—The same as yesterday.

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May 28.—Has been very restless last night, in the course of which the bowels acted twice; the dejections were *dark, and of a putrid, cadaverous-like odour*. To-day, she is extremely passionate, and even furious at times; the head is hot, and there is a return of thirst; tongue dry, and white-coated; pulse as before. The nose and mouth are still sore.

*Prescription.*—*Stram.*, two drops, third dilution, in doses of a sixth part every four hours; *Acon.*, two drops, third dilution, in doses of a sixth part, to be substituted occasionally if the fever increases.

*Clin. com.*—*Stram.* was exhibited on account of the characteristic moral excitement, often *amounting to fury*, which was attendant upon the cerebral symptoms. It was also indicated by the nature of the alvine evacuations.

This excited condition of the brain was partly owing to the suspension of the discharge from the ear.

May 29. She is decidedly better upon the whole. The discharge from the ear has returned again in a slight degree, since which the head has been cooler, and the moral excitement has considerably abated. Tongue moist and cleaner; nose and mouth still rather sore; dejections loose, but less offensive; pulse 116, rather weaker. To-day, for the first time, she has appeared dissatisfied with the gum-water and gruel.

*Prescription.*—*Sulph.*, six globules, eight-hundredth dilution, in doses of a sixth part morning, noon, and night.

Diet: milk-and-water and arrowroot.

*Clin. com.*—A very high dilution of *Sulph.* was prescribed, with a view to its *antipsoric* action.

It was also deemed advisable to follow nature's indications for more reparative nutriment, now that the inflammatory symptoms had subsided; hence a more sustaining diet was insisted upon.

May 30. She continues to improve, is not so fretful, and seems stronger. A slight pustular eruption has appeared on the dorsal aspect of both hands. Bowels slightly loose; pulse as before.

*Prescription.*—The same as yesterday.

May 31. The improvement continues in every respect, and she now sits up on her mother's lap. Her appetite is returning.

*Prescription.*—No medicine.

June 1. Is gaining flesh and strength. Tongue cleaner; no thirst; appetite improving; mouth and nose free from sores; pulse less frequent, and of fair strength. The discharge from the ear continues to increase; it is very offensive to the smell.

*Prescription.*—No medicine.

Diet as before, varied with sago, or other farinaceous food of a similar kind.

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June 3. She continues to improve, and is fast regaining flesh and strength. Her teeth are again troubling her, so that she was slightly convulsed in her sleep. Pulse as before.

*Prescription.*—*Cham.*, three globules, twelfth dilution.

June 5. She has been out a little every day, and is looking very much better and stronger. The cuticle is falling off like fine powder all over the body. Sleep refreshing and tranquil; tongue clean; bowels regular; pulse 112, of normal strength and regularity. The discharge from the ear has diminished, and is no longer offensive to the smell.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, two nights hence.

Diet: a return to her ordinary diet with the addition of a little beef-tea or meat gravy occasionally.

June 10. Since taking the *Sulph.*, a few pustules have come out upon the left side of the face. She is gaining flesh very fast; her appetite is good, and bowels regular. Pulse normal. The discharge from the ear is inconsiderable. She is now so well, that her name will be taken off the dispensary books.

*Prescription.*—*Sulph.*, three globules, eight-hundredth dilution, four nights hence.

*Memorandum of Dec.*, 1849.—This little girl has, up to this time, gone on very satisfactorily. In course of the winter of 1847 (which was a very trying one) she had the hooping-cough, from which she made a favourable recovery.

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## CHAPTER XIV.

Case 30. Scarlatina supervening upon chronic organic disease of the brain—Retrocession of the exanthem—Cuprum Aceticum—Nature acts as though a cure were ever possible—Nature the most practical of humoral pathologists. Case 31. The *sequelæ* of scarlatina—Uræmia—Apis Mellifica—The insidious character of a certain variety of scarlatina.

### Case 30.—Scarlatina supervening upon Chronic Organic Disease of the Brain.

16th May, 1846.

Edwin N——, brother of the preceding patient, and of similar temperament, aged three years and two months, awoke early this morning with griping in the bowels, followed by a loose pappy motion. On being put back into bed, he began to retch, and shortly after threw up "a quantity of phlegm." At 10 o'clock a.m., a small cupful of cocoa was given him, which was immediately rejected by the stomach, and the bowels again acted. He then became very feverish, and the skin hot and dry; so that it was thought advisable to keep him in bed, and to administer *Acon.* In the course of the afternoon, a rash began to make its appearance.

5 o'clock p.m.—The characteristic rash of scarlatina has already come out fully upon the face and neck, and, in a lesser degree, upon the extremities also. The tongue is of a bright scarlet, and the throat sore and inflamed. The little patient is in a high fever. Pulse 160, strong and full.

*Prescription.—Acon.*, two drops, third dilution, and *Bell.*, two drops, third dilution, in doses of a sixth part alternately every two hours.

Diet: water and toast-and-water.

May 17. He has had a remarkably good night, considering the intensity of the re-action, having slept from eight o'clock last night until three this morning, when he awoke in a high fever. After a dose of *Acon.*, he soon fell asleep again, and a gentle perspiration broke out all over the body, which continued four or five hours. The



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rash has come out most favourably, and will soon be at its height. The child is altogether less oppressed; the skin is comfortably moist; and the pulse has come down to 120.

*Prescription.*—The same as yesterday, prolonging the intervals of exhibition to three hours.

5 o'clock p.m.—Shortly after my first visit (1 o'clock p.m.), the child began to be delirious for the first time. After the exhibition of *Bell.*, the delirium subsided, and, with the exception that the fever was returning, matters seemed to be going on satisfactorily, when, about an hour ago, a sudden retrocession of the exanthem took place, which was immediately followed by violent convulsions and entire loss of consciousness. The patient is now perfectly comatose; the convulsions increase in violence, and the whole frame quivers as though it were under the action of a powerful galvanic battery; the pupils are but very slightly, if at all, affected by a strong light; all trace of the eruption has vanished, and the skin is hot and dry. Pulse 140, of irregular strength.

Seeing that there was no immediate apparent cause to account for the retrocession of the exanthem, which had previously been running its course so favourably, the mother was forthwith minutely questioned as to the child's antecedents; from which it appeared that, about six months previously, he had sustained a fall on the head, the shock of which was sufficiently severe at the time to render him insensible for about half an hour. As he did not seem to have sustained any injury when he regained consciousness, and as no acute re-action ensued, his parents did not think it necessary to seek professional advice. From that time to the day when he was attacked by scarlatina, his mother now recollects that he had been *rather duller of intellect* (not "so sharp"), *less lively and playful, more drowsy and heavy about the head,* than was his wont; and that his *bowels had been unusually inactive.* Nevertheless, as he did not complain of any actual pain in the head, and his general health seemed unaffected otherwise, the significance of these symptoms* never occurred to her.

* It will be seen that the *italicized* symptoms, when taken *by themselves*, are of a *negative* character, *i. e.*, not necessarily suggestive of anything beyond a diminution of the functional activity of the brain, such as might occur indirectly from any cause affecting the general vitality for the time. Considered, however, *with reference to the antecedents of the patient, and to the analogy of pathological experience*, there would have been no difficulty in determining their *positive and primary* relation to the brain itself, in the first instance, when a cure was not only possible, but highly probable.

The *continued inaction* of the bowels, when it occurs in connection with cerebral disease, is a symptom of peculiar significance; inasmuch as it is an indication that the brain has urgent need of all the disposable (functional) vitality of other organs in addition to its own, for the maintenance of its integrity. The resumption of the

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*Prescription.*—*Cuprum Aceticum*, three drops, fifth dilution, and *Bell.*, three drops, third dilution, in doses of a sixth part alternately every hour. The mouth and lips of the patient to be moistened with the medicines, should he be unable to swallow.

*Clin. com.*—Owing to the peculiarity of its action upon the nervous centres, *Cuprum Aceticum* is, of all hitherto known remedies, the most admirably adapted for the treatment of that pathological condition which is not unfrequently met with in some very serious cases of acute, and occasionally also of chronic, disease, where two distinct morbific principles co-exist, the one in an active, the other in a latent state. Its exhibition will be indicated in nearly all cases of *metastasis*, whether to the brain or to some other vital organ, consequent upon the retrocession or violent suppression of an exanthem, of an erysipelatic inflammation, and, in fact, of any constitutional depuratory effort.*

My own experience accords with that of Dr. G. Schmid (to whom we are indebted for this valuable hint in homœopathic therapeutics) as to the advantage of alternating with *Cup. Acet.* a second remedy, whose sphere of action more especially includes the organ to which the *metastasis* has been determined.

From the previous history of the case, it seemed all but certain that this alarming change was the result of a last desperate effort of nature to maintain, at any cost, the vitality of a brain whose structure had, for many months, been undermined by insidious organic disease.

Under these circumstances, the remedies were prescribed with little hope of averting the fatal issue; and accordingly an unfavourable *prognosis* was given.

May 18. Shortly after my last visit, the intensity of the convulsions gradually ceased, but consciousness never returned. The little patient lingered in a state of passive *coma* until about half-past six o'clock this morning, when he passed away without a struggle.

The *autopsy* (in which I was assisted by the medical colleague who had watched the case of this child's sister) revealed extensive softening (*ramollissement blanc*) of the *cerebellum*, inclusive of the *pons Varolii* and of the upper portion of the *medulla oblongata*, as well as of the left cerebral hemisphere. The organic disintegration was most complete in the *cerebellum*, the substance of which was in a pulpy saponaceous

intestinal functional activity, under the same circumstances, is, *cæteris paribus*, a good sign, as it affords a proof that nature is no longer necessitated to draw upon all her reserve forces; and, consequently, that some amount of organic restoration has been attained. In the one case, it is wise to give a guarded *prognosis*; in the other, a more hopeful one may, without rashness, be entertained.

* See the particulars of the case given in the foot-note at page 101.

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condition; and it was least in the anterior lobe of the left *cerebrum*. The vascular membranes of the entire brain were somewhat congested. A serous effusion to the extent of a few ounces only had taken place at the base of the brain, and in the spinal canal: that in the ventricles was inconsiderable. The body was slightly emaciated.

*Clin. com.*—Although this case, on account of the neglect of timely remedial measures, stands in warning contrast with that of Emily P——* (which, at the outset, was apparently the more serious of the two), a review of its details will not be less instructive in a pathological, or less re-assuring, in a therapeutic point of view, of the efficacy of direct *dynamic* medication in sustaining Nature's efforts to the uttermost, even in an impossible task.

An insidious organic disease of the brain (probably an obscure *cerebritis*) had, as we have seen, been allowed to go on unchecked for a period of time which was in itself quite sufficient (when the violence of the exciting cause and the strumous constitution of the patient are taken into account) to insure an irreparable amount of structural disintegration, and ultimately a fatal issue, more or less remote, irrespective of the adventitious morbific influence which actually precipitated it. Nevertheless, nature only acted, in this instance (according to her wont in all cases, even the most desperate), as though a cure were ever possible, with an energy capable of being revived, and sustained to the last, by remedial stimulation in sympathy with the vital re-action.

In cases of this kind, nature is at once the most practical and the most eloquent of humoral pathologists, teaching us that such is the paramount necessity of the organism being freed from a virulent blood poison (if life is to be prolonged but for a few hours), that even structurally unsound organs must, like the most healthy, yield their *quota* of vital force for the purpose of this elimination, albeit, eventually, at the cost of their own more speedy dissolution.

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## CASE 31.—THE SEQUELÆ OF SCARLATINA. URÆMIA.

8 o'clock, p.m., 18th January, 1865.

MR. ——, of nervous temperament, aged about seventeen years, had just gone through the eruptive and desquamatory stages of scarlatina, to the satisfaction of his medical attendants. His appetite had re-

* See Case 24, page 105.

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turned, and convalescence had apparently set in, when, about an hour ago, he was suddenly seized with violent convulsions, with complete loss of consciousness, preceded by a feeling of uneasiness in the stomach, colicky pains in the bowels, and vomiting of a portion of the food which he had partaken of rather heartily some time before.

From the fact of the porridge (which he had eaten) having been cooked in a copper vessel, these symptoms were attributed to metallic poisoning; and so great was the alarm of his friends, that I was forthwith summoned to meet one of the medical attendants, in consultation upon the case.

On reaching Mr. ——'s bedside, I found him in a state of complete stupor, foaming at the mouth, with his teeth firmly clenched, and his whole frame powerfully shaken, with convulsions of an epileptic character, which I learnt had been increasing in intensity from the commencement of the attack. His pulse was under 100, regular; but rather weak. It at once occurred to me, from the analogy of my experience of the type which scarlatina has, within the last few years, occasionally assumed, that we had to do with a case of *uræmic*, and not *toxicological*, poisoning. The correctness of this judgment was soon proved, by testing the last urine passed by the patient before the attack. It was found to be of very low specific gravity, and to contain a large proportion of albumen, about half its volume. The colour of the secretion was dark, from the *débris* of effete blood.

Having, about two years before, witnessed an unexpectedly favourable issue in the treatment of an apparently much more formidable case of a similar kind,* I gave a hopeful, although guarded, *prognosis*,

* This was a most formidable case of *uræmic* poisoning, resulting from a total suppression of the renal functions, on the completion of scarlatina desquamation in a little boy of eight years of age, with a highly developed cerebral organization; who had survived, at the cost of a damaged brain, a greater number and succession of violent convulsions (occasionally alternating with spasmodic croup), throughout the period of his first dentition, than I have, either before or since, had occasion to treat in any one child: so great had been the hereditary predisposition to cerebral disease, that two of his paternal uncles died of convulsions in their infancy. Contrary to what might have been expected with such unfavourable antecedents, the child went through the eruptive stage of a very full exanthem of the type to which I have referred (the tongue and throat not having been implicated until after its completion), without one untoward symptom. The appetite had returned, and a light farinaceous and milk diet, with the addition of beef-tea, had been partaken of with apparent benefit; in short, but for a constant testing of the urinary secretion, the same deceptive appearances as in the case selected for commentary, would have led me to infer that the usual convalescence of an ordinary case of scarlatina was about to follow. Nevertheless, as the desquamation (which was very extensive) proceeded, the urine became albumenous and dark-coloured, almost black with the *débris* of effete poisoned blood; whilst the quantity and the specific gravity of the secretion decreased from day to day. In about five or six days, the *spec. gr.* of the urine had gradually come down from 1015°, the point at which the albumen was first detected,

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in which an esteemed colleague (who had also been sent for; but, owing to his having been from home at the time, had arrived late at the consultation), and the medical attendant concurred. The following remedial treatment was agreed upon :—

*Prescription.—Cup. Acet.*, three grains, sixth decimal trituration, and *Apis Mell.*, three drops, third dilution, in doses of a sixth

to 1004°, when the solid *coagulum* on boiling rather exceeded half the volume of the fluid. When this lowest degree had been reached, a total suppression of urine took place, which, after it had continued for seventeen hours, was followed by vomiting of all the alimentary *ingesta*. This occurred on a Sunday, about five o'clock in the afternoon. From that time the vomiting continued incessantly; so that the smallest quantity of fluid, even the tea-spoonful of cold water, which was given to assuage the ardent thirst of the patient, was immediately rejected by the stomach. The persistence of this distressing symptom, which the successive exhibition of *Ipec.*, *Arsen.*, and *Cantharis* failed to arrest, clearly proved its secondary character, and confirmed my fears that serious cerebral mischief was imminent. Accordingly *Bell.* (in preference to *Apis Mell.* which had been freely exhibited throughout the treatment), was administered in alternation with *Cup. Acet.* every hour, the mouth, lips, and nostrils of the patient being moistened with the remedial solutions, when the stomach would no longer tolerate them. This state of things had lasted the whole night, the child being restless and unable to sleep, tormented with thirst, and exhausted with the long-continued paroxysms of retching and vomiting, when, about seven o'clock on the Monday morning, after uttering a loud, gurgling cry, he was seized with the most violent epileptic convulsions I ever witnessed. The convulsions continued increasing in strength until about two o'clock in the afternoon; and although the remedies were still more or less imperfectly exhibited as "a forlorn hope," it seemed as if the vitality of the brain would at length be exhausted by their intensity; especially as the qupils were no longer sensitive to light, and the strength of the pulse alternated from one extreme to the other. The skin, which hitherto had been dry and inactive, now suddenly broke out into a profuse perspiration; the convulsions became less violent, and gradually ceased altogether; and the patient passed into a quiet sleep, which lasted till five o'clock. He then awoke, and began cramming the bed-linen into his mouth; for, although he had regained consciousness, he was perfectly blind, and evidently groping at random for the food he so much needed. A short time after he had swallowed with avidity some strong beef-tea, into which bread had been crumbled, he asked to get up, and passed five or six ounces of a turbid pinkish urine, having the high *spec. gr.* of 1039°. The secretion, on being submitted to microscopic examination, was found to contain a large proportion of *uric* acid (chiefly in rhomboidal and lozenge-shape crystals), the *triple phosphate* in lesser quantity, and innumerable effete blood discs. A couple of hours later, after more sleep and more food of the same kind (which the stomach no longer rejected), he passed a larger quantity of water than he had yet done, of the *spec. gr.* of 1019°. So complete had been the restoration of the renal functions that, although the urine continued for about a week longer, to show occasional traces of albumen, its *spec. gr.* never again went below 1015°, and was sometimes as high as 1028°; and notwithstanding the previous apparently desperate nature of the case, the subsequent recovery was more speedy than that of any of the other serious cases of this type which I was attending about this time. It may not be out of place to add that the blindness was only temporary, and lasted but for six or eight hours.

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part alternately every half-hour, hour, and two hours, according to urgency.

*Clin. com.*—Of late years, a variety of scarlatina has occasionally prevailed, which differs from the common type (the smooth Scarlatina of Sydenham) in the comparative roughness (both to the eye and touch), and in the somewhat less bright colour of its exanthem, as well as in the greater tendency to *uræmia*, during, and especially at the completion of, the desquamatory stage; whilst, in most cases, the characteristic sore throat and redness of the tongue do not occur until after the eruption has faded away.* This variety is all the more dangerous on account of its insidious character; so that even an intelligent medical practitioner, who has never before met with it in his experience, may, from a venial neglect to test the urinary secretion, on account of the apparent benignity of the disease, well be taken aback at the sudden untoward turn which an exceptional case of this kind will sometimes take.

On referring to the *pathogenesis* of *Apis Mell.*, it will be seen how admirably adapted this remedy is to the treatment of that variety of scarlatina now under consideration.† Its therapeutic value in this

* This occurred in four out of the six cases of this variety of scarlatina, which came under my care, during the summer and autumn of 1863. They were all serious cases (three of them particularly so), of *uræmia* attendant upon and succeeding the desquamatory stage, in which the *spec. gr.* of the urinary secretion varied from 1004° to 1012°, as long as the albumen continued in any considerable quantity. All the little patients recovered, more or less slowly, after a critical discharge of urine highly charged with uric acid, which seemed to be the turning-point of their fate. *Apis Mell.* was the chief remedy depended upon in the treatment, almost to the exclusion of *Bell.* In two of the cases (both very serious ones) which were conjointly attended by the late Dr. Chapman, by the father of the patients, and by myself, wet-packing of the trunk carefully practised, was also had recourse to with the best results; whilst an occasional warm bath was given, every precaution being taken against a chill, in the four remaining, during and after desquamation, with equal advantage.

† A year or two before Hering published the *pathogenesis* of this remedy (a summary of which will be found in the "British Journal of Homœopathy," vol. xi. p. 394), I chanced to witness a most interesting as well as suggestive proving of the undiluted poison of the honey-bee, in the person of an involuntary experimenter.

Mr. D——, a middle-aged gentleman, of a bilious *sanguine* temperament, who rather prided himself upon his practical knowledge of bee-keeping, had invited me to an inspection of his hives, warning me at the same time that the bees were in a very excitable state, owing to their having been disturbed some days before. Of this we soon had experience; for on approaching the hives, we were immediately warned off by a swarm of bees hovering angrily about us. Under the circumstances, we thought it best to beat a retreat, if haply we might escape the penalty of our rashness. After a time, I was fortunate enough to get comfortably quit of some dozen bees which were becoming rather more familiar with my physiognomy than I quite liked; and so was my friend, in respect of about an equal number similarly engaged upon his own face, with the exception of one eccentric *flaneur*, which persisted in a walking

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respect has been fully borne out by the results of varied clinical experience, both in America and in this country.

As this case had been treated as one of the ordinary type, chiefly with *Bell.*, I had no hesitation in suggesting the exhibition of *Apis Mell.* in alternation with *Cup. Acet.*

January 19, 10 o'clock, a.m. According to appointment, I met the medical attendant again in consultation this morning, and was glad to find our patient in a very hopeful state. The convulsions had continued throughout the night; but their intensity had decreased with each successive repetition of the remedies, until they ceased entirely, about five o'clock this morning. Since the cessation of the attack, he has passed six or seven ounces of slightly turbid urine, containing a fair proportion of uric acid (the *spec. gr.* being about 1022), and showing

excursion behind his left ear. Annoyed by the obstinacy of this insect, he at last succeeded in brushing it off by a sudden dash with his hand. At the time he remarked to me that he was not quite sure whether he had or had not been stung; but he seemed to think no more about the matter, when, shortly after, I took my leave. About half an hour later, I was hastily summoned to attend him, as he had become seriously indisposed.

I found my friend in bed, very anxious and alarmed about himself, although, at times, he was in a half-unconscious state, and slightly delirious. He was *swollen all over*, but more especially about the face and neck, the abdomen, and the upper and lower extremities. The entire skin was covered with a *red rash, very much resembling scarlatina*, only, if anything, *of a less bright colour and somewhat rougher to the feel* than the common type of that exanthem (the smooth scarlatina of Sydenham). The skin was hot and dry, the breathing oppressed, and the pulse quick, but somewhat weak. He complained of fulness and confusion in the head; the face was flushed, and the eyes suffused. His wife informed me that, soon after I had left him, a sudden dizziness came over him, and his head began to feel so full that he thought he was going to have a fit. These symptoms were succeeded by *rigors*, when he felt so ill and weak that he at once undressed and went to bed, not without considerable assistance. There was reason to believe that a suppression of the renal functions had also taken place: for he made a fruitless attempt to urinate, and the swelling and eruption almost immediately followed. I gave him two or three times in succession, three drops of *camphor tincture*, at intervals of a few minutes; and then prescribed *Bell.* six drops, third solution, in doses of a sixth part, at first every ten or fifteen minutes; then every half-hour, hour, to two or three hours, according to circumstances. Under this treatment a speedy and salutary reaction took place; so that, when I left him, at the end of an hour, he was quite comfortable and reassured about himself. In the meantime, all the discomfort about the head and the oppression of the breathing had ceased; and he had passed an unusually large amount of urine; after which (as I subsequently learnt) a gentle *diaphoresis* followed, and the swelling (*anasarcous*, as it really was) seemed to subside as rapidly as it had arisen. He then fell into a refreshing sleep, which lasted some hours; and, when he awoke, all trace of his indisposition had vanished. I can only account for this extraordinarily severe effect of the sting of a single bee, on the supposition that the poison must have been immediately carried, undiluted, into the cerebral circulation by the *internal carotid artery*. In whatever way this must have happened, the *pathogenetic* experiment is not the less interesting or instructive.

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a considerable diminution in the quantity of albumen coagulated by heat. The skin is comfortably warm, and slightly moist. Although still drowsy, and disposed to sleep, the patient can be easily roused to perfect consciousness.

*Prescription.*—The same remedies at longer intervals.

Diet: beef-tea, and light farinaceous and milk food.

*Clin. com.*—In this instance, the urinary crisis was less complete than in any of the previous cases which I had attended, the *spec. gr.* of their respective critical evacuations, having ranged from 1028° to 1039°; hence (as I afterwards learnt) the urinary secretion continued more or less albumenous (not, however, to anything like the same extent as before the fit) for some weeks, and the convalescence was proportionably protracted.

The ultimately favourable issue of the case justified the *prognosis*, and did credit to the subsequent treatment pursued by this patient's regular medical attendants.

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# CHAPTER XV.

Case 32. The cure of Spinal Irritation, complicated with Chronic Gastro-metritis, accelerated by an attack of Small-Pox—Ignatia—Plumbum—Aconitum—Belladonna—Mercurius Solubilis—Sulphur.

## Case 32.—The Cure of Spinal Irritation, complicated with Chronic Gastro-Metritis, accelerated by an attack of Small-Pox.

2nd May, 1851.

Sarah Ann T——, aged 19, formerly a nursery-maid, of a nervous-bilious temperament, with dark muddy complexion, came under my care as a clinical patient at the Hahnemann Hospital.

She states that she had the usual diseases of infancy, and enjoyed good health until about four years ago, when she was obliged to leave her situation on account of severe aching and shooting pains in the right side, which had gradually come on (as she believed) from carrying heavy children beyond her strength. The pains extended from the right shoulder downwards, occupying the upper and lower extremities, as well as the lateral and anterior portions of the chest and abdomen of that side. Leeches were applied to the side, and venesection was practised by her medical attendant; when, after temporary relief, loss of the motor power of the extremities of the right side supervened, and the pains became so constant and severe, that she was forced to keep her bed for a whole year. Blisters and frictions with iodine were now prescribed from time to time. At the end of rather more than a year, during which this treatment was pursued, the pains in the side suddenly subsided, and the motor power of the extremities returned; but a *metastasis* to the brain seemed to have taken place. Intense splitting headaches, with alternations of flushes of heat, great sensitiveness to the light, and sensation of cold at the vertex, ensued, followed after several months by temporary loss of sight, which continued for three weeks. Leeches and blisters were applied to the temples, and bleeding again had recourse to. Mercurials, preparations of iodine, and a variety of other remedies, were likewise administered; when the cere-

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bral irritation subsided, and a return of the pains in the side, and of the paralytic weakness of the limbs, in rather a less degree than at first, took place, attended, however, with considerable derangement of the sexual and alimentary systems. At this period, she was admitted as an in-patient in one of the large metropolitan hospitals, where she underwent a course of fomentations and warm baths; so that, with the exception of occasional blisters and the usual routine of aperients, the treatment was chiefly hygienic. At the time of her discharge from the hospital, after a three month's residence, she was quite free from the pain in her side, and the motor power of the limbs had been restored; but the spine was becoming painful and sensitive, and there was an increase in the derangement of her general health. She returned home, where she stayed for four months, at the end of which time, although her spine was still sensitive, she thought she would try a very light place. She was, however, soon forced to give up her situation from the aggravation of her spinal suffering, and again to return home. Here she continued, up to the time of her admission to the Hahnemann Hospital, without regular advice or medicine, being compelled at times to keep her bed for weeks together. During the whole period of her illness, there has been more or less irregularity and suspension of the catamenia for two or three months at a time, attended with thick, yellow, corrosive leucorrhœa; and she has experienced considerable disorder of the digestive functions, with a disgust for animal food and dietetic stimulants, a craving for acids, and a marked preference for a milk and farinaceous diet, tea and bread and butter. She adds that her father has been insane for fifteen years, and that there is a hereditary tendeucy to mental disease on his side of the family. Her mother is healthy, and so are her maternal relations.

Her present condition is as follows:—

She is obliged to keep her bed on account of the spinal suffering, which begins in the lower portion of the dorsal *vertebræ*, and extends downwards to the *sacrum*. The neuralgia is ordinarily of a dull, aching, and gnawing character; but, under the influence of the paroxysmal aggravation, which is of *daily recurrence*, the pain becomes shooting and rending, at times in so intense a degree that she cannot suppress her cries. The most violent paroxysms have, during the last few months, been usually associated with severe colic, as though the *navel were "gathered up into knots,"* which comes on about an hour after every action of the bowels. The bowels are subject to alternations of inaction and looseness. The stools, which are either in small hard lumps or papescent, or else both one and the other, are voided with difficulty, and followed by painful *tenesmus*.

In addition to sensitiveness to pressure over the affected portion of the spine, she complains of a feeling of soreness and tightness in the

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epigastric and hypogastric regions; inflammatory irritation and heat in the genito-urinary passages, with weight and bearing down in the womb, thick yellow corrosive leucorrhœa, and painful micturition. The appetite is indifferent, and there is a prevalence of the same "likes and dislikes" with regard to food and dietetic stimulants. She is very thirsty, and her tongue is dry and parched. She suffers from occasional returns of the *frontal cephalalgia*, attended with *pain in the eyes* (*which are not inflamed*) *and intolerance of light*, confusion of head, alternations of *cold and heat at the vertex, purple suffusion or pallor of the face, and coldness of the extremities.*

Great weakness is experienced in the lower limbs; so that she cannot get about without support. The feet are sore from suppuration under the toe-nails, which become detached from time to time. Sleep unrefreshing, disturbed by anxious and frightful dreams of fire, murders, etc.

Frequent *twitching and jerking of the limbs* is observed, more especially at *night during sleep*, accompanied with a *general sensitiveness, which makes her dread the slightest touch.* Pulse irritable, a little above the normal frequency. There is an aggravation of all her sufferings at the recurrence of the catamenia. The last appearance was about a week ago, after a suspension of some months; the blood was dark and clotted.

The moral equals the physical depression; for she is always *weeping and despairing of recovery.*

From the extremely small quantity of solid food which she takes, she has become very thin, although the loss of flesh does not yet amount to actual emaciation.

*Prescription.*—*Ignatia*, six globules, thirtieth dilution, in doses of a sixth part, morning and night.

A light farinaceous and milk diet, with cocoa or weak black tea, and an orange or a roasted apple, at her choice.

*Clin. com.*—From the observations which have already been made on a former prescription of *Ignatia* (*vide Clin. com.* on Case 4, page 28), and also from a comparison of the symptomatic groups more immediately connected with the nervous and reproductive systems with those of its *pathogenesis*, the remarkable appropriateness of this remedy in the treatment of the present case, will at once be apparent.

As it was with the greatest difficulty that the patient could be got to take nourishment, in anything like a sufficient quantity, it was thought advisable to follow nature's instincts in the matter of diet. But for her insuperable repugnance to animal food and to dietetic stimulants, a more highly restorative dietary would have been enjoined.

May 4. With the exception that the paroxysmal aggravations have

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been less urgent, and that, last night, she had some refreshing sleep, her general state continues much the same.

*Prescription.*—*Platina*, six globules, twelfth dilution, in doses of a sixth part morning and night.

Diet as before.

*Clin. com.*—As an *antipsoric* (more especially with *Ign.* and *Hyos.* as intermediate remedies), *Platina* is peculiarly suited to those cases of spinal irritation which are associated with painful hysterical erethysm. The uterine symptoms, the nature of the colic and of the alvine dejections, and the neuralgic sufferings (which have been already detailed), as well as the sex and temperament of the patient, are characteristic of this remedy.

May 7. The paroxysms have recurred as usual in the day-time, with the exception of yesterday, when the attack was delayed until night. Upon the whole, the paroxysmal aggravations have been less urgent and of shorter duration; the skin is moister, and there is a slight tendency to perspiration. Pulse 92, of better strength. The other symptoms are unchanged, and she still continues to lie in or outside the bed during the greater part of the day.

*Prescription.*—No medicine.

The same diet to be continued.

*Clin. com.*—That the time of the paroxysmal accession should have been deferred till night, was a sign of good augury for the future. In fact, any decided change in periodical suffering, even though it should amount to severe temporary aggravation, is preferable to a stand-still. Such a change will generally be the harbinger of steady and lasting improvement.

May 8. Yesterday she had two paroxysms in the day-time, which were rather more severe than the last. To-day, she complains of great confusion in the head, accompanied with a feeling as though she "would like to be left alone, and shut up in some dark place;" her spine is as sensitive as ever; she has no appetite; and her spirits are extremely depressed.

*Prescription.*—*Ign.*, six globules, thirtieth dilution, in doses of a sixth part morning and night.

The same diet.

May 12. She feels altogether better and stronger, and is able to sit up for some hours at a time. The paroxysms have continued to recur, generally once a day; they are still severe, but of shorter duration and less urgent. The head is more comfortable, and the spine is less painful and sensitive than it has been for a great many months. *The action of the bowels is preceded and attended with painful straining (whether the dejections consist of small hard lumps or of loose fecal matter)*; and, after a time, followed by still more *painful umbilical*

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*colic*, "*as though the navel were gathered into knots.*" Her appetite has improved; but the aversion to animal food still persists.

The attendant nurse has lately remarked that the paroxysm is aggravated and prolonged by the efforts of the patient to restrain (as long as she can) the action of the bowels, when they are about to be moved, on account of her dread of the pain which follows.

*Prescription.*—*Plumbum*, three globules, thirtieth dilution, to be substituted for the morning dose of *Ign.* for three days running. The evening dose of *Ign.* to be given as before.

*Clin. com.*—A similar group of symptoms to that marked in *italics* will be found in the *pathogenesis* of *Plumbum*. Hence the peculiar suitableness of this, above other remedies having kindred spheres of action (such as *Nux Vom.* and *Opium*), to the treatment of an obscure paroxysmal colic of this kind. It is just in such cases that the great practical superiority of a purely therapeutic law in relation to the symptoms will be recognized; for, notwithstanding the satisfactory progress which modern pathology has already made, we are unable, as yet, to see by its light why, in so many apparently identical (in so far as our limited means of *diagnosis* are concerned) affections of the same organs, there should be such a diversity in the accessory symptoms, objective and subjective alike, with regard to their extent and intensity, as well as to the periods of their accession and remission.

May 15. The head-ache is not so constant; the spine continues less sensitive; the action of the bowels has been less painful, and the subsequent paroxysm less urgent. The other symptoms remain as before, but are less intense. She sits up a great deal more. Pulse 84, of regular strength.

*Prescription.*—*Plum.*, three globules, two-hundredth dilution, instead of the morning dose of *Ign.*, for three days running. The evening dose of *Ign.* to be continued as before.

May 18. With the exception of feeling low and depressed in spirits since the morning, she is better generally. She has complained less of head-ache; there has been less flushing of the face; and the extremities are now warm and comfortable. Pulse normal in frequency.

*Prescription.*—No medicine.

Diet as before.

May 19. Since last night she has been in a high fever; so that Dr. Rogers (the house-physician) prescribed *Acon.* To-day, the skin is hot, thirst intense, and there is an entire loss of appetite; but the patient is comparatively free from acute pain. Pulse full and strong, about 120. She has kept her bed since yesterday.

*Prescription.*—*Acon.*, two drops, third dilution, in doses of a sixth part every four hours.

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Diet: water and toast-and-water.

May 20. Numerous *papules* are coming out upon the face and neck, shoulders, and upper extremities. The head is confused, and the face flushed; the eyes are sensitive to the light; and the throat is sore and inflamed. Pulse 112, less full. The catamenia came on this morning.

*Prescription.*—*Bell.*, two drops, third dilution, in doses of a sixth part every three or four hours; with an occasional alternating dose of *Acon.*, if feverish.

Diet as before.

May 21. The eruption is coming out all over the body, whilst the *papules* on the face are becoming *vesicular*, and fast assuming the characteristic appearance of small-pox; the throat continues sore, and there is much dryness of the mouth: shooting pains with a feeling of weight in the occiput, and sensitiveness to the light are complained of. Although she is still very thirsty, the fever has diminished, and there is a slight moisture on the skin of the chest. Pulse about 100, soft and regular. Has experienced some aching pain in the loins, which is rather urgent at times; but there has been no recurrence of the paroxysmal attacks, or of the spinal irritation.

*Prescription.*—*Bell.*, two drops, third dilution, in doses of a sixth part every three hours.

Diet as before.

May 22. The eruption continues to come out about the trunk and extremities. The *vesicles* on the face and arms are beginning to fill. Pulse 92, soft and regular. The other symptoms remain much the same; if anything, they are slightly improved. She thinks that she would like a little bread-and-milk.

*Prescription.*—The same medicine every four hours.

Diet as before, with the addition of a little bread-and-milk or cocoa.

May 24. The eruption is becoming more confluent about the face and neck, and, in a slighter degree, about the arms also; whilst it continues distinct, although very copious, about the trunk and lower extremities. The lumbar pain is less urgent, and has, in a great measure, given place to a feeling of soreness. The throat is still rather sore; but the inflammation is slight. Pulse 100, regular, but rather weak. The catamenia ceased yesterday.

*Prescription.*—*Bell.*, six globules, twelfth dilution, in doses of a sixth part every five or six hours.

Diet as before, with the addition of rice-milk and an orange or two.

May 25. She had rather a restless night until half-past one o'clock a.m., from which time she slept tranquilly until seven this morning. Although there is not much eruption about the eyelids, there is still

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some intolerance of light and occasional headache. The *vesicles* are filling satisfactorily. Pulse 104, of better strength.

*Prescription.—Merc. Sol.*, two drops, fifth dilution, in doses of a sixth part every four hours; an occasional dose of *Bell.*, third dilution, to be given if required.

Diet as before.

May 26. Had a very refreshing night, and is going on satisfactorily. Suppuration has commenced about the face, and the *vesicles* about the body are becoming opaque. Pulse 102, of regular strength.

*Prescription.*—The same as yesterday.

May 27. Had a good night, and enjoyed her breakfast of bread-and-milk. She is beginning to open her eyes, which are more tolerant of light. Suppuration is going on about the face; many of the *vesicles* are now much flattened. The soreness of the throat is no longer complained of. Pulse 96, of good strength.

*Prescription.—Merc. Sol.*, two drops, fifth dilution, in doses of a sixth part three times a day.

May 28. The suppurative stage is steadily progressing, and scabs are already forming about the face. The appetite is much improved, and there is much less thirst, although she has passed a large quantity of urine during the last twenty-four hours. She has not felt the slightest inconvenience from the inaction of the bowels since the 18th instant.

*Prescription.—Merc. Sol.*, six globules, twelfth dilution, in doses of a sixth part three times a day.

May 31. Is going on satisfactorily in every respect. Some of the scabs of the face have already fallen off. Pulse 84, of good strength. Although the appetite is better than it has been for many months, she does not yet desire more nutritious food. Yesterday, the bowels acted *without effort or pain*. She now begins to get up, for an hour or two, during the day.

*Prescription.*—The same as the last.

June 1. A considerable number of scabs continue to be detached from the face and neck, whilst the *vesicles* about the other parts are fast drying up. She is free from pain, and can now lie upon her back—a feat which she had not been able to perform for more than two years, on account of the sensitiveness of the spine. Tongue clearer; mouth and throat comfortable. Pulse 76, of good strength. She gets up for a longer period every day.

*Prescription.*—The same medicine to be continued.

Diet as before, with the addition of a tapioca-pudding.

June 5. Dessication is going on steadily, and the greater portion of the face is free from scabs. The bowels acted on the 2nd and 3rd, as well as this morning, as before, without the slightest effort;

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dejections normal. Her appetite is improving, and she has now lost her disgust for animal food.

*Prescription.*—No medicine.

Diet: an egg or a mutton-chop (at her choice), in addition to her other food.

June 7. In the course of yesterday, she complained of a return of aching and shooting pain in the right side, extending from the *axilla* to the *hypochondrium*, which reminded her, in a slight degree, of the old original pain. It did not, however, last long, nor was it very intense. To-day, she is quite free from pain, and as comfortable as ever.

*Prescription.*—*Nux Vom.*, three globules, twelfth dilution.

Diet as before.

June 9. There has been no recurrence of the pain, and she continues to progress favourably. Appetite better than it has been for years, and digestive functions normal; the bowels act every other day. Since the last catamenial period, she has been free from *leucorrhœa*. At times there is great itching of the skin, just before the scabs become detached.

*Prescription.*—*Sulph.*, six globules, thirtieth dilution, in doses of a sixth part, morning and night.

Diet: to be placed upon the full diet of the hospital.

June 16. She has no pain of any kind, and can lie comfortably in any position. She is able to take exercise in the ward, and to amuse herself with any little work. She has an excellent appetite, and has quite recovered her taste for animal food. The scabs are falling from the extremities.

*Prescription.*—*Sulph.*, three globules, two-hundredth dilution, for three nights running.

June 26. She is quite convalescent. A large portion of the skin has resumed its former colour, and the *maculæ* are gradually wearing away. There will be no permanent disfigurement.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, for three nights running.

June 30. Is quite well; to be discharged cured.

This patient called upon me some three or four years afterwards; she had continued in good health ever since her discharge from the hospital, and had been in service nearly all the time.

*Clin. com.*—This remarkable case will repay a careful analytical study; seeing that it is replete with facts from which important conclusions may be arrived at, in the interest of practical pathology and therapeutics.

From the previous history of the patient, it will be seen that (along with a highly sensitive nervous organization) she had in-



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herited a constitutional (*psoric*) taint, which had for many years continued in a latent form; that this dyscrasic element being at length roused into activity by the withdrawal of that vital reserve force by which it had hitherto been held in check, fixed upon that portion of the nervous system, of which the constitutional sensitiveness had become morbidly intensified by long persistence in that kind of physical exertion which it was least fitted to bear; and lastly, that the aggravation and obstinacy of the complex disease thus induced, as well as the serious pathological additions which followed, were due to that reckless and unphilosophical employment of *allopathic** and *antipathic* measures, which, to this day, has so fatally militated against a right estimate of their therapeutic value.

The subsequent history of the case shows that in spite of the accumulation of adverse circumstances under which the homœopathic method was substituted, so great and speedy a change for the better had already taken place in the patient's condition as to have left no doubt as to the ultimately favourable result, when the attack of small-pox supervened. At this juncture, it will be seen that nature, sustained by *dynamic* medication in sympathy with the vital reaction which the *variolous* poison had provoked, took advantage of the eliminatory process to give simultaneous issue to the *psoric* miasm which had so long harassed the organism; so that the period of time which otherwise would still have been requisite for the completion of the cure was thus very considerably abridged.†

There yet remains to be noticed that which is, perhaps, the most instructive feature in this case, viz., that, notwithstanding the additional weight of a formidable morbific poison, and the consequent additional demand upon the vital resources for its elimination, the patient actually gained strength, her appetite returned, and the general disease put on a *sthenic* character.

This last fact (the direct contrary of what would, *a priori*, have been expected) is in itself a conclusive refutation of that pathological error which has of late been gaining ground in the medical schools,

* The specific and the so-called "alterative" treatment (although based upon a somewhat loose and vague conception of the original constitutional *dyscrasy* to which the obstinacy of the disease was mainly owing) might have proved beneficial, had it not been for the long-continued material exhibition of the remedies prescribed. From being partially *homœopathic*, the treatment thus became *allopathic*, in the worse sense of the term; and complicated forms of drug-disease were ingrafted upon the original malady.

† According as these remarkable effects of the *variolous* poison are regarded from a therapeutic or from a pathological point of view, may the cure be equally characterized as *homœopathic* or *allopathic*. Considered as a remedy, the small-pox virus very much resembled a powerful *antipsoric* in its action,

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viz., that there is no such thing as a *sthenic* disease, but that all diseases are *asthenic*—an error which is all the more dangerous, in a practical point of view, seeing that it has led to that frightful abuse of alcoholic and vinous stimulants, which has now become so fashionable.

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# CHAPTER XVI.

Case 33. Strumous Disease of the left elbow-joint—Sulphur—Staphysagria—Calcaria Carbonica—Arnica—Belladonna—Hepar sulphuris—Asafœtida—Graphites.
Case 34. Warts on the Head—Unsatisfactory effect of caustic applications—Thuja—Nitri Acidum—Dulcamara—Causticum—Topical use of Homœopathic remedies in conjunction with their internal exhibition—Mercurius iodatus—Sulphur—The case illustrates the practical value of Hahnemann's *Sycotic* theory.

## Case 33.—Strumous Disease of the Left Elbow-Joint.

21st July, 1845.

Samuel R——, aged seven years, of lymphatic-sanguine temperament, with light hair and eyes, and fair complexion, has been suffering for the last six or eight months from strumous disease of the left elbow-joint.

His mother states that he had been between two and three months an in-patient at —— Hospital, where the treatment had latterly consisted chiefly of a course of *sarsaparilla*,* with an occasional aperient, and topical poulticing. As the disease, however, had continued to gain ground, and the child's strength was becoming daily more and more exhausted with the excessive suppuration, hectic fever, and night-sweats, the surgeon (under whose care he was) had no other alternative to propose than the amputation of the arm as soon as the constitutional powers could be sufficiently rallied to stand the shock of the operation; and, with this object in view, his friends were directed to take him to the Margate Sea-bathing Infirmary, for a month, previous to its performance on his return to the hospital.

* A reference to Hahnemann's proving of *Sarsaparilla* will show that this remedy was not without specific (homœopathic) relation to the constitutional symptoms of the case. The *routine cathartic*, which was simultaneously prescribed, in all probability, served only to neutralise, by a purposeless waste of the vital resources (such as I have elsewhere had occasion to point out), any advantage that might otherwise have resulted from the exhibition of the constitutional remedy.

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Unforeseen circumstances occurred to prevent the carrying out of this plan, and the case came under my care instead.*

His present condition is as follows :—

There is considerable enlargement of the joint, both above and below the elbow; the surrounding integuments are inflamed and swollen; and there is complete atrophy of the muscles of the arm and forearm, from disuse. The arm, which is bent at a right angle, is supported by a sling, on account of the excruciating pain which the slightest jar or strain upon the joint occasions; and so much is this the case, that on raising or depressing the left arm, he is obliged to support the joint with his right hand. The pain is, however, comparatively slight, when absolute rest of the joint is maintained.

A thick, dark, sanious, and fetid discharge flows from the articular abscess, by three distinct issues. Two of these are situated posteriorly, one above and the other below the external condyle of the *humerus;* and the third anteriorly, just above the internal condyle. On exploring the *sinuses*, they are all found to extend to the bone. Under present circumstances, it is impossible to determine what degree of mobility (if any) still exists in the joint.

Of late he has been losing flesh and strength very fast; the general emaciation is now considerable. His sleep is unrefreshing, being attended with febrile accessions and profuse night-sweats. His appetite is dainty and capricious, and epigastric tightness, with abdominal distension, is complained of after meals. The bowels are tolerably regular. Pulse frequent, rather weak.

*Prescription.—Sulph.*, three globules, thirtieth dilution, to be administered three times, with an interval of three days between each

* I learnt subsequently that the mother had actually started, with her child, for the Margate boat, when the cab (in which they were being conveyed) was suddenly waylaid by her husband, a dissolute, bad man; who, despite her utmost resistance, succeeded in obtaining possession of nearly all the money which the poor soul had with difficulty scraped up for the necessary expenses, thus putting an immediate stop to the further prosecution of the journey.

A kind-hearted lady, who had been a passive spectator of this wicked deed, then made up to the unhappy woman, who was sobbing bitterly, and on learning her story, bade her, by way of consolation, "dry her tears, and thank God that she had been deprived of the means of doing her son an irreparable injury." She further assured her that "if only the child were placed under homœopathic treatment, it would soon be restored to health, without the sacrifice of a limb;" and, on the strength of one of those rash promises which enthusiastic partisans are thus prone to make, and which seem to be justified by their occasional fulfilment, the cabman was forthwith ordered to drive the whole party to the London Homœopathic Institution, in Hanover Square (of which I was at the time one of the resident physicians), where the little fellow became my patient. On account of greater proximity of residence, the case was eventually transferred to the Islington Homœopathic Dispensary.

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exhibition; and, after a further interval of three days from the last dose, *Staph.*, three globules, thirtieth dilution. *Acon.*,* three drops, third dilution, in doses of a sixth part, to be exhibited occasionally at night, when the patient is feverish and restless. A cold-water compress to be applied to the joint.

*Clin. com.*—*Sulph.* was prescribed as the *antipsoric* more immediately suited to the constitutional exigencies of the case; whilst *Staph.* was the intermediate remedy selected, more especially with a view to its action upon the *periosteum* of the bones of the upper extremities.

When the serious amount of organic disintegration which had actually occurred in the textures of the diseased joint, and the hectic condition of the patient (to say nothing of the recent failure of a remedy specific, in some degree, to the requirements of the case), are taken into account, any other than a doubtful *prognosis* would have been unjustifiable.

August 5. There is already a marked improvement both in the general health of the patient and in the state of the diseased joint. The discharge from the *sinuses*, although as copious as before, is no longer sanious and fetid, but consists of thick, greenish yellow, purulent matter. The joint, which is still immovable, is less sensitive, and can bear a greater strain; so that, occasionally, he is able to dispense with the sling for a few minutes at a time. Pulse less frequent.

*Prescription.*—*Staph.*, three globules, thirtieth dilution, to be administered twice, with an interval of three days between each exhibition; and, after a further interval of three days from the last dose, *Sulph.*, three globules, thirtieth dilution, to be exhibited twice, with a like interval.

August 21. The progressive improvement in the state of the joint has been so great, that he has not only discarded the sling, but can now raise the arm without supporting the elbow. The appearance of the ulcers is more healthy, and the discharge has greatly diminished. He has gained flesh considerably, and his general health seems quite re-established. His complexion is clear, and even ruddy. Pulse 92, of good strength.

*Prescription.*—*Sulph.*, three globules, thirtieth dilution, to be administered twice, with an interval of three days between each exhibition; and, after a further interval of three days from the second dose, *Staph.*, three globules, thirtieth dilution, to be exhibited twice, with a like interval.

* No mention will be made of *Aconitum* in the subsequent prescriptions, as the patient was continually provided with an extra supply of "fever" medicine.

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September 2. The discharge continues to lessen, and the improvement in the general health and strength is maintained. Pulse 96.

*Prescription.*—*Staph.*, three globules, thirtieth dilution, and, after an interval of three days, *Calc. Carb.*, three globules, thirtieth dilution, to be administered three times, with a like interval between each dose.

*Clin. com.*—Independently of its action upon the articular textures, *Calc. Carb.* is one of the *antipsorics* peculiarly suited to the treatment of the strumous diseases of children.

September 23. The patient continues to make satisfactory progress. The discharge is still of the same character, but much less in quantity. One of the ulcers on the anterior and internal aspect of the joint is healing fast.

*Prescription.*—The same remedies to be repeated as before.

October 14. Yesterday morning he struck his affected elbow, which caused much pain and considerable bleeding of the part. To-day the elbow is much swollen and rather inflamed. Since his accident he has been obliged to resume the use of the sling, as the joint has again become sensitive and rather painful. The purulent discharge has entirely ceased. The general health continues satisfactory. Pulse 96.

*Prescription.*—*Arn.*, three drops, third dilution, in doses of a sixth part, every four hours, for two or three days, and then three times a day, for two or three days more; an occasional dose of *Acon.* third dilution, to be given if feverish. A lotion, of one part *Arn.* mother tincture to twenty parts of cold water, to be applied locally for three or four days.

October 20. Although there is still some redness of the surface, the pain and swelling of the elbow have greatly subsided, and the old discharge is re-established. The last day or two he has complained of a spasmodic cough, which comes on only at night. The general health is good. Pulse 92.

*Prescription.*—*Bell.*, three globules, twelfth dilution, to be administered twice, with a day's interval between each exhibition; and, after a further interval of a day from the second dose, *Hepar Sulph.*, three globules, twelfth dilution, to be exhibited twice, with a like interval between each dose.

*Clin. com.*—*Bell.* was exhibited on account of the sub-acute inflammatory symptoms of the posterior surface of the elbow-joint, as well as on that of the spasmodic *night cough.*

November 4. The elbow is covered with brown scabs, from beneath which, as they become partially detached, a thick dark-green discharge oozes rather copiously. He complains of much itching of the surface. He has again entirely discarded the sling.

*Prescription.*—*Asafæt.*, three globules, thirtieth dilution, to be administered three times, with an interval of three days between each exhibition.

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*Clin. com.—Asafœt.* is allied to the *antipsorics* in its general action. It is remarkably suited to the treatment of osseous affections of a strumous character, as an interchangeable remedy with *antipsorics* of longer continued and more subtle action, such as *Sulph.*, *Calc. Carb.*, *Graphites*, *Silic. Phosp.*, *Phosp. Acid*, etc.

November 18. The scabs are hardening over the ulcerated surfaces, and there is now no perceptible oozing of matter. The cessation of the discharge was preceded and followed by great itching in the ulcers and in the surrounding integuments. The general health continues satisfactory. Pulse 84, regular, and of fair strength.

*Prescription.—Asafœt.*, three globules, thirtieth dilution, to be administered twice, with an interval of three days between each exhibition; and, after a further interval of three days from the second dose, *Sulph.*, three globules, thirtieth dilution, to be exhibited twice, with a like interval between each dose.

December 2. There is no discharge from the wounds, and the scabs are becoming detached. The muscles of the arm and forearm are increasing in size and firmness, now that the patient is beginning to use the limb. As yet there is not any perceptible mobility in the joint, which continues bent as before at nearly a right angle. Pulse normal.

*Prescription.—Sulph.*, three globules, thirtieth dilution, to be exhibited four times, with an interval of three days between each dose.

December 16. The scabs are falling off, and there is considerable desquamation of the surrounding cuticle, with itching of the skin.

*Prescription.—Graph.*, three globules, thirtieth dilution, to be administered four times, with an interval of three days between each exhibition.

January 8, 1846.—The scabs have in a great measure fallen, leaving a healthy surface behind. General health and strength continue to improve. Pulse normal.

*Prescription.—Calc. Carb.*, three globules, thirtieth dilution, to be administered three times, with an interval of four days between each exhibition.

January 18. Scabs are again forming at the elbow. There had been a very slight oozing from the wounds previously, which still continues, although in an almost imperceptible degree.

*Prescription.*—The same as the last.

February 10. The scabs are falling and the wounds are healing fast. There is no longer any discharge, and the itching has considerably abated.

*Prescription.—Sulph.*, three globules, thirtieth dilution, to be administered three times, with an interval of a week between each dose.

March 27. The arm is going on most satisfactorily, and the wounds

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are healing. The limb has been more freely used, and there is now an unmistakable, although very partial, recovery of motion in the affected joint.

*Prescription.—Merc. Sol.*, three globules, thirtieth dilution, to be administered three times, with an interval of a week between each exhibition.

May 8. The ulcers are filling up fast, and healthy *cicatrices* are forming over them. The muscles of the arm are almost daily increasing in size and power, as he uses the limb more and more. The motion of the joint is also gradually increasing, both as regards flexion and extension.

*Prescription.—Sulph.*, three globules, thirtieth dilution, to be administered three times, with an interval of a week between each exhibition.

May 29. The improvement continues. General health good. Pulse 84, regular, and of fair strength.

*Prescription.—Calc. Carb.*, three globules, 200th dilution, to be administered twice, with an interval of a week between each exhibition; and, after a like interval from the second dose, *Sulph.*, three globules, 800th dilution.

June 30. He is now able to exercise the joint systematically. The motion is much more extensive, especially in bending the arm.

*Prescription.—Silic.*, three globules, 200th dilution, to be administered twice, with an interval of a week between each exhibition; and, after a like interval from the second dose, *Sulph.*, three globules, 800th dilution.

August 4. The motion of the joint continues to increase, and there is a decided gain in the power of extension. The patient now uses his left arm as freely as the right, and his general health leaves nothing to be desired. The original wounds are thoroughly cicatrised, and healthy skin covers the elbow.

*Prescription.—Bry.*, three globules, 200th dilution, to be administered twice, with an interval of a week between each exhibition; and, after a like interval from the second dose, *Calc. Carb.*, three globules, 200th dilution.

*Memorandum of* 1867.—With this last prescription, the necessity for continuous systematic treatment ceased. The constitutional remedies (consisting chiefly of those *antipsorics* which had been previously exhibited) were, however, persevered in, from time to time, for about a year longer.* By dint of steady perseverance in exercising the joint, so great an amount of flexion and extension was recovered, and for all

* During this period the thoroughness of the cure was, on two or three occasions, put to a severe test by accidental falls and blows on the elbow. These accidents were speedily remedied by the usual exhibitions of *Arnica*; and not so much as a threatening of the old mischief ever occurred.

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necessary purposes, the arm became so useful, that, after duly serving his apprenticeship to a light trade, Samuel R—— was eventually enabled to earn a competent livelihood. Although I have not set eyes upon my former patient for nearly twenty years, I have heard of him from time to time to within a recent period, from several of his relations who have come under my care; and the invariable answer to my inquiries has always been that the cure had continued permanent, and that no practical inconvenience had resulted from the slight imperfection in the motion of the joint.

*Clin. com.*—The rapidity and permanence of the cure of a case to all appearance so unfavourable for successful treatment, afford a remarkable proof of what may be effected by the exhibition of constitutional specifics, in that subtle dynamic form which is so congenial to vital re-action; provided only that that provisional mechanism, which nature employs for the creation of a reserve force (without which a favourable issue in serious disease is often impossible), be not simultaneously interfered with by allopathic medication.

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## Case 34.—Warts on the Head.

12th May, 1864.

Miss ——, aged twelve years, has for the last three years been subject to a continuous eruption of warts on the scalp, of various dimensions, from the size of a grain of wheat to that of a large pea. From their situation on the vertical and occipital regions of the head, and from some of them being slightly pedunculated, dressing the hair has become a very painful operation, as the warts are apt to be caught in the teeth of the comb. It was, probably on this last account (to avoid the constant tearing and bleeding of the warts), that the last medical attendant thought himself justified in having recourse to caustic applications, whilst exhibiting homœopathic remedies internally. The re-appearance of the warts in a more aggravated form has, nevertheless, invariably followed their temporary suppression.* The general health of the patient is tolerably fair.

* Four or five months later, a very similar case of warts on the scalp, which had been treated, in the first instance, with caustics alone, and afterwards with caustics in conjunction with the internal exhibition of homœopathic remedies, by two medical practitioners of opposite schools, with no better result, came under my care. It was then cured, without any difficulty, by homœopathic remedies alone. The mode of treatment was very nearly the same as in the present instance; the cure was, however, more speedy.

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*Prescription.*—*Thuja Occid.*, three drops, third decimal dilution, and *Thuja*, three drops, sixth decimal dilution; *Nit. Acid*, three drops, third decimal dilution, and *Nit. Acid*, three drops, sixth decimal dilution; *Thuja*, three drops, thirtieth dilution, and *Thuja*, three drops, two-hundredth dilution; *Nit. Acid*, three drops, thirtieth dilution, and *Nit. Acid*, three drops, two-hundredth dilution.

To be taken in succession, each for two days running, in doses of a fourth part morning and night, with an interval of one day's suspension between each of the five last medicines.

Solutions of the same remedies, in the same dilutions, and in the same proportions, to be used as lotions to the warts, simultaneously with their internal exhibition. No caustic to be applied.

*Clin. com.*—On referring to the *Materia Medica*, it will be seen that the remedies prescribed possess the power of bringing out warts and *condylomata* upon various portions of the cutaneous and mucous surfaces, where they exist constitutionally in a latent state. *Nit. Acidum*, *Thuja*, *Dulcamara*, and *Causticum* are among the most important of the *anti-sycotic* remedies, more especially the two first.

The curative action of these remedies will be rendered more certain by their *topical* application, simultaneously with their internal exhibition. In fact, I have occasionally succeeded in thus curing cases with the same medicines, which had previously failed when only prescribed internally.

The reasons for what may, at first sight, appear an arbitrary variation of remedies in this and in the subsequent prescriptions, have already been given elsewhere.*

June 21. Since her first visit, several fresh warts have made their appearance, so that there are now about fourteen altogether, inclusive of the old ones.

*Prescription.*—*Thuja*, three drops, first decimal dilution, and *Thuja*, three drops, second decimal dilution; *Causticum*, three grains, sixth decimal trituration, and *Caust.*, three drops, thirtieth dilution; *Thuja*, three drops, sixth decimal dilution, and *Thuja*, three drops, thirtieth dilution; *Caust.*, three grains, sixth decimal trituration, and *Caust.*, three drops, thirtieth dilution.

To be taken in succession, each for two days running, in doses of a fourth part morning and night, with an interval of one day's suspension between the several remedies.

Solutions of the same remedies, in the same dilutions, and in the same proportions, to be used as lotions, simultaneously with their internal exhibition.

August 4. Another wart has come out; whilst several of the old warts have increased in size. The others remain much the same.

* See *Clin. Com.* on Case 10, pp. 44 to 47.

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*Prescription.*—*Thuja*, three drops, third decimal dilution, and *Thuja*, three drops, sixth decimal dilution; *Mercurius Iodatus*, three grains, third decimal trituration, and *Merc. Iodat.*, three grains, sixth decimal trituration; *Thuja*, three drops, thirtieth dilution, and *Thuja*, three drops, two-hundredth dilution; *Merc. Iodat.*, three drops, thirtieth dilution, and *Merc. Iodat.*, three drops, two-hundredth dilution.

To be taken in succession, each for two days running, in doses of a fourth part morning and night, with an interval of two days' suspension between the second and third, fourth and fifth, sixth and seventh remedies; and of one day's suspension between the fifth and sixth, and seventh aud eighth medicines.

Solutions of the same remedies, in the same dilutions, and in the same proportions, to be used as lotions, simultaneously with their internal exhibition.

August 24. With the exception of two of the larger ones, which look slightly shrivelled, the warts have neither increased nor decreased in size. There is no fresh eruption.

*Prescription.*—*Nit. Acidum*, three drops, third decimal dilution, and *Nit. Acid.*, three drops, sixth decimal dilution; *Dulcamara*, three drops, third decimal dilution, and *Dulc.*, three drops, sixth decimal dilution; *Nit. Acid.*, three drops, twelfth dilution, and *Nit. Acid.*, three drops, thirtieth dilution; *Dulc.*, three drops, thirtieth dilution, and *Dulc.*, three drops, two-hundredth dilution.

To be taken in succession, each for two days running, in doses of a fourth part morning and night, with an interval of two days' suspension between the second and third, fourth and fifth, and sixth and seventh remedies.

Solutions of the same medicines, in the same dilutions, and in the same proportions, to be used as lotions, simultaneously with their internal exhibition.

November 16. During the exhibition of the third and fourth remedies (*Dulc.*, third and sixth decimal dilutions), most of the warts began to wither; and then, under the action of the remaining remedies, to drop off one after another. Two of the smaller warts only now remain.

*Prescription.*—*Dulcamara*, three drops, third decimal dilution, and *Dulc.*, three drops, third decimal dilution; *Dulc.*, three drops, sixth decimal dilution, and *Dulc.*, three drops, sixth decimal dilution; *Dulc.*, three drops, twelfth dilution, and *Dulc.*, three drops, eighteenth dilution; *Dulc.*, three drops, thirtieth dilution, and *Dulc.*, three drops, two-hundredth dilution.

To be taken in succession, each for two days running, in doses of a fourth part morning and night, with an interval of two days' sus-

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pension between the second and third, fourth and fifth, and sixth and seventh remedies.

Solutions of the same remedies, in the same dilutions, and in the same proportions, to be used as lotions, simultaneously with their internal exhibition.

December 5. The two small warts still remain; but they have not increased in size.

*Prescription.*—*Sulph*, three grains, third decimal trituration, and *Sulph.*, three grains, sixth decimal trituration; *Sulph.*, three grains, third decimal trituration, and *Sulph.*, three grains, sixth decimal trituration; *Sulph.*, three drops, eighteenth dilution, and *Sulph.*, three drops, thirtieth dilution; *Sulph.*, three drops, two-hundredth dilution, and *Sulph.*, three drops, five-hundredth dilution.

To be taken in succession, each for two days running, in doses of a fourth part morning and night, with an interval of two days between the second and third, fourth and fifth, and sixth and seventh remedies.

Solutions of the same remedy, in the same dilutions, and in the same proportions, to be used as lotions, simultaneously with their internal exhibition.

This young lady's mother reported that the two remaining warts disappeared before the last prescription had been completed. A year later, I had an opportunity of verifying the completeness of the cure.

*Clin. com.*—Trivial as a case of this kind may appear to all but the patient immediately concerned, in comparison with other more serious affections, it is not without pathological interest, as it serves to illustrate *in minimis* the practical value of Hahnemann's *sycotic* theory; and as such, I would recommend it to the consideration of those practitioners of the homœopathic school who think disparagingly of this great physician's pathological doctrines.

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# CHAPTER XVII.

Case 35. Pulmonary Consumption—The previous history of the case exemplifies the danger of a *routine* persistence in two opposite errors of practice—Cod-liver oil—Phosphorus—Arsenicum Iodatum—Sulphuric acid—Mercurius Iodatus—*Hæmoptysis* generally beneficial in preserving the integrity of the lung-structure by removal of pressure—Stannum—Sulphur—The recurrence of an old depuratory issue generally a good sign—Nux Vomica—The necessity of varying the treatment with the vital reaction—Mercurius Solubilis—Hepar Sulphuris—Sepia—Hamamelis—Kali Bichronicum—Belladonna—Silicea—Carbo Animalis Ch.—Pulsatilla—Antimonium Crudum—The significance of what had been a return to a normal habit of body—Calcaria Carbonica—Nature's compromise.

## Case 35.—Pulmonary Consumption.

14th July, 1862.

Mr. Benjamin ——, aged twenty-three years, of lymphatic-bilious *sanguine* temperament, with a hereditary predisposition to phthisis, had, for some years, undertaken the management of a very large farm, which entailed upon him an amount of work and responsibility far beyond his strength and years, as well as constant exposure to the vicissitudes of the weather, and irregularity in the taking of his meals. Under these unfavourable circumstances, his general health, but more especially his digestive functions (which had been more or less delicate all his life), had gradually become seriously impaired, when, about last Christmas, he caught a severe cold, which resulted in a confirmed cough. At first the cough, which was dry and hacking, was not considered serious by his country medical attendant, who assured him that it was merely a "stomach-cough," which would cease with the suspension of his work, and a little good nursing at home. Nevertheless, as time went on, the appetite became worse and the digestion became more disordered, without any amelioration of the cough; so that, by the beginning of the summer, the patient had lost considerably in flesh and strength. At length, hectic fever, *hæmoptysis*, with copious muco-purulent expectoration, and night-sweats supervened.

The medical practitioner (to whose care he had been transferred, on his return home) now pronounced him to be in the last stage of

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pulmonary consumption, with no hope of recovery, and little prospect of the continuance of life beyond a few weeks. At the same time, for the satisfaction of his friends, he proposed a consultation with Dr. —— (an eminent authority on the *diagnosis* of diseases of the chest), who, in every respect, confirmed the very unfavourable opinion which had previously been given; and, on taking leave of the practitioner, significantly added, "You will not again consult me on this case."

As this physician prescribed, with no better result, very nearly the same kind of treatment as that under which the patient had been getting worse (viz., cod-liver oil, with a cough mixture, and an aperient* every other day; together with counter-irritation ou the external surface of the chest), recourse to the homœopathic method was determined upon; and I was consulted accordingly.

His present condition is as follows:—He has a more or less constant hoarse, hollow cough, which is attended with some degree of soreness in the larynx and trachea, as well as in the upper part of the chest anteriorly (more especially on the right side), and followed by abundant expectoration of thick, viscid matter, of a greenish yellow colour, in nummular masses, mixed up with watery mucus, and occasionally streaked with blood. *Hæmoptysis* in variable quantity, from a few teaspoonfuls to half a teacupful at a time, has occurred on several occasions lately; the blood is of a pure bright red. The respiration is oppressed and short, so that he now habitually breathes through the mouth; his voice is weak and hoarse, at times almost extinct. His nights are restless, and sleep unrefreshing; he is drenched with profuse and exhausting perspirations, which are preceded by nightly accessions of fever. His appetite is very bad; epigastric aching and flatulent distension are experienced after meals; the tongue, which is slightly furred, is red at the tip and edges, and there is a tendency to ulceration of the gums and mucous membranes of the mouth. The complexion is of a muddy and somewhat sallow hue, when the face is not flushed; the bowels have been much confined, when not under the immediate operation of the prescribed aperient. Pulse 108, of irregular strength. He is rapidly losing flesh and strength; and his spirits are greatly depressed.

*Thoracic Examination.*—There is considerable emaciation about the neck and chest, with prominence of the clavicles, and flatness in the sub-clavicular regions, especially on the right side. Extensive dulness on percussion is observed at the *apices* of both lungs, anteriorly and posteriorly, the intensity of which is greatest on the right side. The right lung is more or less dull throughout, the dulness becoming less in the more dependent parts. In the outer third of the right sub-clavicular

* Lenitive electuary, and prunes boiled with senna.

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region, about an inch below the clavicle, and in the *axilla*, there is complete *pectoriloquy*, with gurgling *ronchi* and cavernous respiration. A kind of clicking friction sound may also be detected, on inspiration, throughout the sub-clavicular region, and in a slight degree (in the same situation) on the left side also. In what remains of the upper portion of the right, and at the *apex* of the left lung, sonorous and crepitating *râles* are heard; there is also abnormal transmission of the heart-sounds; the vocal resonance is considerably intensified, in some parts amounting to *bronchophony*, and the vesicular breathing insensible. Moist and sibilant *râles* are detected here and there, throughout the remaining portions of both lungs; but, on the right, the breathing is harsher and more bronchial.

Mr. —— states, with regard to the effects of the previous treatment, that the cod-liver oil (which he took daily) had taken away the little appetite he had left, besides disordering his liver; whilst the aperient (which he had recourse to every second or third day) added to the vital depression, and at the same time increased his disgust for food. Several of the patient's paternal and maternal uncles and aunts died of pulmonary consumption.

*Prescription.*—*Phos.*, three drops, third decimal dilution, and *Ars. Iod.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Phos.*, three drops, third decimal dilution, a sixth part three times a day; *Ars. Iod.*, three grains, third decimal trituration, a sixth part three times a day, and *Phos.*, three drops, third dilution, a sixth part three times a day.

*Acon.*, three drops, third dilution, to be taken occasionally, in doses of a sixth part, when the fever comes on.

*Sulph. Acid.*, three drops, third decimal dilution, to be taken in the event of *hæmoptysis*, either by itself or in alternation with *Acon.* (should there be any febrile reaction) every half hour, or every one or two hours, according to the urgency of the case, suspending the constitutional treatment for a time.

The cod-liver oil, as well as the aperient, to be discontinued altogether. To practise nasal respiration, and to let his beard grow.

Diet: to take whatever he has a fancy for in the matter of food and drink.

*Clin. com.*—The previous history of the case (from the time that the serious nature of the disease had been fully realized) shows how nearly the patient's little remaining chance of life had been thrown away by a *routine* persistence in two opposite, yet equally fatal, errors of practice. The one consisted in the attempt to enforce the exhibition of an otherwise admirable *specific* (cod-liver oil), after it had been found to increase the existing disorder of the digestive organs, at a time when the mere prolongation of life (to say nothing of the cura-

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bility of the constitutional disease itself) was wholly contingent upon the possibility of their restoration to something like healthy function: the other resulted in a purposeless frittering away of the already too slender vital reserves, by a meddlesome interference with a state of *provisional* inaction of the bowels;* and, as if that were not mischief enough, *nauseating* aperients must needs be selected, with the additional effect of exaggerating the evil of the first error by the creation of an actual disgust for food.

These considerations induced me at once to order the suspension of the cod-liver oil, which ought not to have been persevered in, as well as that of the aperient, which ought never to have been exhibited in this particular case.

Cod-liver oil is, nevertheless, a most valuable remedy in the treatment of the great majority of consumptive and strumous cases, both on account of its dietetic and of its therapeutic properties. It is the common property of both schools of medicine, with this difference; that whereas it is *the only* specific which the adherents of the dominant school possess for the treatment of tubercular or strumous disease, those of the Hahnemannic or specific school have numerous *other* specifics to alternate with it when it agrees with the patient, or to fall back upon when its exhibition cannot be tolerated.

It is worthy of remark, that the remedies best suited to the treatment of pulmonary consumption are *dynamic* preparations of the same mother-substances as those to which cod-liver oil owes its medicinal properties,† or of their combinations with other elements.

* See *Clin. com.* on Case 2 (pages 22 and 23) and on Case 10 (pages 52 and 53), with reference to this *provisional* state of intestinal inaction, whether in acute or chronic disease.

† "I am firmly of opinion," observes Professor Henderson, with reference to the cure of pulmonary consumption by medicinal agents, "that the only cures that are met with in practice are, when due to medicine in any degree, due to Homœopathy. It is chiefly as a Homœopathic remedy that cod-liver oil acts, by dint of its minute quantities of *Phosphorus* and *Iodine;* and I have reason to think that Homœopathy has other remedies which are sometimes beneficial, when the oil fails to be of service."—"Homœopathy Fairly Represented," page 83. Hamilton, Adams, and Co.

I may add my own belief, that the assimilation of so indigestible a substance as cod-liver oil (in a dietetic point of view) would otherwise be, is solely due to the existence of these minute portions of *Phos.* and *Iod.*, in so far as they act upon the digestive organs also.

It has been the fashion of late years, among the authorities of the old school, to deny that cod-liver oil is in any sense possessed of medicinal properties, on account of the minute proportions of *Phos.*, *Iod.*, and other ingredients, which chemical *analysis* has detected in its composition. Some clinical teachers even go out of their way to disabuse students of any such notion; whilst others, not unmindful of their own former admissions, more consistently give the subject the go-by, dwelling exclusively upon the dietetic advantages of the oil. That cod-liver oil really does



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From the observations which have already been made on the action of *Phosphorus*,* it will be readily understood how remarkably this remedy is adapted to the treatment of pulmonary consumption in all its stages, both on account of that constant tendency to local inflammatory action and general vascular excitement, which the continuous deposition of tubercles is apt to provoke. The therapeutic value of *Phos.* in this respect has now, for some years, claimed the attention of the dominant school. The source, however, from which the knowledge of this specific is derived, is studiously ignored by the members of that school; or, as Professor Henderson happily expresses it, the remedial virtue of the drug has been "rediscovered" by them.†

possess medicinal properties, is capable of direct proof in some of those rare cases of *idiosyncratic* susceptibility on the part of the patient, which will contra-indicate its exhibition as much as any dietetic unfitness would do. Thus, I have under my care, at the present time, a consumptive patient (a young woman of about twenty-four years of age) who manifests this peculiar susceptibility to its action in a remarkable degree, although her younger sister (who is also under my treatment for *strumous* disease of the elbow joint) takes the oil with decided advantage; and two of her brothers (who died of phthisis) were able to take it in large quantities without any inconvenience. In the case of this patient, the exhibition of the cod-liver oil does not seem in any way to disagree with the digestive organs, or to create the slightest disgust; but if she takes it for two days running (in the dose of a tablespoonful once a day), in about *a quarter of an hour after the second dose* the following symptoms have invariably been set up, viz.:—A violent throbbing in the head, with confusion of thought and "stupid feeling," precedes an overwhelming sensation of internal cold, which seems to "go through her" to the extremities. At the same time the skin is cold and clammy; the extremities, more especially the lower, are numbed and cold; and the general prostration is such as to oblige her to lie down. The throbbing in the head is succeeded, after a time, by a stupefying, rather than acutely painful, feeling of weight and constriction (being "tightly bound") in the vertical and temporal regions, "as though the crown of the head and the temples were being crushed in," with increased difficulty in collecting her thoughts, confusion of sight, and heaviness in the eyes, which she is unable to keep open. After she has been wrapped up in a blanket, the coldness gradually subsides; and, in about an hour from the commencement of the attack, all the other symptoms have disappeared in like manner. No marked febrile reaction seems to precede the recovery. With the exception of feeling rather weak until the next day, no further results follow these singular attacks.

* See *Clin. com.* on Case 10 (page 27) and on Case 14 (page 67).

† "Medicines," observes Professor Henderson (*vide* "Homœopathy Fairly Represented," pages 103, 104), "get into good repute, through the practitioners of Homœopathy, for the treatment of various common disorders, and forthwith their virtues are quietly appropriated or *rediscovered* by the allopathic party, and their operations *explained* by some absurd or fanciful theory; and thus, having cap and bells clapped upon them to conceal their true character, they are promoted (heartily ashamed of the honour) to the rank of orthodox drugs. Aconite, Belladonna, Nux Vomica, Arsenic [and more recently Phosphorus], are familiar instances of this indirect progress of ordinary medicine. One consoling reflection, however, is, that they will not be found very obedient to their strange masters, until they appropriate

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Independently of the action which *Arsenicum Iodatum* (in common with all the *Iodides*) exerts upon the pulmonary mucous membranes and absorbents, it possesses some of the mostvaluable of the therapeutic properties of *Arsenicum*, with which it is also so nearly allied. *Ars. Iod.* will, on this last account, be more especially found of service in the treatment of those phthisical cases where there is a considerable loss in flesh and strength, with periodical accessions of hectic fever, and a tendency to ulceration of the mucous membranes of the mouth and alimentary canal. It is to be regretted that no good proving has yet been made of a remedy which, I doubt not, is destined to a high place among the *antipsorics*.

*Sulph. Acid.* is indicated in those cases of *hæmoptysis* where the blood is of an *arterial* character; whereas *Arnica* and *Hamamelis* will be preferable when the hæmorrhage is of a more mixed or somewhat *venous* character.

As there is often an increase of the local, if not of the general, vascular action attendant upon *hæmoptysis*, *Acon.* may, with advantage, be alternated with the more specially indicated remedy.

Pulmonary consumption is by no means the "necessarily fatal" disease it is so commonly represented, provided that suitable hygienic and therapeutic measures be adopted from the first. In fact, under ordinarily favourable circumstances, early tubercular deposits are often got rid of by absorption, without in any way compromising the integrity of the lung structure; and then the cure may be depended

also the rules which the medicines have been taught to follow by Him who bestowed them on the world."

The truth of these remarks was, some years ago, very forcibly impressed upon my mind by the recital of Mr. Daniel Clifton (of Northampton)'s practical experience on this very point. In the course of a little professional chit-chat, after a consultation to which I had been invited by this able and energetic practitioner, he informed me that he had a short time before been struck by the remarks of Dr. ——, an eminent physician, connected with one of the principal hospitals for the treatment of consumption, on the action of *Phosphorus* (which he had read in one of the weekly periodicals of the dominant school), to the effect, that this remedy would be invaluable in the treatment of those pulmonary congestions which so frequently occur in phthisis, but for this fact, that, *even in the smallest* (*i.e.*, *allopathic*) *doses* its exhibition was fraught with so much risk to the patient of seriously aggravating the very evil which it was calculated to remedy. Thereupon Mr. Clifton, in a most catholic spirit, and without the slightest allusion to the experience of the school from which this *specific* had been originally derived, wrote to Dr. —— (modestly excusing himself for the liberty he was taking), and asked him whether it had never occurred to him that the dose of *Phos.* might be reduced to a point at which its injurious effects would cease, without detriment to its therapeutic advantages. Dr. —— courteously replied that he was not above receiving suggestions from a professional colleague, however humble; and, in a postscript, expressed a hope that his correspondent *was not a practitioner of homœopathy!*

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upon, as long as no fresh formation of tubercle occurs.* Whilst, in those comparatively rare instances of recovery in the far advanced stage of consumption (*i. e.*, when extensive disintegration in one or both lungs has already taken place), the fatal issue is only averted by the substitution of some less dangerous form of constitutional depuration, whether by means of kindred or different textures—a sort of pathological compromise on Nature's part which may be permanent or otherwise, according to the degree of its completeness, and to the *dyscrasic* necessities of the individual. Thus, I have had repeated opportunities of seeing, both in my own practice and in that of my colleagues, even the most serious cases of advanced phthisis pass, by an almost insensible transition, into chronic bronchitis or catarrhal asthma. In some cases, I have also seen the liquefaction of tubercle still more effectively provided for by glandular abscesses, breast abscesses, suppurating eruptions, the re-opening of old issues, the re-establishment of suppressed natural emunctories, etc.

On assuming the responsibility of the treatment of a case to all appearance so desperate, I thought it right to inform the patient's friends, that unless a more satisfactory state of the nutritive functions could be brought about, and the further increase of tubercle in the blood thus prevented, the unfavourable *prognosis* of his former medical advisers must sooner or later be realized. Influenced by the general considerations to which I have already called attention, I also added that, even were this indispensable preliminary happily attained, the possibility of an ultimate cure (where so much organic mischief had taken place in the patient's most important lung, and so strong a hereditary predisposition existed) mainly rested upon nature's ability or otherwise to provide safer channels for the constitutional depuration.

July 24. He is decidedly better as regards his general state, and his appetite has improved: if anything, he has rather gained than lost flesh. The cough is not so urgent, and the expectoration has rather diminished: the *sputa* are still of the same character. The nocturnal accessions of fever have invariably yielded to one or two doses of aconite; so that he has enjoyed more refreshing sleep, and the night sweats have been less exhausting. The bowels have acted without effort every second or third day, and, on one occasion, for two days

* Where there is a marked hereditary predisposition, the patient will require constitutional treatment long after the local physical signs have disappeared, even in the most favourable cases. It is, nevertheless, wise in all patients (whether constitutionally disposed or not to tubercular disease), who have at any time manifested phthisical symptoms (no matter in how slight a degree), to have the soundness of their lungs tested from time to time, on account of the insidiousness of the disease in its beginnings.

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running : the dejections are, however, too light-coloured. Pulse 95 to 100, stronger and more regular. The thoracic physical signs continue much the same. He prefers oatmeal porridge and milk to any other food.

*Prescription.*—*Phos.*, three drops, third decimal dilution, and *Mercurius Iodatus*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Phos.*, three drops, third decimal dilution, a sixth part three times a day; *Merc. Iod.*, three grains, third decimal trituration, a sixth part three times a day; and *Phos.*, three drops, third decimal dilution, a sixth part three times a day. The same occasional remedies to be used as before, for the fever and *hæmoptysis*, when required.

*Clin. com.*—Like the other iodides, *Mercurius Iodatus* has a very decided action upon the pulmonary mucous membranes and absorbents, which renders it a remedy of much value in the treatment of lung diseases of a tubercular character; more especially (as in this case) where the liver and mucous membranes of the alimentary canal are more or less chronically affected. A good proving of this remedy is still a *desideratum*; but, from what is already known of its action *ab usu in morbis*, it may fairly be augured that it will eventually take a very high place among the specific *antipsorics*.

Aug. 2. Upon the whole, he continues to improve, and to gain strength. The appetite and digestion are much better; there is less flatulence and discomfort after eating; the bowels act regularly every other day; and the dejections are healthier, and of a better colour. Two or three days ago he coughed up several tea-spoonfuls of blood with the *sputa*, since which the oppression of the chest has been much relieved. Pulse 108.

*Thoracic examination.*—The crepitating *ronchi* are less marked, and the vesicular breathing is becoming audible on the left side: there is, if anything, a slight improvement on percussion. The physical signs on the right continue without alteration.

*Prescription.*—*Puls.*, three drops, third decimal dilution, a sixth part three times a day; *Phos.*, three drops, third decimal dilution, a sixth part three times a day; *Puls.*, three drops, third dilution, a sixth part three times a day; *Stannum*, three grains, sixth decimal trituration, a sixth part three times a day; *Phos.*, three drops, thirtieth dilution, a fourth part morning and night; and *Stan.*, three drops, thirtieth dilution, a fourth part morning and night. *Acon.* and *Sulph. Acid.* as before, when required.

*Clin. com.*—Although *hæmoptysis* has, from time immemorial, been accounted one of the most serious of phthisical symptoms, I am disposed to regard it, in the great majority of cases, as a part of that provisional mechanism which nature exerts with a view to preserving

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the integrity of the lung texture, as long as this is possible. Thus, at a comparatively small sacrifice, relief is afforded to the lung from that pressure which is so destructive of its structure.

In fact, I have never known of the recovery of any case of advanced tubercular disease affecting the right, or even the left and least important lung, in which *hæmoptysis* did not occur, in a greater or lesser degree, from first to last.

In addition to the exhibition of suitable specific remedies, hygienic precautions (such as the avoidance of over-exertion of body or mind, abstinence from dietetic stimulants, and the substitution of cold for warm drinks, with a lowering of the diet) should not be neglected during an attack of *hæmoptysis;* and this will be the more necessary when the *hemorrhage is profuse.*

The *pathogenesis of Stannum* is worth a careful study, with reference to its action upon the lungs, the digestive organs, and the nervous system. As a constitutional *antipsoric*, this remedy will be found to occupy a high place in the treatment of pulmonary consumption, to the nervous pathology of which its exhibition is peculiarly suitable.

Aug. 11. He sleeps well, and is less feverish at night; the perspirations do not now come on before five o'clock in the morning. There is a daily action of the bowels. Pulse 96. Altogether, the improvement is maintained. He is going to Folkestone for a month.

*Prescription.*—*Phos.*, three drops, third decimal dilution, a sixth part three times a day; *Ars. Iod.*, three grains, third decimal trituration, a sixth part three times a day; *Phos.*, three drops, third decimal dilution, a sixth part three times a day; *Ars. Iod.*, three grains, third decimal trituration, a sixth part three times a day; then, after one day's interval without medicine, *Phos.*, three drops, sixth decimal dilution, a fourth part morning and night, followed, after one day's interval, by *Ars. Iod.*, three grains, sixth decimal trituration, a fourth part morning and night; and, lastly, after an interval of two days, *Phos.*, three drops, thirtieth dilution, a fourth part morning and night, followed, after a further interval of two days, by *Ars. Iod.*, three drops, thirtieth dilution, a fourth part morning and night. *Acon.* and *Sulph. Acid*, as before.

Sept. 24. He has just returned from Folkestone, all the better for the change of air. The cough is less troublesome, and the expectoration has diminished in quantity. The laryngeal irritation and the aching under the clavicles are no longer troublesome; and the voice is clearer and stronger. The *sputa* are not so frequently streaked with blood. The last few days, he has complained of a catching pain in the right back when taking a deep inspiration; which he attributes to having been exposed to a draught of air on his journey home. Pulse 96, of fair strength.

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*Thoracic examination.*—He has gained a little flesh on the left side of the chest, both anteriorly and posteriorly. The dulness on percussion at the apex of the left lung has diminished in intensity; the crepitating *râles* have given place to soft, moist, and sibilant *ronchi;* the vesicular breathing is becoming more distinct, and the vocal resonance less marked. The clicking sound has entirely disappeared on this side. The physical signs at the *apex* of the right lung continue as before, with the exception that the gurgling *ronchi* are less extensive, and that the general dulness in the dependent portions of that lung has diminished.

*Prescription.*—*Phos.*, three drops, third decimal dilution, and *Sulph.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Phos.*, three drops, sixth decimal dilution, and *Sulph.*, three grains, sixth decimal trituration, in doses of a sixth part alternately every six hours; *Phos.*, three drops, sixth decimal dilution, a sixth part three times a day; and *Stan.*, three grains, sixth decimal trituration, a sixth part three times a day.

*Clin. com.*—*Sulph.* was prescribed with a view to its action upon the pleuritic membrane, which was threatened with inflammation.

All those powerful *antipsorics*, which promote the suppurative process, should, as a rule, be sparingly used in the treatment of pulmonary consumption; more especially in those instances where the lungs are extensively involved, on account of their tendency to induce too rapid a liquefaction of the tubercular masses, and a consequent disorganization of the surrounding lung texture. The case is, however, different when a depuratory suppuration, or other constitutional eliminatory effort, is in the meantime set up in less noble organs or structures. That class of *antipsorics* may then be freely and continuously exhibited with the best results.

Again, when a cure is no longer possible, and the purulent expectoration is excessive, the patient will derive much relief from a liberal administration of those remedies.

Oct. 7. He is suffering from blind piles, with a confined state of the bowels. He had formerly been subject to attacks of this kind, and this is the first time of their recurrence since his chest became diseased. The cough is less urgent; the *sputa* are now seldom streaked with blood; and there has been no distinct *hæmoptysis* for some time. Pulse 96.

*Thoracic examination.*—The dulness at the *apex* of the right lung has slightly diminished, more especially posteriorly; the gurgling *râles* are not so numerous, and the pectoriloquy is less extensively transmitted. The improvement on the left side is maintained, as evidenced by an increase of the vesicular breathing and a diminution

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of the vocal resonance, as well as an entire absence of crepitating *râles*.

*Prescription.*—*Nux. Vom.*, three drops, third decimal dilution, and *Merc. Sol.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Nux Vom.*, three drops, sixth decimal dilution, and *Merc. Sol.*, three grains, sixth decimal trituration, a sixth part alternately every six hours; *Phos.*, three drops, sixth decimal dilution, a sixth part three times a day; and *Ars. Iod.*, three grains, sixth decimal trituration, a sixth part three times a day.

*Clin. com.*—The recurrence of the hæmorrhoids was in itself a favourable sign, inasmuch as it was indicative of vital effort to re-establish an old constitutional depuratory issue, which would indirectly tend to the diminution of that pathological burthen which had hitherto fallen so exclusively upon nobler organs. It may, in truth, be affirmed as a sound pathological axiom, that *the more a chronic disease* (no matter how serious) *reverts to its original form* (*i. e.*, to that from which it started), *the more will it become amenable to treatment.*

The treatment in this case necessarily varied with the vital efforts; and, accordingly, *Nux Vom.* and *Merc. Sol.* were, for a time, substituted for those remedies which stand in more special relation to the thoracic *viscera*.

Oct. 21. The patient has been going on most satisfactorily, in every respect, up to last Wednesday, when he caught cold; the consequence of which has been a return of the laryngeal irritation with hoarseness of voice. There is, however, no marked febrile reaction. Pulse 84, soft and regular. The expectoration is less copious, and the *sputa* are of a lighter colour and more mucous in character. The physical signs indicate a very gradual yet steady improvement in the right, and a still more marked progress in the left lung.

*Prescription.*—*Phos.*, three drops, third decimal dilution, and *Hep. Sulph.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Phos.*, three drops, third decimal dilution; and *Merc. Iod.*, three grains, third decimal trituration, a sixth part alternately every six hours; *Phos.*, three drops, sixth decimal dilution, a sixt part three times a day; and *Hep. Sulph.*, three grains, sixth decimal trituration, a sixth part three times a day.

Nov. 3. The improvement is very decided, and there is an unmistakable increase in the flesh and strength of the patient. He has lately noticed that he passes a great deal of urine at night, and little during the day, although he takes at present very little liquid food. This has occurred more or less since the entire cessation of the night sweats.

*Thoracic examination.*—The gurgling and clicking *râles* are no longer heard on the right side. Although there is still a good deal of

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bronchial respiration, with persistence of the crepitating *ronchi*, the vesicular breathing is becoming faintly audible. The physical signs on the left side are normal.

*Prescription.*—*Phos.*, three drops, third decimal dilution, a sixth part three times a day; *Ars. Iod.*, three grains, third decimal trituration, a sixth part three times a day; *Phos.*, three drops, sixth decimal dilution, a sixth part three times a day; *Ars. Iod.*, three grains, sixth decimal trituration, a sixth part three times a day; *Phos.*, three drops, thirtieth dilution, a fourth part morning and night; and *Ars. Iod.*, three drops, thirtieth dilution, a fourth part morning and night.

*Clin. com.*—The remarkable increase of the urinary secretion, occurring as it did at night, seems in some way to have been connected with that depuratory effort with which the skin had previously been charged.

Nov. 24. The cough is now very slight, and the expectoration much diminished: there has been no return of the night sweats. The physical signs indicate a steady cicatrization of the cavity at the apex of the right lung; for the vocal resonance now amounts only to bronchophony (whether heard in the sub-clavicular region or in the *axilla*); the vesicular respiration has become more extensive, and only moist crepitating and sibilant *ronchi* are now detected. The appetite is healthier than it has been for years; for he can now make a hearty breakfast, which he never recollects having done since he was a child. Pulse 82, regular, and of good strength.

*Prescription.*—*Phos.*, three drops, third decimal dilution, a sixth part three times a day; *Sep.*, three grains, third decimal trituration, a sixth part three times a day; *Phos.*, three drops, sixth decimal dilution, a fourth part morning and night; *Sep.*, three grains, sixth decimal dilution, a fourth part morning and night; then, after an interval of one day, *Phos.*, three drops, thirtieth dilution, a fourth part morning and night; and, lastly, after a further interval of three days, *Sep.*, three drops, thirtieth dilution, a fourth part morning and night.

*Clin. com.*—Had this been a case of what has been called "accidental" consumption (*i. e.*, in no way dependent upon pre-existing constitutional *dyscrasy* of a hereditary kind, but exclusively upon accidental circumstances simultaneously affecting the alimentary and respiratory organs, during a period of general vital exhaustion from over-growth, over-exertion of mind or body, or the like), this happy restoration of the digestive functions would in itself have sufficed for a complete cure; whereas, as will be seen hereafter, it was only the indispensable preliminary.

Nov. 28. His mother writes that, on the 25th inst., he coughed up several small and somewhat putrid masses like brown flesh,*

* These were probably tubercular.

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which were streaked with blood. This has since been followed by *hæmoptysis*, which still continues, to the extent of about a tea-spoonful at a time.

*Prescription.*—*Acon.*, three drops, third decimal dilution, and *Ham.*, three drops, second decimal dilution, a sixth part alternately every one, two, three, or four hours, according to the urgency of the symptoms; and to suspend the previous course of remedies until the cessation of the hemorrhage.

Dec. 15. The spitting of blood ceased before he had taken many doses of the *Acon.* and *Ham.*, and has not again occurred. It is now some time since the previous prescription has been finished. He reports that the cough has been less troublesome, until the last few days, when he caught cold, which has occasioned a slight bronchial catarrh, and some laryngeal irritation. The *sputa* are scanty, and consist of light-coloured *mucus*. Pulse 92.

*Thoracic examination.*—The dulness at the *apex* of the right lung is diminishing. The crepitating have given place to soft mucous *râles*, and the vocal resonance is less intense. Although there is still an abnormal amount of bronchial respiration, the vesicular breathing is becoming audible over a greater extent of surface. There is a little wheezing throughout both lungs, the result of his recent bronchitic attack.

The appetite continues to increase, and he is fast gaining flesh and strength.

*Prescription.*—*Phos.*, three drops, third decimal dilution, and *Kali Bichr.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Phos.*, three drops, sixth decimal dilution, and *Kali Bichr.*, three grains, sixth decimal trituration, a sixth part alternately every six hours; *Phos.*, three drops, sixth decimal dilution, a sixth part three times a day; and *Kali Bichr.*, three grains, sixth decimal trituration, a sixth part three times a day.

Jan. 3, 1863. The bronchial catarrh, which was slight, soon passed away, and the improvement in the constitutional state of the lungs had been maintained.

Four or five days ago, he began to experience a sore aching pain in connection with a tumour occupying nearly a central position on the external surface of the right *ramus* of the lower jaw, which he had not before noticed. The swelling has increased in size, and the pain, which is of an alternately aching and throbbing character, has become very intense. On examination, the tumour seems to involve the *periosteum* of the jaw-bone; the contiguous gum and facial mucous membrane are much inflamed and swollen; and there is heat and redness of the external skin covering the affected part.

*Prescription.*—*Bell.*, three drops, third decimal dilution, and *Hep.*

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*Sulph.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Bell.*, three drops, sixth decimal dilution, and *Sil.*, three grains, sixth decimal trituration, a sixth part alternately every four hours; *Hep. Sulph.*, three grains, sixth decimal trituration, a sixth part three times a day; and *Sil.*, three grains, sixth decimal trituration, a sixth part three times a day.

Hot external poultices of linseed meal or bread to be applied externally, and fomentations of warm water to be used internally, from time to time.

Jan. 17. The tumour gradually came to a head, and, by the time the two first remedies of the last prescription had been taken, opened in the mouth. The discharge consisted at first of thick, blackish, offensive matter, with a slight admixture of blood, and afterwards of ordinary pus. After discharging freely for four or five days, the abscess seems to close for a few days; the swelling then re-appears, and, after a time, suppuration follows as before. The preliminary pain attending the suppurative phase of the tumour becomes less and less on each subsequent recurrence of the abscess. In the meantime, the cough and expectoration have almost entirely ceased.

*Prescription.*—*Bell.*, three drops, third decimal dilution, and *Merc. Sol.*, three grains, sixth decimal trituration, in doses of a sixth part alternately every four hours; *Bell.*, three drops, sixth decimal dilution, and *Carb. An. Ch.*, three grains, sixth decimal trituration, a sixth part alternately every six hours; *Merc. Sol.*, three grains, sixth decimal trituration, a sixth part three times a day; and *Carb. An. Ch.*, three grains, sixth decimal trituration, a sixth part three times a day.

March 3. He has continued so much better, both with regard to his chest and his general health, that he has taken no medicine for some time. He now only coughs slightly, the first thing on waking in the morning, and that with little or no expectoration. There is still an occasional oozing of matter from the abscess in the mouth. The last few days he has complained of "feeling bilious," with loss of appetite, nausea, and flatulence after meals. These symptoms are accompanied with a slight yellowness of the complexion, and of the *conjunctivæ*. Pulse 80.

*Prescription.*—*Puls.*, three drops, third decimal dilution, and *Merc. Sol.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Puls.*, three drops, fourth decimal dilution, and *Ant. Crud.*, three grains, fourth decimal trituration, a sixth part alternately every four hours; *Puls.*, three drops, sixth decimal dilution, a sixth part three times a day; and *Ant. Crud.*, three grains, sixth decimal trituration, a sixth part three times a day.

April 3. His mother writes that he has caught cold; since which

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he has experienced so much irritation about the larynx, that he cannot speak without coughing.

*Prescription.*—*Phos.*, three drops, third decimal dilution, and *Tart. Emeticus*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours.

April 28. The cold on the chest soon yielded to the last remedies, and his progress has been satisfactory ever since, although he has been without regular treatment for some time. He is often entirely free from cough for two or three days together, and when the cough does return, it is so slight as to cause no inconvenience. There is seldom any expectoration, and that only of light-coloured *mucus*, in very small quantity. Pulse 84, of normal strength.

*Thoracic examination.*—The difference of the percussion-sound at the *apex* of the right, as compared with that in the corresponding portion of the left lung, is now so slight as to require a good ear for its detection. The auscultatory signs are equally satisfactory. The muscular development and adipose deposition have greatly increased.

*Prescription.*—*Bry.*, three drops, third decimal dilution, and *Merc. Sol.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Bry.*, three drops, third decimal dilution, a sixth part three times a day; *Merc. Sol.*, three grains, sixth decimal trituration, a sixth part three times a day; then, after a day's interval, *Phos.*, three drops, sixth decimal dilution, a fourth part morning and night, followed, after a day's interval, by *Merc. Sol.*, three grains, sixth decimal trituration, a fourth part morning and night; and lastly, after an interval of two days, *Phos.*, three drops, sixth decimal dilution, a fourth part morning and night, followed, after a further interval of two days, by *Phos.*, three drops, thirtieth dilution, a fourth part morning and night.

June 13. The improvement is maintained in every respect. He is almost entirely free from cough; the appetite and digestion leave nothing to be desired; and the bowels now act regularly twice a day,* without being relaxed. Pulse 72. The gathering of the abscess in the mouth continues to recur from time to time.

*Prescription.*—*Puls.*, three drops, third decimal dilution, a sixth part three times a day; *Merc. Sol.*, three grains, sixth decimal trituration, a sixth part three times a day; *Puls.*, three drops, sixth decimal dilution, a sixth part three times a day; *Merc. Sol.*, three grains, sixth decimal trituration, a sixth part three times a day; then, after an interval of two days, *Puls.*, three drops, sixth decimal dilution, a fourth part morning and night, followed, after an interval of two days, by *Merc. Sol.*, three grains, sixth decimal trituration, a fourth part morn-

* This had been his habit of body from a child, when in his best health. It is also the constitutional habit of his father.

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ing and night; and lastly, after an interval of two days, *Puls.*, three drops, thirtieth dilution, a fourth part morning and night, followed, after a further interval of two days, by *Merc. Sol.*, three drops, thirtieth dilution, a fourth part morning and night.

*Clin. com.*—The return to what had formerly been the normal frequency of intestinal action, was a sign of good augury, inasmuch as it indicated not only that the digestive organs had acquired an efficiency which they had lost for years, but also that the general vital force and the special life power of those parts upon which the constitutional *dyscrasy* had fallen were now amply sufficient for its elimination, without encroaching upon the functional vitality of other organs.

Sept. 5. The state of his chest and of his general health is most satisfactory. Some months have now elapsed without the slightest recurrence of the cough.

*Thoracic examination.*—The dulness of the *apex* of the right lung can no longer be detected; and the respiratory sounds are normal throughout both lungs.

The swelling connected with the lower jaw continues as before to "wax and wane," to suppurate for a time, and then apparently to close up again. About six weeks ago, the arm of a boy, who was running down the stairs as he himself was ascending, came into violent contact with the swelling whilst it was gathering, the effect of which was to create an external issue through the skin. Ever since, the matter from the abscess has been discharged by this external channel, instead of through the mouth, as heretofore. This accident has proved a decided advantage; for the old opening into the mouth has been closed by adhesive inflammation. The external opening is, moreover, concealed by a tolerable redundancy of beard; so that, even in a personal point of view, nothing has been sacrificed The issue is discharging at present.

*Prescription.*—*Phos.*, three drops, third decimal dilution, and *Carb. An. Ch.*, three grains, sixth decimal trituration, in doses of a sixth part alternately every four hours; *Phos.*, three drops, sixth decimal dilution, a sixth part three times a day; *Carb. An. Ch.*, three grains, sixth decimal trituration, a sixth part three times a day; *Phos.*, three drops, thirtieth dilution, a fourth part morning and night; and *Carb. An. Ch.*, three drops, thirtieth dilution, a fourth part morning and night.

Oct. 13. He feels better and stronger than he has done for years, and his weight (which has now reached twelve stone six pounds) is greater than ever it was before in his life. He is now rather too stout than otherwise; yet, as the muscular development has kept pace with the adipose deposition, this is a fault on the right side. Nothing abnormal can now be discovered in either lung, whether on percussion or auscultation. The chest is now as plump and muscular as the rest

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of his body. Pulse 80, of good strength. The tumour still continues to "wax and wane," increasing in size when it is gathering, and almost entirely subsiding after the discharge has had free issue. Altogether, there has been a considerable amount of discharge, which has now, for a long time, consisted of inoffensive purulent matter. The suppurative process is at present attended with little pain or inconvenience, as there is almost always a slight oozing of sero-purulent matter from the external outlet, which keeps more or less permanently open.

*Prescription.*—*Phos.*, three drops, third decimal dilution, a sixth part three times a day; *Calc. Carb.*, three grains, sixth decimal trituration, a sixth part three times a day; *Phos.*, three drops, sixth decimal trituration, a sixth part three times a day; *Calc. Carb.*, three grains, sixth decimal trituration, a sixth part three times a day; then, after a day's interval, *Phos.*, three drops, thirtieth dilution, a fourth part morning and night; and lastly, after an interval of two days, *Calc. Carb.*, three drops, thirtieth dilution, a fourth part morning and night.

Jan. 20, 1864. He has not had the slightest return of the cough for the last two or three months; nor has he experienced any inconvenience from the frost and damp. As regards his general health, his progress has been equally satisfactory. The maxillary abscess still continues to gather every two or three weeks, and in the interval there is occasionally a very slight oozing of thin matter. Altogether, from the commencement, there has been a very considerable amount of discharge. The external orifice of the abscess is situated about one inch and a half below the angle of the mouth, and, as before, communicates directly with the gum of the right branch of the lower jaw, the channel (through which the matter issues) being completely arched over by the internal mucous membrane. At present he is feeling languid, and his digestive organs are slightly disordered.

*Prescription.*—*Bry.*, three drops, third decimal dilution, and *Ars.*, three drops, third decimal dilution, in doses of a sixth part alternately every four hours; *Bry.*, three drops, sixth decimal dilution, and *Carb. An. Ch.*, three grains, sixth decimal trituration, in doses of a sixth part alternately every four hours; *Bry.*, three drops, thirtieth dilution, a fourth part morning and night; *Merc. Sol.*, three drops, thirtieth dilution, a fourth part morning and night; and *Carb. An. Ch.*, three drops, thirtieth dilution, a fourth part morning and night.

March 20, 1865. With the exception of a slight temporary loss of appetite, with flatulent distension of the stomach after dinner (from having hurried over his meals during the press of work, which usually occurs to him at this season of the year), he has nothing to complain of. The abscess has continued to gather and discharge at the usual intervals. Although he is out all weathers, there has been no return of his cough.

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*Prescription.*—*Puls.*, three drops, third decimal dilution, a sixth part morning, noon, and night; *Hep. Sulph.*, three grains, fourth decimal trituration, a sixth part morning, noon, and night; *Puls.*, three drops, sixth decimal dilution, a sixth part morning, noon, and night; and *Hep. Sulph.*, three grains, sixth decimal dilution, a sixth part morning, noon, and night; then, after an interval of two days, *Puls.*, three drops, thirtieth dilution, a fourth part morning and night; and, after a further interval of two days, *Hep. Sulph.*, three drops, thirtieth dilution, a fourth part morning and night.

July 28, 1866. His digestive functions have become disordered from the usual cause. Epigastric tension is experienced after meals, and the complexion manifests a bilious hue. The maxillary abscess has now for some months broken out every ten days or a fortnight. The discharge, however, sometimes lasts only half a day, and at other times four or five days; but in the interval there is no longer the slightest oozing. The process is either painless or almost entirely so, even when the abscess is about to re-open.

*Prescription.*—*Bry.*, three drops, third decimal dilution, and *Merc. Sol.*, three grains, third decimal trituration, in doses of a sixth part alternately every four hours; *Bry.*, three drops, sixth decimal dilution, and *Merc. Sol.*, three grains, sixth decimal trituration, in doses of a sixth part alternately every four hours; *Bry.*, three drops, sixth decimal dilution, a fourth part morning and night; *Merc. Sol.*, three grains, sixth decimal trituration, a fourth part morning and night; and *Merc. Sol.*, three drops, thirtieth dilution, a fourth part morning and night.

*Lycop.*, one drop, thirtieth dilution; *Lycop.*, one drop, two hundredth dilution; and *Lycop.*, one drop, thirtieth dilution, each to be taken, in succession, at a single dose, every third night, the last thing, four hours from the dose of the regular medicine.

Aug. 21. The right side of the face is slightly swollen; but the swelling seems to be independent of the abscess, which has not discharged for some weeks. He is feeling unusually drowsy. In other respects, nothing can be better than his general state.

*Prescription.*—*Bell.*, three drops, third decimal dilution, a sixth part morning, noon, and night; *Op.*, three drops, third decimal dilution, a sixth part morning, noon, and night; *Hep. Sulph.*, three grains, sixth decimal trituration, a sixth part morning, noon, and night; *Bell.*, three drops, thirtieth dilution, a fourth part morning and night; *Hep. Sulph.*, three drops, thirtieth dilution, a fourth part morning and night; and, after an interval of two days, *Hep. Sulph.*, three drops, two hundredth dilution, a fourth part morning and night.

*Clin. com.*—I have already had occasion to remark that, had this been a case of "accidental" consumption, the restoration of the diges-

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tive functions to their former original state of efficiency would alone have sufficed for the ultimate cure.

From the antecedent history of the patient, it will, however, have been seen that there still remained a very serious hereditary (*psoric*) taint—the *fons et origo mali*—to be provided for. How effectually this end has been attained by the long-continued depuratory issue,—that admirable pathological compromise on Nature's part,—need scarcely be pointed out.

Aug. 31, 1867. During the time which has elapsed since the 5th Sept., 1863 (the date of a previous record), when all the physical signs of thoracic disease had disappeared,—a period of nearly four years,—my patient has only had occasion to consult me at those increasingly long and rare intervals which (with one or two exceptions only) have been severally reported, on account of slight disorders of a temporary character, in no way immediately dependent upon the state of the respiratory organs.

His general health is excellent, and the actual condition of his lungs leaves nothing to be desired.

On examining the chest (which I have done merely for my own satisfaction), I find that the right lung yields, upon percussion, at its *apex*, a greater resonance (if anything) than the left, in the corresponding situation. This is, doubtless, owing to a slightly *emphysematous* expansion of the surrounding lung-texture, by which the *vacuum* occasioned by the original cavity is, for all practical purposes, filled up. The respiratory function is, nevertheless, more vigorous than ever, and the capacity of the chest above the general average; for, on taking a deep inspiration, Mr. —— can count up to sixty, at a breath, with only moderate speed, and that without effort. This state of things is all the more satisfactory, seeing that the issue on the right side of the face has now continued closed for rather more than a year. The cicatrization of the surface is, however, so slight, that it would, in all probability, readily yield to any constitutional necessity for a renewal of the discharge.

As a proof of the thoroughness of the cure, it should be added that, in March, 1864, Mr. —— took a farm in the immediate vicinity of his father's residence, which he has actively superintended ever since, without regard to weather or season, *patiens solis et cœlestis aquæ*.

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# APPENDIX.

## REPORT OF THE ISLINGTON HOMŒOPATHIC DISPENSARY.

TABLES showing the number of Cases entered at the Dispensary, from the 25th of February, 1845, to the 31st of December, 1849, with Classification and Seat of Disease, and result of Treatment :—

| DETAILS AND CLASSIFICATION OF ACUTE CASES. | Cured. | Discontinued the treatment. | Dead. | Total. |
|---|---|---|---|---|
| **AFFECTIONS OF THE BRAIN.** | | | | |
| Inflammation of the Brain and Membranes ..... | 10 | ... | ... | 10 |
| Water on the Head..... | 3 | ... | 2 | 5 |
| Apoplexy ..... | 1 | ... | ... | 1 |
| **ORGANS OF SENSE.** | | | | |
| Inflammation of the Eyes ..... | 36 | ... | ... | 36 |
| Scrofulous *id.* ..... | 2 | ... | ... | 2 |
| Iritis..... | 1 | ... | ... | 1 |
| Inflammation of the Ear, with Deafness and Purulent Discharge ..... | 7 | ... | ... | 7 |
| **ORGANS OF DIGESTION.** | | | | |
| Inflammation of the Mouth ..... | 12 | ... | ... | 12 |
| Inflammatory Sore Throat (Quinsy)..... | 98 | ... | ... | 98 |
| Inflammatory Affections of the Stomach..... | 8 | ... | ... | 8 |
| Jaundice ..... | 3 | ... | ... | 3 |
| Peritonitis ..... | 3 | ... | ... | 3 |
| Mucous Diarrhœa ..... | 368 | ... | ... | 368 |
| Choleraic Diarrhœa..... | 115 | ... | ... | 115 |
| Asiatic Cholera ..... | 1 | ... | ... | 1 |
| Dysentery ..... | 78 | ... | ... | 78 |
| Hæmorrhoidal Inflammation..... | 16 | ... | ... | 16 |
| Prolapsus Ani ..... | 3 | ... | ... | 3* |
| **ORGANS OF RESPIRATION.** | | | | |
| Inflammation of the Windpipe..... | 4 | ... | ... | 4 |
| Hooping Cough ..... | 56 | ... | 1† | 57 |
| Carried forward ..... | 825 | | 3 | 828 |

* The subjects of these cases were little children.

† The subject of this case (a little child) had for some time been affected with organic disease of the brain, the fatal termination of which was hastened by an attack of hooping cough. Softening of the brain was ascertained after death.



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| DETAILS AND CLASSIFICATION OF ACUTE CASES. | Cured. | Discontinued the treatment. | Dead. | Total. |
|---|---|---|---|---|
| Brought forward..... | 825 | | 3 | 82 |
| Croup ..... | 6 | ... | ... | |
| Inflammation of the Mucous Membranes of the Lungs (Bronchitis)..... | 65 | ... | ... | 5 |
| Bronchial Catarrh and Influenza..... | 296 | ... | ... | 96 |
| Inflammation of the substance of the Lungs (Pneumonia) ..... | 25 | ... | 1* | 26 |
| Inflammation of the substance of the Lungs complicated with Pleurisy (Pleuro-Pneumonia) ..... ..... | 1 | ... | ... | 1 |
| Pleurisy ..... | 6 | ... | ... | 6 |
| UTERINE SYSTEM. | | | | |
| Uterine Hæmorrhage..... | 2 | ... | ... | 2 |
| Milk Abscess ..... | 1 | ... | ... | 1 |
| SKIN. | | | | |
| Faceache ..... | 31 | ... | ... | 31 |
| Erysipelas ..... | 21 | 1 | ... | 22 |
| Anthrax ..... | 2 | ... | ... | 2 |
| Whitlow ... ..... | 20 | ... | ... | 20 |
| GLANDS. | | | | |
| Inflammations of the Glands..... | 44 | ... | ... | 44 |
| MUSCLES AND ARTICULAR TISSUES. | | | | |
| Rheumatism ..... | 43 | ... | ... | 43 |
| Gout..... | 5 | ... | ... | 5 |
| FEBRILE AFFECTIONS. | | | | |
| Intermittent Fever ..... | 4 | ... | ... | 4 |
| Infantile Remittent ..... | 11 | ... | ... | 11 |
| Gastric and Bilious Fever ..... | 11 | ... | ... | 11 |
| Typhus and Typhoid Fever ..... | 8 | ... | 1* | 9 |
| Measles..... | 38 | ... | ... | 38 |
| Scarlatina..... | 26 | ... | 1† | 27 |
| Small-Pox..... | 7 | ... | ... | 7 |
| Chicken-Pox ..... | 5 | ... | ... | 5 |
| SPECIFIC AFFECTIONS. | | | | |
| Syphilis, etc. ..... | 6 | ... | ... | 6 |
| MECHANICAL INJURIES. | | | | |
| Concussion of the Spine ..... | 2 | ... | ... | 2 |
| Wound of the Scalp ..... | 1 | ... | ... | 1 |
| Contusion of the Head and Face, with Concussion of the Brain..... | 2 | ... | ... | 2 |
| Wounds of the Elbow-Joint..... ..... | 2 | ... | ... | 2 |
| Wounds of Tendons ..... | 3 | ... | ... | 3 |
| Sprains..... | 9 | ... | ... | 9 |
| Contusions, Incised, and Other Wounds ..... | 12 | ... | ... | 12 |
| Total..... | 1540 | 1 | 6 | 1547 |

* These two patients were in a dying state before they were placed under Homœopathic treatment.

† The subject of this case (a little child) had for some time been affected with organic disease of the brain, the fatal termination of which was hastened by an attack of scarlatina (*vide* Case 30, page 129). Softening of the brain was ascertained after death.

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## SUMMARY OF ACUTE CASES.

| | |
|---|---|
| Cured | 1540 |
| Discontinued the Treatment | 1 |
| Dead | 6 |
| Total | 1547 |

| DETAILS AND CLASSIFICATION OF CHRONIC CASES. | Cured. | Much improved. | Improved. | No change. | Discontinued the treatment. | Dead. | Total. |
|---|---|---|---|---|---|---|---|
| AFFECTIONS OF THE BRAIN AND NERVOUS SYSTEM (FUNCTIONAL AND ORGANIC). | | | | | | | |
| Idiotcy | ... | ... | ... | 1 | ... | ... | 1 |
| Insanity | 1 | 1 | ... | 1[a] | ... | ... | 3 |
| Ramollissement (softening) of the Brain | ... | ... | ... | ... | ... | *4[b] | 4 |
| *Id.* of the Brain and Spinal Chord | ... | ... | ... | ... | ... | *1[b] | 1 |
| Water on the Head | 1 | ... | ... | ... | ... | *1[b] | 2 |
| Inflammation or Congestion of the Brain and Membranes, with Organic Disease or tendency thereto | 4 | 6 | 4 | 5 | 2 | 1 | 22 |
| Paralysis | 3 | 1 | 2 | 2 | ... | 2[b] | 10 |
| Spinal and Cerebro-spinal diseases, without Paralysis | 4 | 6 | 8 | 3 | 2 | ... | 23 |
| Epilepsy | 8 | 3 | 1 | 5[c] | 1 | ... | 18 |
| Tic Douloureux (Neuralgia Facialis) | 3 | 2 | 3 | 2[d] | 1 | ... | 11 |
| Neuralgia | 1 | 1 | 1 | ... | ... | ... | 3 |
| St. Vitus's Dance | 1 | ... | ... | 1[e] | ... | ... | 2 |
| Stammering | ... | ... | 3 | ... | ... | ... | 3 |
| Sciatica | 4 | 1 | 1 | 1 | ... | ... | 7 |
| Carried forward | 30 | 21 | 23 | 21 | 6 | 9 | 110 |

* In all those cases (with the exception of four out of the nine fatal cases of Consumption) where an *asterisk* is prefixed, an examination of the body was made after death.

([a]) For the space of four or five months there was a marked improvement in the moral state of this patient; but she was subsequently placed under the care of persons who took no interest in her case, and who consequently did not enforce the prescribed rules. This was, moreover, a case of twelve years' standing, and, in all probability, incurable.

([b]) Much relief was afforded in all these cases, notwithstanding their necessarily fatal termination.

([c]) These were most serious cases, and of very long duration. One of fifteen years' standing. In neither did the treatment at the Dispensary exceed the term of twelve months.

([d]) There was very considerable improvement in one case, so that the affection seemed almost cured, for six or seven months, when a relapse took place, and the patient returned to the *old-system* treatment.

([e]) Slight improvement at first; but the treatment was soon discontinued. This malady had supervened upon a hysterical affection of several years' standing.

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| DETAILS AND CLASSIFICATION OF CHRONIC CASES—*Continued.* | Cured. | Much improved. | Improved. | No change. | Discontinued the treatment. | Dead. | Total. |
|---|---|---|---|---|---|---|---|
| Brought forward..... | 30 | 21 | 23 | 21 | 6 | 9 | 110 |
| ORGANS OF SENSE. | | | | | | | |
| Amaurosis (Blindness)..... | ... | 1[f] | ... | 2 | 1 | ... | 4 |
| Cataract..... | ... | ... | ... | ... | 1 | ... | 1 |
| Strumous Ophthalmia..... | 9[g] | 9[h] | 8 | 4 | 1 | ... | 31 |
| Epistaxis (Bleeding of the Nose) ..... | 9 | ... | ... | ... | ... | ... | 9 |
| Ozœna ..... | 1 | ... | 1 | ... | ... | ... | 2 |
| Deafness and Otorrhœa ..... | 6 | 1 | 7 | 4 | 4 | ... | 22 |
| ORGANS OF DIGESTION. | | | | | | | |
| Cancer of the Mouth and Neck ..... | ... | ... | ... | 1[k] | ... | ... | 1 |
| Strumous Inflammation of the Throat and Tonsils ..... | 4 | 1 | ... | ... | ... | ... | 5 |
| Dyspeptic disorders of the Stomach (Dyspepsia, Gastritis Chronica), Headaches (Gastro-Cephalalgia), etc. ..... | 103 | 70 | 74 | 13 | 33 | ... | 293 |
| Disorders of the Stomach, Liver, and Spleen (Gastro-Hepatitis), Hypochondriasis, Splenitis, etc. ..... | 16 | 14 | 13 | 6 | 2 | ... | 51 |
| Disorders of the Stomach and Bowels (Gastro-Enteritis), Hæmorrhoidal complaints, Worms, etc. ..... | 64 | 28 | 31 | 5 | 6 | ... | 134 |
| Hæmatemesis ..... ..... | 4 | ... | ... | ... | ... | ... | 4 |
| Cancer of the Stomach ..... | ... | ... | ... | ... | 1 | *3[l] | 4 |
| Prolapsus Ani ..... | 5 | 1 | ... | ... | ... | ... | 6 |
| Hernia ..... | 1 | 2 | 1 | ... | ... | ... | 4 |
| Scurvy ..... | ... | 1 | ... | ... | 1 | ... | 2 |
| ORGANS OF RESPIRATION AND CIRCULATION. | | | | | | | |
| Inflammations of the Windpipe, of the Mucous Membranes or of the substance of the Lungs, Rupture of the Air Vesicles, etc. (Laryngitis, Bronchitis, Pneumonia, Emphysema, and Asthma)... | 35 | 28 | 33 | 7 | 5 | 1 | 109 |
| Carried forward ..... | 287 | 177 | 191 | 63 | 61 | 13 | 792 |

* In all those cases (with the exception of four out of the nine fatal cases of Consumption) where an *asterisk* is prefixed, an examination of the body was made after death.

(f) Incipient.

(g) In one case the sight, which had been lost for several months, was recovered.

(h) One case complicated with opacity and ulceration of the *cornœa*.

(i) In one case (that of a little girl) the deafness was so great that the patient's relations were obliged to make use of signs to obtain answers to the most ordinary questions. After having been two months under treatment she was able to resume her lessons at school, and six months later she was discharged cured. It is a remarkable fact, that two children in the same family have died of affections of the brain, in which an apparently similar deafness was at first the only appreciable symptom.

(k) This patient, an aged female, derived some alleviation for three or four months under the treatment, when her affection resumed all its former intensity, and she could no longer attend the Dispensary. She died a few months afterwards under the care of a general practitioner, by whom the Homœopathic treatment was pursued to the last.

(l) For the space of nearly a year, the sufferings of one of these patients (a female in the decline of life), which had been very severe for several years, were mitigated in a very remarkable manner; and it was only a few weeks before her death that they again became intense.

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| DETAILS AND CLASSIFICATION OF CHRONIC CASES—*Continued.* | Cured. | Much improved. | Improved. | No change. | Discontinued the treatment. | Dead. | Total. |
|---|---|---|---|---|---|---|---|
| Brought forward..... | 287 | 77 | 191 | 63 | 61 | 13 | 792 |
| ORGANS OF RESPIRATION AND CIRCULATION. | | | | | | | |
| Pulmonary Consumption..... | 9 | 4 | 12 | 11[n] | 6 | *9[o] | 51 |
| Organic Diseases of the Heart ..... | ... | 3[p] | 10 | 3[q] | ... | 1 | 17 |
| Carotid Aneurism..... | ... | ... | ... | 1 | ... | ... | 1 |
| Varicose Veins ..... | 2 | 2 | 3 | 2 | ... | ... | 9 |
| *Id.* COMPLICATED WITH DISORDER OF THE DIGESTIVE ORGANS. | | | | | | | |
| Chiefly Dyspeptic Bronchitis (Gastro-Bronchitis)..... | 12 | 9 | 26 | 4 | 6 | ... | 57 |
| GENITO-URINARY SYSTEM. | | | | | | | |
| Painful or Irregular Menstruation (Dysmenorrhœa) Uterine Hæmorrhage, Prolapsus Uteri, Hysteria, Leucorrhœa, etc. | 42 | 19 | 39 | 10 | 16 | ... | 126 |
| Chlorosis and Amenorrhœa..... | 7 | 3 | 5 | 3 | ... | ... | 18 |
| Uterine Tumours ..... | ... | ... | 1 | 1 | 1 | ... | 3 |
| Cancer of the Breasts ..... | ... | 2 | 1 | 4[s] | ... | 2 | 9 |
| Tumours of the Breast..... | 6 | 2 | ... | ... | ... | ... | 8 |
| Inflammation of the Kidneys and Bladder... | 2 | 3 | 2 | ... | 1 | ... | 8 |
| Incontinence of Urine ..... | 13 | 1 | ... | 1 | ... | ... | 15 |
| *Id.* COMPLICATED WITH DISEASES OF THE ORGANS OF RESPIRATION AND DIGESTION. | | | | | | | |
| Menstrual Irregularities or Suppressions, Dysmenorrhœa, Leucorrhœa, etc., accompanied by Gastric and Bronchial affections (Gastro-Bronchitis) ..... | 31 | 27 | 63 | 10 | 8 | ... | 139 |
| Carried forward ..... | 411 | 252 | 353 | 113 | 99 | 25 | 1253 |

* In all those cases (with the exception of four out of the nine fatal cases of Consumption) where an *asterisk* is prefixed, an examination of the body was made after death.

(m) Chiefly in the earlier stages, in which only limited portions of the lungs were affected. Although placed in the *cured* list, it is not asserted that these patients will require to take no care of themselves to prevent a relapse, but simply that they are, at the present time, sufficiently well, not only to dispense with medical treatment, but also to resume their former social duties.

(n) In one case (although in the last stage) very marked improvement was observed during the whole winter of 1847. Towards the end of the spring this patient (a female) relapsed into her former state, and not being able to be maintained by her relations, she was conveyed to the workhouse, where she died a few weeks after her admission.

(o) In all these cases (with one exception, where the patient was attended only when his agony had commenced) very great relief was afforded by the treatment.

(p) Organic affections of the heart are necessarily incurable; nevertheless, they often admit of so much relief, under Homœopathic treatment, as to induce patients, in some cases, to believe themselves cured.

(q) Two of these cases (which were of the most serious kind) were much relieved for a time. The urgency of the symptoms, however, gradually returned, and the patients, who resided at too great a distance from the Dispensary to pursue the treatment, were compelled again to have recourse to the old system, and died a few months afterwards.

(r) This patient had previously derived great benefit from the treatment. In fact, she had been under Homœopathic treatment several years before she came to the Dispensary.

(s) Two cases were in a very advanced state. For the space of a year great relief was afforded in one case, and for about three or four months in the other. These patients

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| DETAILS AND CLASSIFICATION OF CHRONIC CASES.—*Continued.* | Cured. | Much improved. | Improved. | No change. | Discontinued the treatment. | Dead. | Total. |
|---|---|---|---|---|---|---|---|
| Brought forward..... | 411 | 252 | 353 | 113 | 99 | 25 | 1253 |
| **SKIN.** | | | | | | | |
| Eczema, Erysipelas, Furunculus, Herpes, Lupus, Porrigo, Psoriasis, Scabies, etc.... | 40 | 19 | 13 | 9 | 3 | ... | 84 |
| Polypus ..... | ... | ... | 1 | ... | ... | ... | 1 |
| **GLANDS AND LYMPHATIC SYSTEM.** | | | | | | | |
| Scrofulous Inflammation of Glands, Abscesses, Ulcers, etc. ..... | 21 | 9 | 15 | 4 | 2 | ... | 51 |
| Bronchocele ..... | ... | ... | 1 | 1 | ... | ... | 2 |
| Mesenteric Atrophy..... ..... | 2 | 1 | 1 | 1 | ... | ... | 5 |
| **MUSCLES, BONES, AND TENDINOUS STRUCTURES.** | | | | | | | |
| Rheumatism and Mercurial Rheumatism ... | 14[t] | 5 | 14 | 3 | 3 | ... | 39 |
| Rheumatic Gout and Lumbago ..... | 2 | 1 | 4 | ... | 2 | ... | 9 |
| Scrofulous Affections of the Bones and Tendons..... | 5 | 12 | 8 | 6 | 1 | ... | 32 |
| Scrofulous Affection of the Elbow-Joint ... | 1[u] | 1 | ... | 1 | ... | ... | 3 |
| *Id.* of the Hip-Joint..... | 3[v] | 1 | ... | 1 | ... | ... | 5 |
| Ulcer involving the Tendons of the Palm of the Hand ..... | 1 | ... | .. | ... | ... | ... | 1 |
| **FEBRILE AFFECTIONS.** | | | | | | | |
| Intermittent Fever ..... | 1 | 1 | ... | ... | ... | ... | 2 |
| **SPECIFIC AFFECTIONS.** | | | | | | | |
| Syphilis and Mercurio-Syphilis ..... | 6 | 1 | ... | 1 | ... | ... | 8 |
| Mercurio-Syphilitic Inflammation of the Eye ..... | 1 | ... | ... | ... | ... | ... | 1 |
| **MECHANICAL INJURIES.** | | | | | | | |
| Neuralgia of Right Ear from Mechanical Injury ..... | ... | 1 | ... | ... | ... | ... | 1 |
| Sprains and Strains, Contusions, etc..... | 4 | ... | ... | ... | ... | ... | 4 |
| Chronic Sufferings consequent upon Fracture and partial Dislocation of the Wrist-Joint ..... | 1 | ... | ... | ... | ... | ... | 1 |
| *Id.* consequent upon Fracture and Dislocation of the Elbow-Joint | ... | ... | 1 | ... | ... | ... | 1 |
| Total ..... | 513 | 304 | 411 | 140 | 110 | 25 | 1503 |

(who resided in the country) were at length reluctantly compelled to return to the old treatment by the sudden aggravation of their sufferings. One case terminated fatally soon after: the other has been lost sight of.

(t) In one case paralysis of the lower extremities of more than two years' duration, which had been partly induced by the abuse of mercury, was completely recovered from. (*Vide* Case 2, page 18.)

(u) Recovery was attended with very slight stiffness of the joint. (*Vide* Case 33, page 148.)

(v) In one case recovery took place with shortening of the limb; in the two others (which were treated at an earlier stage), without deformity.

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## SUMMARY OF CHRONIC CASES:—*

| | |
|---|---|
| Cured | 513 |
| Much Improved | 304 |
| Improved | 411 |
| No change | 140 |
| Discontinued the Treatment | 110 |
| Dead | 25 |
| Total | 1503 |

| GENERAL SUMMARY OF ACUTE AND CHRONIC CASES. | Cured. | Much Improved. | Improved. | No Change. | † Discontinued the Treatment. | Dead. | Total. |
|---|---|---|---|---|---|---|---|
| Affections of the Nervous System (Brain and Spinal Chord) | 44 | 21 | 23 | 21 | 6 | 11 | 126 |
| Organs of Sense (Sight, Hearing, etc.) | 71 | 11 | 16 | 10 | 7 | ... | 115 |
| Organs of Digestion | 902 | 117 | 119 | 25 | 43 | 3 | 1209 |
| " Respiration and Circulation (Lungs, Heart, and Blood-vessels) | 505 | 37 | 58 | 24 | 11 | 13 | 648 |
| Organs of Respiration and Circulation, complicated with disorder of the Organs of Digestion | 12 | 9 | 26 | 4 | 6 | ... | 57 |
| Genito-Urinary Organs | 73 | 30 | 48 | 19 | 18 | 2 | 190 |
| *Id.* complicated with disorders of the Digestive and Respiratory Organs | 31 | 27 | 63 | 10 | 8 | ... | 139 |
| Skin | 114 | 19 | 14 | 9 | 4 | ... | 160 |
| Glands | 67 | 10 | 17 | 6 | 2 | ... | 102 |
| Bones, Muscles, and Tendons | 74 | 20 | 26 | 11 | 6 | ... | 137 |
| Febrile Affections | 111 | 1 | ... | ... | ... | 2 | 114 |
| Specific *id.* | 13 | 1 | ... | 1 | ... | ... | 15 |
| Mechanical Injuries | 36 | 1 | 1 | ... | ... | ... | 38 |
| Total | 2053 | 304 | 411 | 140 | 111 | 31 | 3050 |

* *Observations.*—With very few exceptions, the cases reported under this head (*Chronic Cases*) had been subjected to a great variety of treatment according to the most approved methods of the *old system*, sometimes with temporary benefit, but often with permanent aggravation Their average duration prior to coming under Homœopathic treatment was about three years; the shortest period being about twelve months, and the longest from thirty to forty years. It is not, therefore, to be wondered at that a certain proportion should have proved incurable.

† Under this head are included 111 Chronic cases, in which the treatment had not exceeded a period of one month, and 1 Acute case, where the patient declined the treatment after two or three days.

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## GENERAL SUMMARY OF ACUTE AND CHRONIC CASES.

| | |
|---|---|
| Cured | 2053 |
| Much Improved | 304 |
| Improved | 411 |
| No Change | 140 |
| Discontinued the Treatment | 111 |
| Dead | 31 |
| Total | 3050 |

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# GENERAL INDEX.


Aconitum Napellus, indications for its exhibition in acute disease, and sphere of action, 47.
in acute *gastritis*, 56.
in measles, 87.
in quinsy, 114.
in pulmonary consumption, 163.
Acute disease, the distinctive characteristics of chronic and, and the corresponding differential *dynamic* characters of the high and low dilutions to be taken into account in the prescribing of remedies, 13.
Aconitum in, 47.
diet in, 61, 62.
utilization of the nutritive reserves (fatty deposits) in, 62.
diet in protracted cases of, 63.
Administration of homœopathic medicines, dry on the tongue, 14.
dissolved in water, foot-note *, 14.
Aggravation, the character and treatment of medicinal, 37—39.
Aliments possessing medicinal properties, the abuse of, 8.
necessity for their neutralization or elimination, 9.
their *dynamic* antidotes, 9.
Alison, Professor, on infantile remittent fever, 34.
Allopathic medication, the legitimate province of, 17.
sometimes becomes homœopathic, 17.
Allopathic method, what is true and valuable in the, although of less general application than the direct homœopathic, almost totally obscured by the malpractices of ages, 97.
Alternation of remedies to be justified on the score of expediency, and also on sound pathological and therapeutic grounds, 45.
Antidote, signification of the term as usually applied to homœopathic remedies, foot-note *, 9.
Antidote, a high dilution of a remedy sometimes the best, to its material abuse, 20.
therapeutic advantage of a homœopathic, 38.
Antidotes, dietetic, 9.
Antipathic method, what is true and valuable in the, obscured by the malpractices of ages, 97.
Antipathic treatment, the legitimate province of, 17.
sometimes becomes homœopathic, 17.
palliation, medicinal diseases least amenable to, 20.
Antipsoric, the term as applied by Hahnemann to the classification of homœopathic remedies, 10.
medicines, their extensive sphere of action and characteristic differences, 11.
treatment, the tendency of previous, to lessen the virulence of acute disease, 52.
the remarkable efficacy of an, exhibited in acute disease, where a hereditary *dyscrasia* is presumable, 125.
Antipsorics, their importance in the treatment of serious chronic disease, 11.
caution to be observed in their exhibition, 14.
effects of, in modifying constitutional taint, 97.
which promote the suppurative process should be exhibited with caution in pulmonary consumption, 167.
Apis mellifica indicated as a remedy n that variety of scarlatina in which there is a tendency to *uræmia*, 135.
remarkable case illustrating its *pathogenesis*, foot-note †, 135.
Appendix, 177.



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Apsoric, the term as applied by Hahnemann to the classification of homœopathic remedies, 10.
the exhibition of an, does not interfere with the action of a psoric (antipsoric) remedy, 14.
Arnica montana, its therapeutic indications, and sphere of action, 36, 37.
in dysentery, 63.
Arsenicum album, characteristic symptoms of, 15.
therapeutic indications of, in the treatment of skin diseases, 25.
in *stomatitis*, attended with deficiency of reaction, 40.
the vomiting of ipecacuanha compared with that of, 56.
administered on account of intermittent febrile symptoms, 74.
exhibited with a view to sustaining the organic vitality, 89.
*pathogenetic* indications for its exhibition in diseases of the heart, 94.
Arsenicum iodatum, indications for the exhibition of, in phthisis, 163.
Asafœtida in strumous diseases of the bones, 152.
Aurum, therapeutic indications of, in profuse menstruation and corrosive leucorrhœa, 25.

Belladonna, case in illustration of its efficacy as a prophylactic against scarlatina, foot-note *, 11.
its sphere of action, 47.
therapeutic indications of, in erysipelas, 84.
in brain disease, 103.
with regard to its action, stands in similar relation to the *lymphatic* that aconite does to the *vascular* system, 114.
in acute ophthalmia, 119.
as exhibited in scarlatina, and as a prophylactic against scarlatina, 125.
efficacy of, as a prophylactic against scarlatina, whether exhibited in the *dynamized* or in the crude material form, foot-note †, 123.
in disease of the elbow-joint, 151.
Bleeding of the nose. *See* Epistaxis.
Blood-spitting considered as a part of that provisional mechanism which nature exerts with a view to preserving the integrity of the lung structure, 165.
dietetic and hygienic precautions to be observed in, 166.
Bowels, functional inaction of the, considered with regard to the mechanism of disease (in Case 2), 22.
accidental suspension of action in health, foot-note †, 22.
Bowels, inaction of the, in acute cases, generally of a negative character, 52.
inaction of the, in chronic cases, 52, 53, and foot-note *, 55.
inaction of the, in acute cases, seldom requiring to be interfered with, 53.
inaction of the, from *idiosyncracy*, foot-note †, 53.
mechanical obstruction of the, how to be dealt with, 53.
peculiar significance of the continued inaction of the, when it occurs in connection with cerebral disease, foot-note *, 130.
a return to the normal frequency of action of the, a sign of good augury in disease, 173.
Brain, disorder of the moral faculties dependent upon chronic affection of the (Case 23), 102.
acute inflammation of the, complicated with *gastro-enteritis* and *pneumonia* (Case 24), 105.
scarlatina supervening upon chronic organic disease of the (Case 30), 129.
Broussais on the transference of nervous power, 22.
Breast, tumour of (Case 7), 36.
Bryonia alba, its sphere of action, 15.
as distinguished from Rhus tox., 22.
as indicated in rheumatic fever, 79.
compared with pulsatilla, as indicated in measles, 88.
*pathogenetic* indications for its exhibition in heart disease, 93.

Calcaria Carbonica, in relation to the other *antipsorics*, 11, 15, 16.
in profuse menstruation attended with corrosive leucorrhœa, 25.
in metrorrhagia, 28.
as an *antipsoric* in brain disease, 104.
in relation to the *lymphatic* system, 114.
in strumous disease of the elbow-joint, 151.
Camphor as a remedial antidote, 38.
Carbo animalis, as an *antipsoric* to promote the suppurative process, 171.
Carbo vegetabilis, 16.
Cases, with clinical comments, illustrative of the mechanism of disease, and of the treatment, 7.
Case 1. Chronic dyspepsia and bronchial catarrh, with functional disorder of the kidneys, 7.
Cases of suppression of the itch-eruption by large material doses of sulphur, foot-note †, 10.
Cases of scarlatina in illustration of the *psoric dyscrasia*, foot-note *, 11.

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Case demonstrating the distinctness of the syphilitic and sycotic miasms, foot-note *, 12.
Case 2. Chronic mercurial rheumatism, with affection of the stomach and liver (*Gastro-hepatitis-chronica*), and incontinence of urine, 18.
Case 3. Humid tetter (eczema) and dyspepsia, complicated with chronic catarrhal asthma, 23.
Case 4. Chronic metrorrhagia dependent upon moral prostration, 27.
Case 5. Infantile remittent fever and nasal hæmorrhage, 31.
Case 6. Infantile remittent fever, with vermiculous disorder, 33.
Case 7. Tumour of the left breast, consequent upon mechanical injury, dyspepsia and chronic bronchial catarrh, 36.
Case 8. Inflammation of the mucous membrane of the mouth (stomatitis), 40.
Case 9. Small-pox, 42.
Case 10. Confluent small-pox, 44.
Case 11. Acute inflammation of the stomach and bronchitis, supervening upon infantile remittent fever, 54.
Case 12. Dysentery, 57.
Case 13. Dysentery, 60.
Case 14. Acute inflammation of the lungs (*broncho-pneumonia*), with cerebral complication, induced by previous mechanical injury, 66.
Case of *pneumonia* in a cat, foot-note *, 68.
Case 15. Pleurodyne succeeding mechanical injury of the fibro-ligamentous textures of the left side, 73.
Case 16. Acute pleurisy, 75.
Case 17. Rheumatic fever, 78.
Case 18. Acute erysipelas of the head and face, 84.
Case 19. Measles, complicated with bronchitis and pneumonia, 87.
Case 20. Measles, 90.
Case 21. Organic disease of the heart, 92.
Case 22. Congestive headaches and hæmorrhoidal suffering, dependent upon chronic gastro-hepatic disorder, 97.
Case of constitutional *epistaxis*, foot-note *, 99.
Case of phthisis pulmonalis, resulting from the suppression of constitutional *epistaxis*, foot-note, 101.
Case 23. Disorder of the moral faculties, dependent upon chronic affection of the brain (gastro-encephalitis), 102.
Case 24. Acute inflammation of the brain complicated with gastro-enteritis and pneumonia, 105.
points of special interest to the medical inquirer, afforded by the contrast of the two preceding cases (Cases 23 and 24), 111.
Case 25. Quinsy (*Angina cynanche*), with inflammation and swelling of parotid and submaxillary glands, 113.
Case 26. Choleraic diarrhœa, 116.
Case 27. Acute strumous ophthalmia, 118.
Case 28. Scarlatina, 121.
Case 29. Scarlatina and measles, 122.
Case 30. Scarlatina supervening upon chronic organic disease of the brain, 129.
Case 31. The *sequelæ* of scarlatina-uræmia, 132.
Formidable case of *uræmic* poisoning from scarlatina, foot-note *, 133.
Cases of uræmia from scarlatina, foot-note *, 135.
Case 32. Cure of spinal irritation, complicated with chronic gastro-enteritis, accelerated by an attack of small-pox, 138.
Case 33. Strumous disease of left elbow-joint, 148.
Case 34. Warts on the head, 154.
Case of warts on the scalp, foot-note *, 154.
Case 35. Pulmonary consumption, 158.
Castor-oil, the mildest aperient, 54.
Cat, remarkable case of *pneumonia* in a, foot-note *, 68.
Cathartics, the legitimate employment of, 53.
the success of, in dysentery explained, 60.
*routine*, inexpediency of, foot-note, 148.
Causticum, modes of exhibition of, as a constitutional remedy in the treatment of warts, 155.
Chamomilla as a dietetic antidote, 9.
in the treatment of gastro-enteric irritation during dentition, 57.
China as an antidote to the abuse of tea, 9.
its sphere of action, 9.
indications for its exhibition, 9.
the intermittent fever of, resembles that caused by marsh-miasm, 74.
Choleraic diarrhœa (Case 26), 116.
Chronic disease, the distinctive characteristics between an acute and, together with the corresponding differential *dynamic* characteristics of the high and low dilutions, to

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be taken into account in the prescribing of remedies, 13.
Chronic dyspepsia and bronchial catarrh, with functional disorder of the kidneys (Case 1), 7.
mercurial rheumatism, with affection of the stomach and liver (gastro-hepatitis chronica), and incontinence of urine (Case 2), 18.
metrorrhagia dependent upon moral prostration (Case 4), 27.
Cina, characteristic indications for its exhibition, 35.
Clifton's, Mr. Daniel, correspondence with a physician of the dominant school, on the exhibition of phosphorus, foot-note, 163.
Cod-liver oil, consequences of the injudicious persistence in the exhibition of, 160.
the value of, as a remedy, when it agrees, both on account of its dietetic and therapeutic properties, 161.
the correctness of Professor Henderson's opinion with regard to the therapeutic properties of, actually demonstrated by *pathogenetic* experience, foot-note †, 161.
Complicated diseases, the advantage of bringing pathological knowledge to bear upon the homœopathic treatment of, 34.
Congestive headaches and hæmorrhoidal suffering dependent upon chronic gastro-hepatic disorder (Case 22), 97.
Conium maculatum, in relation to the lymphatic system, 114.
Consumption. *See* Pulmonary consumption.
Contents, vii.
Cuprum aceticum, indicated in cases of *metastasis* and of the retrocession and suppression of an exanthem, or constitutional depuratory issue of any kind, 131.
Diarrhœa, choleraic (Case 26), 116.
Diet, errors in, 8.
unusually low (in Case 10), 54.
in acute disease, 61, 62.
in protracted cases of disease, 63.
and hygiene in the treatment of diseases of the heart, 96.
Dietetic antidotes, 19.
Dietetic stimulants, the recent false notion that there is no such thing as a *sthenic* disease has tended to a frightful abuse of, 146, 147.
Dilutions, the distinctive characteristics of acute and chronic disease, and the corresponding differential *dynamic* characteristics of the high and low, to be taken into account in the prescribing of remedies, 13.
Dilutions, the low, middle, and high, respectively suited to the treatment of the acute, sub-acute, and chronic forms of disease, 13.
the third and fifth centesimal recommended in the treatment of acute disease, 46.
Disease, the distinctive characteristics of acute and chronic, to be taken into account in the prescribing of remedies, 13.
mechanism of, with regard to the nervous prostration, inaction of the bowels, and incontinence of urine (Case 2), 22.
in acute, as compared with chronic disease, the vital efforts succeed each other more rapidly, and on account of their intensity are more speedily exhaustive of the remedial *stimulus*, 46.
the *dynamic* energy of the medicines exhibited should be in the *direct ratio* of the intensity of the vital reaction; hence the suitableness of the low dilutions in acute, 46.
aconitum in acute, 47.
nature's instincts to be followed in the dietetic treatment of acute, 61, 62.
diet in acute, 61—63.
utilization of the nutritive reserves (fatty deposits) in, 62.
diet in protracted cases of, 63.
that there is no such thing as a *sthenic*, is a recent pathological error, fraught with serious practical consequences in the abuse of dietetic stimulants, 146, 147.
Diseases, medicinal, least amenable to antipathic palliation or chemical neutralization, 19, 20.
the *rationale* of their treatment by *dynamic* antidotes, *i.e.*, homœopathic remedies, 20, 21.
Dulcamara, atmospheric conditions suggestive of its exhibition, 15.
modes of its exhibition, as a constitutional remedy, in the treatment of warts, 155.
Dynamic energy, with *rapidity* of action, characterize the low dilutions of homœopathic remedies, 14.
subtlety, with *persistence* of action, characterize the high dilutions of homœopathic medicines, 14.
antidotes in the treatment of medicinal diseases, 20, 21.

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Dynamic medication, the advantage of, in sympathy with the vital reaction, 83.
efficacy of direct, in sustaining nature's efforts to the uttermost, even in an impossible task, 132.
Dynamizations. *See* Dilutions.
Dysentery (Case 12), 57.
the efficacy of mercurials and cathartics in, explained, 60.
(Case 13), 60.
Dyspepsia and bronchial catarrh, with functional disorder of the kidneys, chronic (Case 1), 7.

ECZEMA and dyspepsia, complicated with chronic catarrhal asthma (Case 3), 23.
Elbow-joint, strumous disease of the left (Case 33), 148.
Enema, use of the, 53.
Epistaxis, case of constitutional, foot-note *, 99.
case of Phthisis pulmonalis supervening upon the suppression of constitutional, foot-note, 101.
Errors of practice, the danger of a *routine* persistence in two opposite, 160.
Erysipelas of the head and face, acute (Case 18), 84.
Exhibition of the remedial *stimulus* will vary with the degree of energy with which its action has been solicited, 13.
Exhibition of medicines. *See* Administration of homœopathic medicines.

FATTY deposits, the absorption of the, subserves the purpose of more regular nutrition, in acute disease, 62.

GRAPHITES, therapeutic indications of, in the treatment of skin diseases, 25.
Grief, case of hysterical spasm from suppressed, foot-note *, 30.

HAHNEMANN's pathological theories, their practical importance, 10, 11, 12, 13.
theory of the unity of disease, 45.
modification of his views on the unity of disease, foot-note *, 45.
Hæmoptysis. *See* Blood-spitting.
Hæmorrhoids, pathological significance of the recurrence of, in pulmonary consumption, 168.
HENDERSON, the correctness of the opinion maintained by Professor, with regard to the therapeutic properties of cod-liver oil, actually demonstrated by *pathogenetic* experience, foot-note †, 161.
HENDERSON on the "re-discovery" of homœopathic specifics by members of the dominant school, foot-note †, 162.
Hepar sulphuris, 11.
action of, on the cutaneous exhalents, 109.
influence of, on the suppurative process, 115.
in strumous ophthalmia, 119.
Herpetic eruption, after the exhibition of sulphur, 72.
Hints for the practical study of the homœopathic method in the absence of oral instruction, 2.
Homœopathy, its actual progress. The difficulty of its practical application the chief impediment to its reception among medical men, 1.
the case of medical converts in regard to it, and their difficulties, 2, 3, 4.
confirms what is certain, and explains what has been accounted a paradox in the medical practice of all ages, 60.
Homœopathic Dispensary, the Islington, its objects, 2.
its practice watched by sixteen established members of the medical profession, 3.
report of the, 177.
Homœopathic hospitals and dispensaries, attendance at, hitherto indispensable for practical study, 2.
Homœopathic literature, of what it consists. Hahnemann's works, Organon, Materia Medica, and Treatise on Chronic Diseases, Polemical and Theoretical Treatises and Periodicals, works on Materia Medica, etc., 1, 2.
the plan of practical instruction proposed for the removal of difficulties, 5.
suggestions for a course of theoretical reading to be simultaneously pursued with practical study, 6.
Honey-bee, instructive case of poisoning from the sting of the, foot-note †, 135.
Humid tetter (eczema) and dyspepsia, complicated with chronic catarrhal asthma (Case 3), 23.
Humoral pathologists, Nature at once the most practical and the most eloquent of, 130.
Hydrotherapeutics in drug disease, foot-note *, 20.
Hysterical spasm from suppressed grief, case of, foot-note *, 30.

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Idiosyncracy, inaction of the bowels the result of, foot-note †, 53.
Ignatia, distinctive action of, and therapeutic indications for the exhibition of, 28, 29.
in hysterical spasm from suppressed grief, foot-note*, 30.
in spinal irritation, 140.
Inaction of the bowels, considered with regard to the mechanism of disease, 22.
striking illustration of its *negative* character in acute disease, 52, 53.
in acute cases, seldom requiring to be interfered with, 53.
in chronic cases, 52, 53, and foot-note*, 53.
from idiosyncracy, foot-note †, 53.
peculiar significance of, when it occurs in connection with cerebral disease, foot-note*, 130.
Infantile remittent fever and nasal hæmorrhage (Case 5), 31.
with vermiculous disorder (Case 6), 33.
Alison's experience of, 34.
important pathological condition in, 35.
Inflammation of the mucous membrane of the mouth (Case 8), 40.
of the lungs, with cerebral complication, induced by mechanical injury (Case 14), 66.
of the lungs (*pneumonia*), case of, in a cat, foot-note*, 68.
acute, of the brain, complicated with gastro-enteritis and pneumonia (Case 24), 105.
Intermediate remedy, Hahnemann's recommendation of an, a justification of the alternation of medicines, 45.
Introductory remarks, 1.
Iodides, general remarks on the action of the, 163.
Ipecacuanha, its therapeutic indications and *pathogenetic* effects, 56.
Isolated symptoms, the disadvantage of restricting the treatment to one or two, 35.
Itch-eruptions, suppression of, by large material doses of sulphur, foot-note †, 10.

Lachesis, therapeutic indications of, 72.
indications for the exhibition of, 95.
in brain disease, 104.
therapeutic indications for the exhibition of, 109.
Literature, Homœopathic. *See* Homœopathic Literature.
Lungs, acute inflammation of the (Broncho-pneumonia), with cerebral complication, induced by mechanical injury (Case 14), 66.
Lycopodium, 16.
as a dynamic antidote, 22.
in heart disease, 93.

Measles, complicated with bronchitis and pneumonia (Case 19), 87.
(Case 20), 90.
and scarlatina (Case 29), 122.
Mechanism of disease, considered in its general aspect, with regard to nervous prostration, inactivity of the bowels, and incontinence of urine (as observed in Case 2), 22.
the purpose which the nutritive reserves (fatty deposits) subserve in the, 62.
Nature's method of bringing about the resolution of an acute inflammation, 83.
evil consequences of interfering with the, by the exhibition of drugs in large material doses, by bloodletting, etc., 83.
morbific poison (the *materies morbi*) eliminated, in the manner best suited to each individual organism, 88.
the permanency of an organic disease of the heart due to a "bankruptcy" of the vital resources, consequent upon injudicious measures of drug-derivation and depletion, 97.
Nature adapts her mode of cure to the necessities of an exceptional constitution, as soon as the appropriate *dynamic* remedial *stimulus* is exhibited, 99, 100.
the transference of a depuratory effort to other textures, as a less irksome compromise to the necessities of a peculiar individual constitution, foot-note *, 99, 100.
fatal results from suppression of a constitutional *epistaxis*, foot-note, 101.
Nature attempting a transfer of the acute reaction to less immediately vital organs, 107.
explained with reference to a case of quinsy, 115.
in the restoration of suppressed function, 119.
in the retrocession of an exanthem, where previous organic disease of the brain existed, 130, 132.
in *uræmia*, 133, 134, 135, 136, 137.
in the acceleration of the cure of a complicated case of spinal irritation by an attack of small-pox, 138.

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Mechanism of disease, a remarkable study of the; in a complex case of spinal irritation, the cure of which was accelerated by an attack of small-pox, 145, 146.
remarkable proof of the efficacy of *dynamic* specifics in serious constitutional affections; provided that the provisional states of functional inaction be not interfered with by allopathic medication, 154.
in pulmonary consumption, and the conditions of cure, 161, 162.
hæmoptysis in phthisis considered as a part of the provisional mechanism which Nature exerts with a view to preserving the integrity of the lung-structure, 165.
the significance of the re-establishment of an old constitutional depuratory issue with regard to the, 168.
the important bearing of a return to what had previously been the normal constitutional habit of body upon the, 173.
Nature's pathological compromise, in a case of pulmonary consumption, considered with reference to the, 176.
Medical "Arcadians," foot-note *, 3.
Medicinal aggravation, character and treatment of, 37, 38, 39.
Medicinal diseases, least amenable to antipathic palliation, or chemical neutralization, 19, 20.
the *rationale* of their treatment by *dynamic* antidotes, *i.e.*, homœopathic remedies, 20, 21.
case of, foot-note †, 20.
Medicines (Homœopathic), administration of, dry on the tongue, 14.
dissolved in water, foot-note *, 14.
rules for the change, suspension, and repetition of, 13.
rules for the choice of dilution, in the exhibition of, 13.
Mercurial rheumatism, with affection of the stomach and liver, and incontinence of urine, case of chronic, 18.
Mercurials, the success of their exhibition in the treatment of dysentery, even in material doses, explained, 60.
Mercurius iodatus, in the treatment of warts, 156.
indications for the exhibition of, in phthisis, 165.
Mercurius solubilis, atmospheric conditions suggestive of its exhibition, 15.
its sphere of action, 16.
Mercurius solubilis in stomatitis, 40. *
its therapeutic indication in small-pox, 49.
the *pathogenesis* of Merc. sub. corros. compared with that of, 61.
as indicated in rheumatic inflammations, 80.
in relation to the *lymphatic* system, 114.
action of, on the mucous membrane of the eye, 118.
Mercurius sublimatus corrosivus, its sphere of action and therapeutic indications, 58.
in what its *pathogenesis* differs from that of Merc. sol., 61.
Metastasis, treatment of, 131.
Metrorrhagia, chronic, dependent upon moral prostration (Case 4), 27.
Moral depression, chronic metrorrhagia dependent upon, 27.

Nature, the instincts of, to be followed in the dietetic treatment of acute diseases, 62.
at once the most practical and the most eloquent of humoral pathologists, 130.
Nature's admirable pathological compromise, in a case of pulmonary consumption, 176.
Negative symptom, inaction of the bowels often a, 52; foot-note *, 130.
Nervous susceptibility, the peculiar efficacy of the high dilutions in cases of extreme, 29.
Nitric acid, 16.
as a dynamic antidote, its general sphere of action, 21.
its action on the mammary gland, and characteristic *subjective* symptom, 37.
modes of the exhibition of, as a constitutional remedy, in the treatment of warts, 155.
Nose, bleeding of the, case of, foot-note *, 99.
case of, resulting in pulmonary consumption from suppression, foot-note, 101.
Notes, principal, xi.
Nux vomica, as a dietetic antidote, 9.
its sphere of action, 14.
atmospheric conditions suggestive of its exhibition, 15.
indications for its exhibition, 21.
its sphere of action, *pathogenesis*, and therapeutic indications, 98, 99.

Obstruction of the bowels, how to be dealt with, 53.
Ophthalmia, acute strumous (Case 27), 118.

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Opium, indications for the exhibition of, 96.
Organic disease of the brain, scarlatina supervening upon (Case 30), 129.
Organic disease of the heart (Case 21), 92.
the permanency of, owing to partial "bankruptcy" of the vital resources, consequent upon injudicious measures of drug-derivation and depletion, 97.

PATHOLOGICAL condition, important, in infantile remittent fever, 35.
Pathological knowledge, the advantage of, in the homœopathic treatment of complicated diseases, 34.
Pathological theories, Hahnemann's, 12.
Phosphorus considered in therapeutic relation to aconite, sulphur, and sepia, 47.
its sphere of action and therapeutic indications in the treatment of pneumonia, 67.
should be a recent preparation for therapeutic purposes, foot-note *, 67.
remarkable case of pneumonia in a cat treated with, foot-note *, 68.
the *rationale* of its admirable suitableness to the treatment of pulmonary consumption, 162.
Phthisis pulmonalis. *See* Pulmonary consumption.
Platina, therapeutic indications of, as an *antipsoric* in spinal irritation, 141.
Pleurisy, acute (Case 16), 75.
Pleurodyne, succeeding mechanical injury of the fibro-ligamentous textures of the left side (Case 15), 73.
Plumbum, therapeutic indication of, 142.
Pneumonia, with cerebral complication (Case 14), 66.
in a cat, case of, foot-note *, 68.
Potencies. *See* Dilutions.
Prolapsus ani, caused by the unphilosophical exhibition of aperients in *idiosyncrasic* inaction of the bowels, foot-note †, 53.
Psora (Psoric miasm), 10.
Psoric *dyscrasia*, its pathological importance, 11.
cases of scarlatina, illustrating its practical importance, foot-note *, 11.
worthlessness of palliative indirect (*allopathic*) treatment in diseases which depend upon a constitutional, 41.
the speediness of cure under favourable circumstances where direct (homœopathic) treatment is adopted, in diseases dependent upon constitutional, 41.
Psoric remedy. *See* Antipsorics.
Pulmonary consumption, case of, supervening upon the suppression of constitutional *epistaxis*, foot-note, 101.
case of, 158.
the conditions upon which the curability of, depends, 163.
the restoration of the digestive functions sufficient for the cure of "accidental," 169.
Nature's admirable pathological compromise, in a case of, 176.
Pulsatilla, in disorders induced by rich food, 16.
therapeutic indications and sphere of action, 39.
as a dietetic *antidote*, 61.
the suitableness of, to patients of a mild disposition, when otherwise indicated, 83.
compared with bryonia, as indicated in measles, 88.
in diarrhœa, with gastric derangement, 94.

QUINSY (Angina cynanche), with inflammation and swelling of the parotid and sub-maxillary glands (Case 25), 113.

REACTION. *See* Vital reaction.
Remedial stimulation, the philosophy of, in sympathy with the vital efforts, 116.
Remedial *stimulus*, the period required for its exhaustion will depend the character of the vital reaction, 13.
the vital efforts in acute disease more rapidly exhaustive of the, 46.
Remedy, homœopathic, rules for the suspension, repetition, and change of a, 13.
choice of dilution in the exhibition of a, 13.
alternation of a, to be justified on the score of expediency, and also on sound pathological and therapeutic grounds, 44.
Hahnemann's recommendation of an intermediate, a justification of the alternation of medicines, 45.
Report of the Islington Homœopathic Dispensary, 177.
Retrocession, treatment of the, of an exanthem, 131.
Rheumatic fever (Case 18), 78.
Rheumatism, with affection of the stomach and liver, case of chronic mercurial, 18.

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Rhus toxicodendron, as distinguished from bryonia with respect to action, 22.
therapeutic indication in small-pox, 50.
indications for, and mode of, its exhibition in sprains and strains, 75.
therapeutic indication for its administration after bryonia, 81.
indicated in *vesicular* erysipelas, 85.
exhibited on account of the typhoid character of the symptoms, 89.

Scarlatina, cases of, in illustration of the *psoric dyscrasia*, foot-note *, 11.
case of, 121.
and measles, case of, 122.
belladonna as a prophylactic against, 123.
case of, supervening upon organic disease of the brain, 129.
uræmia in, case of, 132.
cases of uræmia in, foot-note *, 133, and foot-note *, 135.
Scirrhus of the stomach, inaction of the bowels in, foot-note *, 53.
Sepia, considered in therapeutic relation to aconite, phosphorus, and sulphur, 47.
in *pneumonia*, 70.
Silicea, as an *antipsoric* to promote the suppurative process, 171.
Small-pox (Case 9), 42.
confluent (Case 10), 44.
cure of spinal irritation, complicated with gastro-enteritis, accelerated by an attack of (Case 32), 138.
Sore-throat (quinsy) with inflammation and swelling of the parotid and sub-maxillary glands (Case 25), 113.
Specific, the term as expressing the relation of the remedy to the disease, foot-note *, 123.
Spinal irritation, the cure of, complicated with chronic gastro-enteritis, accelerated by an attack of small-pox, 138.
Spitting of blood. *See* Blood-spitting.
Squilla, therapeutic indications of, 71.
Stannum, the action of, upon the pulmonary mucous membranes, 89.
as an *antipsoric* in phthisis, 166.
Staphysagria in strumous disease of the elbow-joint, 150.
Sthenic disease, there is such a thing as a, 146, 147.
Stimulants, the prevalent abuse of alcoholic and vinous, gains force from a recent pathological error with regard to the nature of disease, 146, 147.
Stimulus. *See* Remedial stimulus.
Stomach, inaction of the bowels in scirrhus of the, foot-note *, 53.
acute inflammation of the, and bronchitis supervening upon infantile remittent fever (Case 11), 55.
Stomatitis, case of, 40.
Stramonium, therapeutic indications for its exhibition, 127.
Subtlety, *dynamic*, as distinguished from *dynamic energy*, 14.
Sugar of milk (*Saccharum lactis*), as a vehicle for the exhibition of homœopathic remedies, 9.
Sulphur, the *antipsoric* "par excellence," its sphere of action, 13.
effect of, as a *dynamic antidote* in a case of drug disease, foot-note †, 20.
as an *antipsoric*, with a view to sustaining the cutaneous eruptive efforts, 24.
therapeutic indications and characteristic symptoms of, 25.
considered in therapeutic relation to aconite, phosphorus, and sepia, 47.
in dysentery, 63.
as an *antipsoric* at the outset of the treatment, 67.
eruption after the exhibition of, 72.
the *rationale* of its action, as exhibited in pleurisy, 76.
as an *antipsoric* in brain disease 103.
as an *antipsoric* to sustain the cutaneous reaction, and to revive the organic susceptibility to the action of the ordinary remedies, 124.
remarkable efficacy of, exhibited as an antipsoric in acute disease, where hereditary *dyscrasia* is presumable, 125.
in strumous disease of the elbow-joint, 150.
in the treatment of warts, 157.
reasons for the cautious exhibition of, in pulmonary consumption 167.
Sulphuric acid, in *hæmoptysis*, 163.
Suppuration, on the cautious exhibition in the treatment of pulmonary consumption, of those *antipsorics* which promote the process of, 167.
Susceptibility, revival of organic, to remedial action by the exhibition of an *antipsoric* in a high dilution, 49.
exhibition of a very high dynamization to revive the organic, 70.
Sycotic miasm, case demonstrating the distinctness of the syphilitic and foot-note *, 12.



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Sycotic theory, an illustration in *minimis* of the practical value of Hahnemann's, 157.
SYDENHAM, his comparison of salivation occurring in small-pox, and that resulting from mercury, 49.
Symptomatic groups, the importance of bringing pathological knowledge to bear upon the homœopathic treatment of complicated, 34.
Symptoms, the disadvantage of restricting the treatment to one or two isolated, 35.
negative, 52, foot-note *, 130.
the great practical advantage of a purely therapeutic law according to the, more especially in the case of those symptomatic groups over which pathology throws no light, 142.
Syphilis, case of, demonstrating the distinctness of the syphilitic and sycotic miasms, foot-note *, 12.

TARTARUS emeticus, therapeutic indications of, in *pneumonia*, 71.
Thuja occidentalis, modes of the exhibition of, as a constitutional remedy in the treatment of warts, 155.
Tumour of the left breast consequent upon mechanical injury (Case 7), 36.

URÆMIA, case of, in scarlatina, 132.
cases of, in scarlatina, foot-note *, 133, and foot-note *, 135.
Urine, incontinence of, a *pathogenetic* effect of mercury exhibited in material doses, 23.
Urine, critical discharge of, in uræmia, foot-note, 134, foot-note *, 135, 137.

VACCINATION, necessity for re-, 52.
Variolous poison, remarkable effects of, in a case of spinal irritation, considered in their therapeutic and pathological aspects, 146, and foot-note †, 146.
Veratrum album, *pathogenetic* indications of, 116.
Vital efforts. *See* Vital reaction.
Vital reaction, in acute and chronic disease, 13.
the period required for the exhaustion of the remedial *stimulus* will vary with the rapidity or slowness of the, 13.
sustaining, by the exhibition of a remedy in a high dynamization, 70.
the advantage of *dynamic* medication in sympathy with the, 83.
the evil consequences of interfering with the, by drugs exhibited in large material doses, by bloodletting, etc., 83.
the philosophy of remedial stimulation in sympathy with the, 116.
necessity of varying the treatment with the, 168.

WARTS on the head (Case 34), 154.
case of, on the scalp, foot-note *, 154
Water cure, the crisis of the, 17.

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