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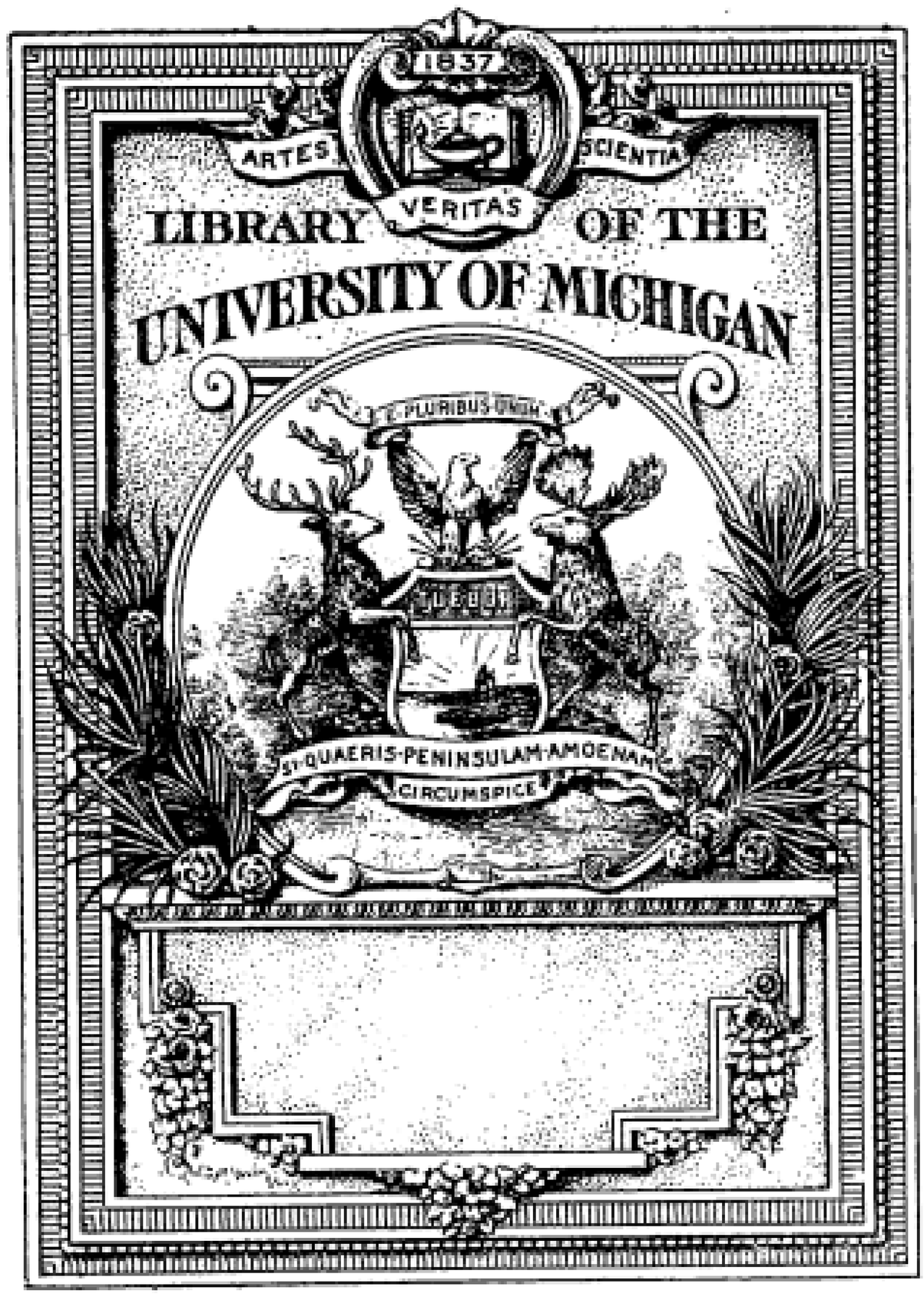

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From Dr Bradford
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Homeopathic

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THE

HOMŒOPATHIC TREATMENT

OF

DIARRHŒA & DYSENTERY,

Shumard

BY

P. P. WELLS, M.D.,

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The favorable opinion expressed regarding these Articles as they appeared in THE AMERICAN HOMŒOPATHIC REVIEW, has induced us to reprint them in this more convenient form. Thus without any addition or revision by the Author, this pamphlet is placed before the Profession by

THE PUBLISHERS.

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DIARRHŒA.

The affections which pass under the above denomination are exceedingly various in their causes, characteristics, importance, and curative relationships. The object of the present paper is not to present an exhaustive view of the subject in these particulars, but to give such an analysis of them as will facilitate their successful treatment, especially by those who are comparatively inexperienced in the practical duties of our profession. To such, in the beginning, one disease is very like every other which is called by the same name. It is only after many painful buffetings, and sore disappointments, that he comes to suspect that *names* are not *things*, and finally to see clearly that many conditions, called by the same name, are so different in their characters as to be essentially different affections.

In his elementary education he has been taught to treat *names*, or, as it has been expressed, with a seeming scientific wisdom, "*diseases*." And for such and such *diseases*, he is to do so and so, and he does it with conscientious carefulness, and confident expectations of the promised result, a cure. This does not always follow, and repeated disappointments, by and by, remove the delusion derived from his master. Then he has one of two courses before him, either to settle down into professional skepticism, or, if he be able and willing, to work out for himself a better faith which shall rest on ascertained truth, can bear him up in his toils, and justify his confidence by a reasonable success. The first expresses the history of many earnest and honest young physicians, who

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would have been lights in the world, if they had not, in the outset, adopted a false faith and attempted to practice upon a false principle. Upon a discovery of this error, they jump to the other and greater, that there are no true principles in medicine. To them, all are equally false. They become the Micawbers of the profession, the expectants. He who will honestly follow the second course, will soon discover that the great duty of his life has been much misrepresented and misconceived. He is not to treat *diseases*, *names*, *things*, imagined somethings, which have somehow found their way into live humanity and made it suffer and perhaps are bringing its existence into peril. He will realize after a while, though not perhaps immediately, that that with which he has to do is not an entity which somehow has effected bodily entrance into his poor patient, like demons into the possessed, though all surrounding and sympathizing friends regard the matter somewhat so, and fully expect him to exorcise the intruder.

He will find, that what he has to treat is the patient himself, and not an extraneous intruder within him. Till he is fully master of this fundamental principle, and in its light has abandoned all thought of treating diseases, as something distinct from the patient, which produces suffering and danger, he is in no way qualified for the practical duties of the high calling to which he has devoted himself. He is to treat sick men, women, and children,—*patients*, and not *diseases*. It may be late in the history of practical medicine to inculcate this principle. No doubt it is. But its truth and importance will admit of no longer postponement. Delay has neither diminished its truth or value. Rightly appreciated, it at once disposes of that complacent piece of arrogance which has asserted a superior science in the old school of our profession, because that school treats *diseases* while ours treats only *symptoms*. This principle clearly asserts the fact, that true science treats patients, and *not* diseases. It may be, and probably is true, that the old school treat diseases, or attempt this, and think they succeed, but it is not

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true of ours, that when we rightly appreciate and practice its doctrines, we "treat only symptoms." If there be one more false than another among the slanders by which the homœopathic school has been assailed, it is this. When rightly practiced Homœopathy is cognisant of all those facts in relation to the patient, which constitute the difference between the man sick and the man in health.

What then is disease? It is only a *condition*, not a *thing*. It is the sum of whatever modified actions of the vital forces, by which that harmony is lost, which conserves the integrity of all parts of the living organism. A knowledge of the totality of these modifications constitutes the science of *pathology*. A knowledge of the results of these modifications, of their products and changed tissues, constitutes the anatomy of pathology. To call these *the disease*, as many have done, is no less absurd than to call the residual contents of the intestines *digestion*. An analysis of these modifications, a resolution of them into their elements, is the first step in the process of all-right prescribing. By this proceeding only can the elements of a given case be exposed, so that it can be seen what is individual in it, is characteristic of this member of a class, and these elements be separated from those which are generic, *i. e.*, belonging equally to all members of that class; a distinction without which a life of prescribing for the sick is a life in the dark. I propose in a future paper to discuss this matter more fully.

If this be so, it may be asked, what is the value of a nomenclature of diseases? Why attempt to name them at all? The answer is, it is a convenience in the expression and interchange of ideas—indispensable, if you please. By the name is simply meant to announce a group of phenomena which are found in a given class of affections, and which belong equally to each member of the class, and which distinguish it from all other classes. Thus by the term at the head of this article is meant to express in one word the following group:

Frequent discharges from the intestines of feculent, secreted

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or undigested matter. It may be of either alone, or of either two, or all of them, mixed. We propose in this paper a brief analysis of these affections, in order to their more ready homœopathic treatment.

In order to this, we observe that these frequent discharges are farther diversified by the following peculiarities which are important to be noted, in the selection of a remedy, for their cure. They are *painful* or *painless* The secreted discharges are *mucous*, *serous*, or *purulent*. These and the feculent are further characterized by difference of *color*, as *black*, *brown*, *grey*, *green*, *red*, *white* and *yellow*; and by difference of odor, as of *spoiled eggs*, *putrid*, *acid*, &c.; and, also, by difference of time and circumstance by which the affection is either excited or aggravated.

The first element of the above analysis, the painful diarrhœas, are related to curative drugs by this quality, in different degrees; *i. e.*, some drugs produce diarrhœas with intense pain, others with less severe, and others again with pians still more moderate. These distinctions are to be noted in selecting the curative drugs. Thus, for those with severest pain we have Ars., Coloc., Jalap, Rheum, Rhus tox., Senna. For the second class Bryonia, Carbo veg., Caps., Cham., Dulc., Merc., Nux. vom., Petrol., Puls., Sulphur and Verat. For the less painful; Agar., Aur. mur., Anac., Asaf., Asar., Spig. The painless diarrhœas are related to drugs also in different degrees, *i. e.*, some medicines are more and some less characterized by them, and so are more or less frequently required for their cure. There cannot be, as in the previous class, degrees of this peculiarity, but only a difference in the degrees of tendency of the drugs to produce this kind of affection. In the first rank we may place Ars., Fer., Hyos., Lyc., Phos., Phos. acid., Stann. Second, Bell., Cham., Chel., Chin., Opium, Plat., Sulph. Third, Borax, Bov., Calc. c., Carb. an., Cocc., Dulc., Graph., Hell., Ign., Laur., Mag. c., Merc., Nit., Nit. acid, Puls., Rhod., Rhus tox., Sec. corn., Verat., Zinc.

In a given case to be prescribed for, it is ascertained to be

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painful or painless, and after reference to the list of drugs and to their classes, as above, how are we to determine the one required for the cure? By the continuance of the analysis to the other elements of the case. And, first, consider the character of the pain, and, second, the locality of it. Pains with the diarrhœa may be burning, cutting, constricting, pressing, dull, excoriating, &c. It would exceed the limits proposed to go into a statement of all the medicines which produce these different pains, with their affections of the bowels. It may be sufficient for the present purpose to point to them generally. Thus, diarrhœas with *burning* pains Ars. and its cognates. But Ars. will not cure all cases with such pains. Neither is it always the best remedy for some cases which perchance it may cure, ultimately. If, for example, the *burning* be confined to the lower part of the rectum, and is accompanied by throbbing and sense of excoriation, with pain in the back, continuing after the evacuation, Capsicum is the remedy, and Arsenic will probably fail to relieve. This very familiar example is given to show the necessity of carrying the analysis of the leading features of cases forward to all their relations if we would secure the best possible results of our prescriptions with certainty. We can never neglect this with safety to our patient, or with honesty of practice.

With *cutting* pains, Coloc. and its cognates. With Coloc. the pain is relieved by the evacuations, is very sharp, doubles the patient up, is accompanied with outcries, and often with slight nausea; the pains are more paroxysmal than with *Ars.*, which in relation to cuttings in the intestines it much resembles, and are rather of a neuralgic than inflammatory character. With *constricting* pains, Plumb. and its cognates. With this remedy, and also with Podophyllum there is not only a sense of constriction, but a real retraction of the parieties of the abdomen. With pressing or squeezing pains, Nux vom. and its cognates. With this remedy the pressure is more in the upper part of the abdomen and sides. With pain like *excoriation*, Sulphur and its cognates, as Ars., Bell., Nux vom., &c.

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The *locality* of the pain is not to be neglected in this investigation. Different drugs affect different portions of the alimentary track painfully. Some, as Senna and Jalap, attack the upper portion, or the small intestines chiefly. Others, as Aloes, Nux vom., Caps., Merc., the larger; while still others, as Ars., Colch., Verat, &c., affect the whole extent of the track. A careful attention to the pathogenesis of the drugs will enable the student to ascertain the peculiar local action of each, and to avail himself of this knowledge in his attempts at specific cures of diarrhœas. This study he cannot omit, if he is ambitious of the best success in his practice. Whether the remedies named above or either of their cognates are to be selected in a given case, is to be decided after having reference to the above peculiarities of the pain, by consideration of the remaining elements of the analysis. And of these, the next to be considered is the characters of the expelled contents of the intestines. They may be *feculent*, *mucous*, *serous*, or *purulent*.

For *feculent* diarrhœas we have Aloes, Pod. and Rheum.

Aloes has both yellow and brown color.

Pod. yellow and dark green. The diarrhœas of this remedy are often accompanied by *prolapsus ani*, especially, in children, and for this complication is one of our best remedies.

Rheum—Feces mixed with green slime.

Mucous diarrhœas may be *brown*, *green*, *red*, *white*, or *yellow*.

For the *brown* we have Ars. and Nux v., the Ars. being characterized by a mixture of mucus and feces; that of Nux v. is brown, offensive and slimy.

Green mucus has Ars., Amm. mur., Canth., Cast., Laur., Mag. c., Merc., Nux v., Puls., Rheum and Tabac.

The practitioner will use great caution in prescribing for this class of diarrhœas, in his search into the constitutional and related symptoms of his cases, if he will avoid disappointment and doing his work twice or thrice over. This is especially to be observed in the case of the two remedies in the

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class more frequently prescribed than any others, viz.: Ars. and Merc. The habit of hasty, and therefore careless, prescribing so easily contracted and so common, may be a sufficient apology for saying that cases requiring either of these drugs will certainly disclose other and characteristic symptoms of the one to be selected, if the examination be diligent, careful, and intelligent. This is not only true of *Ars.* and *Merc.*, but of each of the other members of the class, and the observation may be extended to every other symptom of every other class of this disease. No case is made up of one symptom, however marked or important, and it is not unfrequent that the controling characteristic of a case—that element more decisive than any one other, of the selection of of the curative drug, is just that which carelessness and haste is very likely to overlook. These observations are made in connection with the two named remedies, because failure with them, in this class of diarrhœas, is too common. In relation to the latter this is true to the extent that some of our best practitioners have called in question the genuineness of this symptom of Merc, and with some, for this reason, the symptom is now under observation for its verification or rejection. If all those capable of helping in this examination will lend their aid, the matter can soon be settled. In the mean time by the course of examination and analysis here recommended, disappointments may be avoided to an extent that approximates certainty.

Diarrhœas of *red* mucus are related to Merc., Rhus, Sil., Sulph. The distinction of these four remedies in their application to *red mucus* diarrhœas is not difficult, Merc. has plain red mucus, with the characteristic pain and tenesmus of Mercurial diarrhœas. Rhus has a mixture of blood and slime, with red and yellow mucus, and all rather thin; Sil. has red mucus *with the stool* of which it may or may not constitute the major part; Sulph. has red mucus *with fever*, loss of appetite and cutting pains in the bowels.

White mucus diarrhœa has Cham., Dulc., Phos., Pod., Puls.

After a proper consideration of the general symptoms, if

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there be doubt as to which of these medicines is required for a given case, it may help to remember that this affection requiring Cham. is painful, and is more frequently in place in the affections of childhood than of adult life. That for Dulc. is attended with prostration of strength; with Puls. the mucus is *acrid*; with Pod. the diarrhœa occurs for the most part mornings or forenoons, the pains in the abdomen and back are worse *during* the evacuation and continue *after*. The discharges are excited by eating and drinking. With Puls. the pain is *before* the evacuation, is likely to be attended with much rumbling of the bowels, and the peculiar disposition of mind so characteristic of this drug.

Yellow mucus has Dulc., Pod., Rhus, Sulph. acid.

Dulcamara is especially indicated where the color of the slimy stools frequently alternates between green, white and yellow,, and the desire to evacuate is attended with *nausea*, or where the attack is the result of *chill*. Podophyllum is called for when the yellow color is *dark*, and the evacuation has the *odor of carion*; with Rhus the stool is *mixed* sometimes with *blood* or *red slime*, or consists of billious looking matter, and all *very thin*. In Sulph. acid the stools are like chopped mucus, saffron yellow and stringy. The above examples of the first step in the analysis of the evacuations in diarrhœa are given not as instances of the completed process in this first step, but only as illustrative of the mode of proceedure in relation to the two elements of *nature* and *color*. It is not enough that the discharge be *mucus*, nor that it be also *green* or *yellow* to decide the choice of the curative. We must know more, even *all* the peculiarities of the evacuations, and much more than this, as will be seen as we advance. For it is not to be forgotten that the object of this paper is not so much to put into the hands of the practitioners a "short and easy method" by which all cases can be cured with little or no labor on their part, as to point out the way in which they may obtain a success worthy of honest minds, and of the system of medical science we profess to practice. If our object were otherwise, its folly would be rebuked by

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the first glance at the nature of the case. The object of the practitioner is to find in the pathogenesis of a drug the simillimum of the sum of aberrations of the vital forces in a given case from that state of harmony we call health. These are so various in their nature, importance and combinations, and so numerous withal, that any attempt to make the labor of an exact practice "short and easy," *i. e.*, to find this simillimum, could hardly be otherwise than absurd in the extreme. The number of possible elements in any case is great, and may be very great, and the variety of combinations they are susceptible of is scarcely less than infinite. It is evident, hence, that there can be no such method of ascertaining from the scarcely less infinite record of facts of which our Materia Medica is composed, the parallel of a given case, except by the exercise of patience and diligence. How to direct these, by pointing the way through the medium of the more general and common elements of cases, is our present endeavor, and in its furtherance we proceed to consider:

Watery diarrhœas, which are found to be *black*, *green*, *grey*, *yellow*; and nearly allied to these, are the *brown fluid* and *black fluid*. *Black* watery diarrhœas have Ars. and China. At this point these remedies are in close resemblance; so near that from the *black water* alone, no man can tell whether the one or the other is required. But a careful consideration of the other elements will render the selection easy. As a general truth, the prominent effects produced by Ars. are characterized by *violence*, and, among them, this is eminent in its effects on the alimentary canal. Now the difference between these members of this class of diarrhœas, which decides the choice of the remedy between Ars. and China is in the violence of the symptoms to be considered. The pain, burning, restlessness, prostration, cold sweating, &c., are all greater in cases requiring Ars.

Black fluid diarrhœas have Stann. and Ars.; the latter burns like fire.

Brown fluid have Arn., Asaf., Graph., Magn. c., Nux., v., Psorin., Squill.

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The discharge which in this class is peculiar to Arn. resembles yeast or lees of beer. In Asaf. the evacuation is *extremely* and *nauseatingly* offensive. In Graph. it is in part made up of half digested substances, and of insupportable fetor. Magn. c. has a *liver-brown* colored discharge, with tenesmus, followed by burning in the anus. It is characteristic of this, and all the varities of diarrhœa produced by Nux v. that the evacuations are *small in quantity*, they are more frequent in the morning and after eating, and are for the most part accompanied by tenesmus and pain in the *back* of a *drawing* character. In this variety there is also smarting and burning in the anus. In Psorin. it is *dark* brown, very thin, and offensive. In Squill. it is *dark* brown or even *black*, slimy, very offensive, and *ejected in frothy bubbles*, by flatulence, and sometimes with ascarides and whitish shreds.

Green watery diarrhœas are met by Cham., Gratiola' Magn. c., and Sulph. acid. It may not be out of place to remark here, in relation to this class of the affections under consideration, that it is perhaps more frequently misunderstood, and, therefore, more frequently wrongly treated than any other. Much of the disappointment necessarily consequent on such a course, may be avoided by remembering, in the first place, the too often overlooked, but vastly important, necessity of making the *first* prescription a *right* one; and in the second, that Ars. does *not* cure this variety of diarrhœas. If there be any exception to this, they are cases where the remedy accomplishes the result by virtue of its characteristic relationship to the *constitutional* symptoms of the case. Of this we may have more to say hereafter. It has not been an unfrequent experience of the writer, to see cases of this variety of diarrhœa, in consultation, and among them, the most intractable to treatment have been those which had Ars. as their *first* medicament. That this has often proved a serious embarrassment to the subsequent successful management of these cases, he has no doubt. The frequency of this false prescription is, perhaps, explained by the force of habit. Ars. cures so many forms of diarrhœa, that the frequent

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demand for its use, creates a kind of *habit* of prescribing it. Against this we protest.

The cases for Cham. are for the most part those of early childhood, during the process of teething and from taking cold. The green watery passages are often mixed with feces and mucus. The *green* and *frothy* evacuations of Grat. may be watery or thin fluid or slimy. It is a remedy worthy of more attention, in diarrhœas, than it has generally received, especially with those of children, in the summer season. Those of Magn. c. are preceded by pinching pains in the bowels, especially in the right side, with distended abdomen, are mostly in the forenoon, and may be both sour smelling and frothy. Sulph. acid is frequently the right remedy in this variety of diarrhœa. In the absence of the characteristic signs of the other medicines, it may be given in preference, and especially if there be great prostration of strength with irascibility of temper.

Yellow watery diarrhœas are met by Ars., Chin., Grat., Hyos. They may be found in the pathogenesis of a few other drugs, but the four above-named are the principal remedies, and rightly used will succeed with most of these cases. Here, as in the *brown* variety, Ars. and Chin. are near together. Both have attacks more frequent at night and after eating and drinking, with great prostration. But Ars. has tenesmus, Chin. has not. Ars. has thirst with diarrhœas, Chin. has not. Ars. has a painful constriction above the anus, extending to the loins. With Ars., in this variety, the discharges are *small*, while in many others they are copious. But if, as is not at all unlikely, the peculiar and distressing *restlessness* so characteristic of Ars. be present in any case, there need be no hesitation in the choice between the two drugs. The yellow watery diarrhœa of *Grat.* is painful, copious and frequent, preceded by rumblings and cuttings in the abdomen, and nausea. The pain is not relieved by the evacuation, but is by the escape of flatulence. Opposed to this is Hyos., which has similar discharges, *without pain*, often involuntary, and unnoticed in the bed,

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and is wanting in the extreme offensiveness of those of Ars. and Chin. It is so like one form of diarrhœa frequent in abdominial typhus that the most careless can hardly overlook it as a remedy of prime importance in this most dangerous malady. In such cases the choice will probably be between Ars., China, and Hyos. In Ars. the evacuations are *small*, and perhaps painful, burning and offensive. In Chin. they are more copious, and in the elements common to the two, less in degree, and Chin. lacks the restlessness already spoken of; while Hyos. is almost the opposite of both in all, except that the three have in common, the yellow, watery discharge. In this form of typhus, if the general symptoms, and especially those of the intelligence, delirium, &c., are like those of Hyos., this remedy should certainly be given, and not *soon* changed for *any* other, but for the strongest reasons. To the above may be added Thuja as worthy of attention in these diarrhœas, especially when copious, with gurgling, like that when a full vessel discharges its contents from the bung-hole, great prostration, short and difficult breathing, anxiety, intermittent pulse, pressing pain in the back, opposite the epigastrium, and rapid emaciation.

Grey or *whitish* watery diarrhœas have Cast., Merc., Phos. and Phos. acid.

Cast. preceeded by rumblings, gurglings, croakings, with pinchings and cuttings in the bowels, for the most part in the evening and night; Merc. with cutting and tenesmus; Phos. with great exhaustion and Phos. acid with little or none.

Purulent diarrhœas are met by Ars., Bell., Calc., Canth., Chin., Cocc., Kali c., Lach., Lyc., Merc., Puls., Sep., Sil., and Sulph. and some others. The most important of these, in this class, are Ars.. Canth., Lach., Lyc., Merc., Puls., Sulph. With Arn. there is a mixture of *blood* and *pus*. Lach. has also mixed pus and blood with gnawing, shooting, cutting pain in a hard swelling in the abdomen. Merc. *chill between*, and flashing heat *during* the stools. Tenesmus characterizes most diarrhœas by this drug, and there is also great uneasiness *before* the stool, and with many cold perspi-

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aus. White muc. painful. Esp. children, Br. wat. often mixed with fec.

lic. White muc. with prostration. Yellow muc. color of shiny St. Diagn
n. gr. wh & yellow. nausea from chills.

. White muc. Grey or whitish wat. great prostr.

. White muc. acrid. pain before fr. much rumbling. Cheesy diph

hdc. Yellow muc. chopped. saffron. stringy. Gr. watery. great prostrati
tis.

n. Blk wat. Yellow wat. no heaviness, at night. after Eat. Fever.

n. C. Brown fl. like Brown. heaviness. followed by anus burning. Gr. wat.
dc by pinching pain in bowels. esp. r. side. distended abs. mostly forenoon
e. the smelly frothy.

h. Brown fl. half digested. inexpressible fetor.

ills. Dark brown fl. slimy. very offens. frothy bubbles. by flatulence.

Green wat. frothy. thin or slimy (children) Yellow wat. painful. large
t. preceded by rumbly & cutty in abs. Nausea. Pain not relieved by
. but by flatulence.

. Yellow wat. without fr. indolency. unnoticed. not very offensive.

Grey or whitish wat. pass. by rumbly & cutty, mostly Ev. night.

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Watery.

Green. Chaw. Iodic. Magn. C. Sulph. Ac.
Yellow. Ars. China. Grah. Hyos.
Gray. or White. Cast. Merc. Phos. Phos. Ac.

Purulent.

Ars. Bell. Calc. Canth. Chin. Coc. Kali
Lach. Lyc. Merc. Puls. Sep. Sil. Sulph.

Offensive.

1. Ars. Asaf. Carbo V. Graph. Puls. Sec. Sil
2. Bry. Calc. Chaw. Chin. Dulc. Nitric Ac. Pu
Pod. Squill. Staph. Staw.

Frothy.

Calc. Canth. Colo. Mag. C. Merc. or Pod. Rhus.
Sulph. & Sulph. Ac.

Involuntary.

Ant. Ars. Bell. Bry. Colch. Fer. Hell. Hyos.
Lach. Laur. Nux. Ac. Nat. M. Nux. Phos
Phos. Ac. Rhus. Sec. Staph. Sulph. Ver.

Undigested.

Ars. Bry. Chin. Fer. Merc. Ol. Phos. Phos. Ac. P

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pains.
Ash. Brown muco. mixed with feces. Green mucus. Blds wat. violent
d sweaty. burns like fire. Yellow wat. tenesmus. prostr. after Eats + Dr. Small
umation. abdom. pains. Coins. Restless.

ysent. Burning lower part of rect. with throbbing + sensa
/ excoriation. pain in back. continuing after Evac.

loc. Pain relieved by Evac, very sharp. doubling up. after
light nausea. paroxysmal. neuralgic like.

oes. Yellow + brown.

s. Yellow + dark green feces often prolapsus ani. White muc.
ning. pain worse during + after. Excited by eating + drinking. Yellow some
of carrion.

um. Feces. with green clots mixed. Green muc.

. Brown mucus; offensive. slimy. Green muc. Brown fluid. Small
e morning. tenesmus after Eats. Drawing in back. Anxiety. Dizziness.

. Red muc. tenesmus. Grey or whitish wat. cutting stools.

. Red muc. and yellow muc. blood + slime mixed. thin.

bl. Red muc. with fever. no appet. cutting bowel pains.

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Painful.

1. Ars. Aloe. Jalap. Rheum. Rhus Tox. Leu
2. Bry. Carbo V. Caps. Staph. Sulc. Merc.
Nux V. Petrol. Puls. Sulphur. Verat.
3. Agar. Anv. Mur. Anac. Asaf. Asarum, C

Painless.

1. Arn. Fer. Hyos. Lyc. Phos. Phos. Ac. Stann
2. Bell. Kam. Led. Cinn. Op. Plat. Sulp
3. Borax, Bov. Calc. C. Carbo An. Coc. Sulf
Graph. Kali. Ign. Laur. Mag. C. Merc.
Nit. Nitric Ac. Puls. Rhod. Rhus Tox. Sa
ver. Zinc.

Feculent.

Aloes. Pod. Rheum

Mucus.

Brom Ferr. Ars. Nux.
Green Iris. Ars Anim. Iris, Canth. Carb.
Mag. C. Merc. Nux. Puls. Rheum. Lab
Red. Merc. Rhus. Sil. Sulph.
White. Kali. Sulc. Phos. Pod. ~~Sep~~ Pu
Yellow. Sulc. Pod. Rhus. Sulph. Ac.

Watery.

Black. Ars. Chin. Blk Fluid. Stann.
Brom H. Chin. Arg. Graph. Magn. C. Nux.
Squilla

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or. Ac. Grey or whitish watery. Ac pros. or hitter

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ration *on the face*, anxiety and trembling *before* and heart-burn and bitter eructations *after* the stool. The pains, especially those in the back, and tenesmus are continued *after* the stool. Sulph. has mixed blood, mucus and pus, and the blood is likely to be in streaks. The above brief analysis of the *nature* and *color* of the evacuations in these different examples of diarrhœa, is given only as an illustration of the method of proceeding in the first step of an attempt at making a specific prescription.

We have spoken of the *nature* and *color* of the evacuations, we now consider the *odor*.

This may be either simply offensive, or it may be characterized by a specific quality, capable of more specific designation. Of those diarrhœas which are simply offensive, some are more, and others less so. Those in which this charateristic is most intense are met by Arsenicum, Asaf., Carbo v., Graph., Puls., Sec. corn., Sil. and Sulph. Ars. is characterized as like *stinking ulcers* and as putrid. Asaf. as brown and *disgustingly offensive*. Carbo veg. like *putrid flesh*. Graph. is light or brown colored, half digested, thin, and intensely stinking. Sec. corn. has extremely offensive, colliquative diarrhœas. Sil. *small*, liquid, *putrid*. Sulph. on the contrary is copious and putrid. All the secretions, under the action of Sulphur, are likely to become offensive in the odor. The same is true of the *carbons*. The class of diarrhœas which are less offensive are met by Bry., Calc. c., Cham., Chin., Dulc., Nit. acid, Nux v., Pod., Squill., Staph., Stram. Bry., like spoiled cheese; Calc. carb. and Cham. like *putrid eggs*; that of Cham. being *hot* and *excoriating*. Nit. acid, putrid, with putrid flatulence. Nux v., putrid. Pod., putrid, dark yellow slime. Squill., brown slime expelled in bubbles

Acid smelling have Calc. c., Cham., Graph., Mag. c., Merc., Rheum, Sep., Sulph. Of these, Calc. and Cham. belong especially to the diarrhœas of children. That of Graph. is accompanied by burning in the rectum. Mag. c., different varieties of diarrhœa of children. Rheum has papescent, acid evacuations, with shuddering, and followed

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by renewed inclinations and gripings in the bowels. Sep., acid and green, with children.

Frothy diarrhœas, have for their cure Calc. c., Canth., Coloc., Mag. c., Merc. or Pod., Rhus, Sulph. and Sulph. acid. With Calc. the evacuations are involuntary. Canth., liquid, feculent. Coloc., thin, yellow and mouldy smelling. Mag. c., green and frothy. Merc., dark green. Opium, has fluid, frothy evacuations, with itching burning of the anus and tenesmus. Pod., frothy and slimy. Rhus, thin, yellow, odorless, painless and involuntary. Sulph., nights, and with tenesmus. Sulph. acid, with burning in the rectum.

Involuntary diarrhœas have Arn., Ars., Bell., Bry.. Colch., Fer., Hell., Hyos., Lach., Laur., Mur. acid., Nat. mur., Nux v., Phos., Phos. acid, Rhus, Sec. cor., Staph., Sulph., Verat. Of these the most frequently called for are Ars; with this remedy the evacuation is both involuntary and *unnoticed*. Chin., it is thin, yellowish and slimy. Phos., Phos. acid, it is pappy, bright yellow, and is passed with a sensation as if wind were about to escape. Verat has also this last peculiarity of unnoticed evacuation with the escape of wind. Of the other remedies named above, Arn. has involuntary evacuations at *night* in sleep. Bell. and Hyos. both have this variety as if from paralysis of the sphincter ani. Colch. has watery diarrhœa, the evacuations of which escape without sensation to the patient. Laur. has unnoticed and involuntary evacuations, and in this symptom is very like Bell. and Hyos. It has actual paralysis of the sphincter. Rhus has sudden, thin, yellow, frothy, odorless and painless, involuntary as from paralysis of the sphincter. Staph. has thin, unnoticed discharges, with sensation as if gas were to escape. Sulph., the stool escapes suddenly and without control, the patient has hardly time to leave the bed.

Undigested food, passed with alvine evacuations, is found for the most part in cases which come within our definition of diarrhœa, and which are related to Ars., Bry., Chin., Fer., Merc., Oleand, Phos., Phos. acid, and Pod., and in a less degree to some others. There are cases in which undigested substances are evacuated and which may be subjects for

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medical interference, which do not come within this scope. With these we are not at present concerned. But in cases which do, how are we to decide which is the right curative? By a reference to the Materia Medica the mention of this symptom is found to be so nearly in the same words, in the record of many of the above medicines, that if this alone be depended on, there can hardly fail to be not a little embarrassment and frequent disappointment. Take three of the principal of them, *i. e.*, those more frequently prescribed and successful than many others, viz.: Ars., Chin. and Fer., the one word undigested is all, with the first and third, while with Chin. it is added especially at night and immediately after eating. Under Bry., Merc., Phos., Phos. ac., and Pod., the phraseology is the same as with Ars., and there is no additional help from the mention of any circumstance or condition which in any respect characterizes the symptom as manifested by either of these drugs. In the record of Oleander it is said that the food eaten the evening before is passed undigested while it seemed as though wind only was about to escape. If its administration be limited to cases thus characterized, its use can hardly be frequent.

How then are we to proceed? By a careful consideration of the other elements of the case, giving especial attention to those which are general or constitutional, *i. e.*, the symptoms outside of the elements of the diarrhœa. For it is never to be forgotten that we are prescribing for the *man*, not merely for that group of phenomena we have, for convenience, consented to call diarrhœa. It is not uncommon that the fact which removes all difficulty, and decides, beyond doubt, the selection of the right remedy, is found outside this group. In this statement is an important principle in practical medicine, which we hope to elucidate more fully on a future occasion. On this, it will be enough if we can establish the truth in the minds of all, that true prescribing can only rest on a thorough analysis of *all* the elements of a case, both general and special, no one excluding others, though, as above stated, one symptom may so far throw light on others as to remove doubt in the choice of a remedy. This is not to

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say that all symptoms are equally important in their bearing on the selection of a curative, but that none are to be overlooked, for till considered carefully in itself and in its relations, we must be in ignorance of the true value of any, and perhaps of every, symptom. A careful consideration of the constitutional symptoms, and general conditions, is not limited to cases of undigested evacuations. It is a duty which is integral in every true prescription.

Acrid diarrhœas, those in which the evacuations irritate the external parts with which they are brought in contact—are a class too important to be passed without notice. They are related to many drugs, in the action of which this quality of the evacuations is evinced in different degrees. The most acrid are from Ars., Chin., Ign., Merc. and Puls. The next in severity are, Ant. crud., Cham., Dulc., Fer., Graph., Kali c., Nux vom., Phos., Staph., Sulph. and Verat. And in still less severe are Acon., Alum., Nat. mur., and Sabina. This difference in the intenseness of a symptom is often of great importance and never to be overlooked. With some drugs intenseness seems to characterize most of their actions on the organism, and this goes far at times in individualizing those drugs. Ars. is an eminent instance of this; and no one need fail to distinguish between the painful rawness of the surface around the anus, characteristic of the drug, and the slighter and comparatively insignificant irritation of Acon. Rightly to appreciate this quality of symptoms, and always to give it its just place in a prescription, is an accomplishment of the master, and with him it is an element of great power. It can be cultivated by all, and be carried to a degree the tyro is not likely at first to suspect.

There are however other differences in connection with this symptom,, expressed in the pathogenesis of some of the above drugs, which are so far our guides, though often we may be left to the significance of general or other special elements of the case. Thus Ars. has *black*, burning, excoriating evacuations, with restlessness. Merc., *dark green* with pressure in the abdomen. Puls., soft evacuations in the morning.

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The above are the chief elements of analysis of the nature and character of the evacuations in the different forms of diarrhœa. We have next to look at the time, the circumstances, &c., by which attacks are excited or aggravated.—And first as to the time. In the morning are Aloes, Ant. crud., Alum., Aur., Am. carb., Borax, Bov., Bry., Carb. an., Dig., Grat., Iod., Kali carb., Lyc., Mag. c., Mur. acid, Nux v., Phos., Puls., Sec. cor., Staph., Sulph., Thuja.

With Aloes the evacuations are copious and pappy. Alum., semi-fluid, preceded by colic. Am. carb., small, with excoriating and bruised pain in abdomen. Borax, painless, followed by slimy and bloody discharges. Bov., pain in the abdomen like that of ulceration. Carbo an., pinchings in the abdomen, before and after, burning in the anus like fire. Kali c., watery, preceded by colic. Lyc., three to four o'clock, with colic and tenesmus. Mag. c., followed by burning in the anus. Nux v., small, dark, excoriating. Phos., semi-fluid with rumbling. Puls., soft, excoriating, with smarting. Sec. corn., four o'clock. Staph., after cuttings and nausea. Sulph., at four and six o'clock, and also on rising from bed, the desire is sudden and urgent, and admits of no delay. This is characteristic. Thuja soft.

In the forenoon: Carbo an., Kali c., Kali nit., Mag. c., Mur. acid, Stann., Sulph. Carbo an., soft, green, with colic. Kali c., watery, preceded by rumbling. Mag. c., soft. Stann., soft. Sulph., thin, with pressure in the stomach.

At noon: Alum., Borax, Mag. mur. and Sulph. Alum., semi fluid with previous colic. Borax, thin, with rumbling and movements in the abdomen. Mag. mur., severe urgency to stool, which is fluid. Sulph., frothy, feculent, with much flatulence.

In the afternoon: Aloes, Am. c., Alum., Borax, Carbo an., Dulc., Hell., Kali c., Lyc., Mag. c., Mur. acid, Phos., Stann. Sulph. acid. Am. c., first part is hard, the latter soft, with shootings in the anus. Alum., soft and small. Borax, with much flatulence. Carbo an., soft, green, pain in the bowels before the evacuation. Dulc., with flatulence. Kali

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c., semifluid, scanty, with colic, and followed by tenesmus. Phos., semi-fluid, scanty, escaping with force.

Evening: Aloes, Alum., Bov., Carbo an., Dig., Dulc., Indigo, Kali c., Kali nit., Lach., Mang., Merc., Mur. acid, Ol. an., Phell., Stann., and Zinc. Aloes, very thin, deep yellow, with undigested food. Alum., soft, flatulent, with burning in the anus, followed by tenesmus. Dig., with ascarides. Dulc., acid smelling, copious, thin, relieves the pain, while the patient feels weak. Lach., great urgency to stool, with throbbing in the anus after the evacuation. Mang., preceding shootings in the bowels. Mur. acid, severe burning in the anus after the evacuations. Ol. an., soft feces, with cuttings in the bowels before, during and after the stool, followed by burning in the anus like fire. Stann., with sensation after the evacuation as if there were still more to pass. Zinc, first a little solid, then scanty, soft evacuations.

At night: Arn., Ars., Aur., Bov., Bry., Cast., Caust., Cham., Chel., Chin., Graph., Grat., Kali c., Mag. c., Merc., Nat. carb., Puls., Sil., Sulph., Tabac. Aur., with much burning in the rectum. Bov., with tearing pains in the bowels and tenesmus. Bry., with burning in the anus. Cast., semi-fluid, feces extremely offensive with stinking flatus. Cham., with cuttings in the bowels which double up the patient. Mag. c., before midnight and painless. Puls., unnoticed, watery, in sleep. Sil., painless. Sulph., frequent, fluid, frothy, with tenesmus.

The next element to consider is the exciting cause of the attack. If it be from

Acids.—Ant. crud., thin with pain in the rectum. Ars., Lach., attacks are slight. Phos. acid.

Taking Cold.—Bell., with vomiting. Bry., Caust., Cham., Dulc., watery, at night, with pains in the bowels, in summer, or with prolapsus ani. Nux mos., Nux v., watery. Phos., with cutting and drawing pains in bowels and loins, as far into the thighs. Sulph.

Drinking.—Ars., Caps., of slime. Rhod., painless.

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Eating.—Ars., Borax, with rumblings or weakness in the joints and legs, relieved by walking. China, Coloc., with colic after the least nourishment. Fer. mag., Rhod., painless. Verat, after the least ingesta.

Fruit.—Ars., Chin., Cist., Rhod., with sensation of weakness in the stomach and nausea while walking.

Milk.—Lyc., Nux mos., Sep.

In prescribing for attacks from the above causes the applicability of those remedies here named, without symptoms, is determined by their general characteristics, or by the special analysis and ascertained resemblance of their symptom to those of the individual case. The same principle governs in treating the cases of

Infants.—For which Cham., Jalap., Rheum, Senn. and Sulph. acid are more frequently required than other remedies, although it may be remarked of Jalap. that its passages are watery, and accompanied with intense cuttings in the bowels; of Rheum, there are mixed feces and slime; of Senn., dark colored water, with cutting pains also, but less severe than those of Jalap. and more or less flatulent. And also in those of infants while

Teething, for which we have Colch., Carbo., Cham., Graph.. Merc. sol., Nux mosch., Pod., Sulph. In selecting a remedy from among these, it may help, to bear in mind the resemblances and differences of the symptoms of these medicines. Calc. and Graph. are alike in these particulars: both have very offensive discharges, but that of Calc. is yellow, Graph., dark, half digested. Both have acid discharges, that of Graph. is only soft; Calc., thin; Calc. has undigested, hard or thin; Graph. half digested. It is also quite characteristic of Graph. that the discharges are followed by great, but *transient* prostration. Calc. and Cham. have much similarity of some symptoms, but the differences of others make the distinction between the two not difficult. Both have the smell of bad eggs, those of Cham. with this property are also excoriating. With Cham. the passages are often green, with Calc. never. The diarrhœa of teething

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infants, for which Nux mosch. is appropriate, is attended by an indomitable disposition to sleep. The little patient sleeps all the time. The discharges are likely to be very offensive and rather copious. It is a remedy of greater value in teething diarrhœas than is generally supposed. Pod., painful, with grinding of teeth. This, of course, can only occur in cases of the last teeth in the series. Sulph., the discharges are slimy for the most part, brown, green or white, and often are marked with slight *streaks* of blood.

The above are only a few of the distinguishing symptoms of these drugs, not given as a complete analysis, but only as showing the mode in which distinctions are arrived at in classes of cases where one of a class of similar remedies is to be selected, by which that most unsatisfactory practice of giving one remedy of a class, and, if not successful, another, and so on through the series, may be avoided.

PREGNANCY is often attended with obstinate and sometimes fatal diarrhœas. For these cases we may find a remedy in one of the following: Am. carb, Dulc., Hyos., Lyc., Petr., Phos., Sep., Sulph. In these cases, in addition to the careful observation of the elements of the diarrhœa, the constitutional symptoms are to be most rigidly studied, for these, not unfrequently, are decisive of the choice of the remedy. Without a thorough knowledge of these, the prescriber must often be quite in the dark as to his curative, and his patient, consequently, in a very unsafe condition. These remarks are equally true of the diarrhœas which arise at

LYING-IN.—For these we have Ant. crud., Dulc., Hyos, Rheum. There may be cases requiring other drugs, but these can hardly fail of being detected if the analysis and comparison insisted on be faithfully carried out. The above remedies are only named, because so frequently called for, that they may claim our first attention in cases where the characteristics of other drugs are not prominent. They are never to be given merely because named here, or elsewhere, as possibly appropriate in this class of cases.

It may facilitate the treatment of diarrhœas to study

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them in *groups*. Thus Ars., Chin. and Fer. have the closest relationship. In these Ars. occupies one extreme and Chin. the other, Fer. falling between. In the element of *pain*, Ars. has extreme severity, Fer. less, and Chin. less still. In that of copiousness, with the exception of yellow watery, in which Ars. represents the scanty, the same relation obtains. It may be borne in mind that cases of an obstinate character sometimes occur where those remedies act beneficially in succession. Thus, in cases in which Fer. has followed Chin. with benefit, but has not proved sufficient for a complete cure, Ars., if at all appropriate, seldom fails to effect that result. Verat may be added to this group in the study of watery diarrhœas, and in the elements of copiousness and pain takes place next to Ars.

Another most important group is represented by Ars., Squill., Graph. and Nux vom., viz.: the dark, fluid, offensive and painful. In these elements the four remedies agree. They differ however in so many of their symptoms that there can be no serious difficulty in selecting the right for a given one, if it be borne in mind that Ars. among these has the most copious evacuations; Nux v. the least, and always *small*. The pain of Ars. and Squill. is in the bowels, Ars. the most severe; those of Nux v. and Graph. in both the bowels and back, Nux the most severe, with this further difference that the pain of Nux is higher, in the loins. Graph in the sacral region. With Nux the pain is drawing and is relieved by the evacuation. Graph. pressing and continued after. It may not be amiss before leaving this group to say that Nux vom. has been too much neglected in the treatment of diarrhœas. The freqnent successful use of the drug in constipation may have so occupied the minds of prescribers as to limit, in their apprehension, its usefulness to cases of this sort. This is a great mistake or misfortune. It is scarcely less important as a remedy for diarrhœa. It has been the specific in many epidemics, and at other times, through whole seasons, it has been oftener called for and successful than any other drug.

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Ars., Gamboge, Jalap. and Senna in extremely painful diarrhœas. The characteristics of these remedies and their distinctions, except Gamb. have been already noticed, and it may be sufficient for this to say that it resembles Arsenic more than either of the others, but with the evacuations of Gamb. there is much disposition to *tenesmus*, while with Ars. there is less.

Arn., Lach., Merc. and Sulph. in purulent diarrhœas. Arn. has bloody and purulent discharges. Lach. has similar evacuations, with gnawing, shooting, cutting pains, with hard swelling of the abdomen, or with discharge of mucus and scanty menses. Sulph. a mixture of blood, mucus and pus.

Nux mos., Sec. corn., Verat, in cases, with comatose *sleep*. These three remedies are each characterized by profound and constant sleep. The kind of *sleep* is very similar in the three, very quiet and undisturbed, but the conditions out of which it grows are very different and not difficult of distinction. With Nux mos. the symptom arises from *exhaustion of the brain power* especially. There is still sufficient to admit of the patient being aroused without great difficulty, but not to sustain a continued attention to external objects, the patient falls asleep again immediately, and continues to sleep till aroused by the attendants. The affection is less profound than that of the other two remedies, and generally less dangerous. Sec. corn. is opposed to Nux mos. in this, that its coma seems to rest on a *general* exhausted vital force, in which that of the brain participates, orof which. its exhaustion is a part, all the organs being similarly affected, the tendency being to a rapid extinction of life, unless the downward progress be speedily arrested. The patient is roused with difficulty, and then immediately falls off again, being wholly unable to give attention to external objects for the shortest time. Verat is related to a condition quite different from both, viz.: that which just precedes the effusion of serum into the cavities of the brain or the early stage of effusion. In such cases Verat is often very efficacious. If the patient be aroused he shows that he is

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disturbed and complains. Any interference is painful to him, till he passes the point in insensibility at which he ceases to regard the presence or acts of his attendants, and beyond which all remedies are too likely to fail to relieve.

Aloes, Pod. and Rheum, as related to the class of feculent diarrhœas, have been already sufficiently treated of, though it may be said of Aloes, in addition, that its evacuations are often preceded by much rumbling and movement of flatus in the bowels, flatulent distension and colic. Not unfrequently these rumblings and movements are, after a night's sleep, first manifested on the patients first stepping out of bed, in the morning. Or they are especially, at evening, and if the flatus escapes, it is of the most offensive odor.

It does not come within the plan of the present paper to consider the diarrhœas which are at times concomitants of other more important affections, as of Typhus Fever, Phthsis, &c., further than to remark that an intelligent treatment of them involves, in addition to the analysis of their elements here inculcated, a careful study of the characteristics of the malady, in the elements of which, alone, it often happens, the clue can be found to the remedy for this as well as the other symptoms of the case. This should never be forgotten. It is a necessity in every case, perfectly apparent in the principle stated, that we treat patients, and not diseases. Least of all can we isolate an element of a case, and treat, that, and claim in such practice, the consideration of scientific and able physicians.

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DYSENTERY.

It is scarcely too much to say, that through the centuries before the discovery of the homœopathic law, that which passed for science, in the great business of curing the sick, was little better than the imaginings of prominent men, who by force of their genius or circumstances, succeeded in impressing their theories on the practice of their cotemporaries, to a controlling extent. Each fancy in its turn, giving place to subsequent theories, after disappointment and scrutiny had established the fallacy of its predecessors

This process was continued through many centuries, no one appearing ever to have suspected that imaginations, however brilliant, could never become the foundations of a true science. When Hahnemann *suspected* the existence of a law of cure, he made an immense advance from the standpoint of his scientific professional cotemporaries, but when he *proved* its existence, and stated it in explicit terms, he was so far beyond them on the pathway of scientific truth, that, though before honored for learning, honesty, intelligence and industry, he was to them henceforth only "as one who dreamed." That there should be such a law, was almost incredible; that it should be so simple, was incomprehensible; that such simplicity should, in so few words and at once, displace forever the long and labored series of ingenious theories, which habit had accustomed them to respect and trust, was impossible. Then there were a few, since increased to a multitude, who accepted the law with confidence, practiced successfully on the principle it declares, and by

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daily experiences demonstrated to themselves its truth over and over, till it remained with their most cherished convictions, and its discoverer was enshrined with those most honored. "Like cures like" became to them unquestioned law, has been so received by their successors, and as such is presented to day by the whole homœopathic school, to the confidence of the world, as the magic formula which has opened up the way to possible cure to a multitude of hitherto incurable chronic diseases, and deprived nearly the whole train of acute of their tenors. We accept this formula, and having accepted it, propose to enquire what are its precise teachings and requirements?

What does it teach? That that which in the effects of drugs on the living organism, is like to the phenomena of natural diseases, enables these drugs to cure these diseases by virtue of this similarity. This is the principle contained in the formula "*like cures like.*" What does this mean? Twenty years ago, on the occasion of the first introduction of the writer to that friend who has done more by his teachings and writings to advance the science of Homœopathy than any other man in this country, the master put the question, "*What is like?*" This was evidently to his mind, then, the strongest argument against the truth of Homœopathy, or at least, a question the most difficult for its friends to answer, and he expressed the opinion that any successful opposition to the homœopathic law must begin at this point. What is the *like* which *cures?* It was quite evident, at the time, that even Hering had no answer to his own question. It was not forgotten by the writer. At first it seemed easy of answer, but after years of unsuccessful puzzle, the difficulty was confessed, and it was not till a hint from the same master, in the introduction to his proving of Allium cepa threw light upon the difficulty, that an answer became possible. He there repeats his question, and replies "that which is *characteristic.*" Here is the whole truth, plain enough. But it forces another question, the answer to which lies at the foundation of all intelligent success in practice. What is *charac-*

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teristic? This we propose now to attempt to answer and to show that it is this which cures.

Hahnemann, in his *Organon*, third American edition, p. 102, says "the totality of the symptoms is the sole indication in the choice of the remedies." With this we have no difficulty, if by it be understood that the elements controling the choice are found among these symptoms, and no where else. But this expression, "totality of the symptoms," has been, taken in connection with the direction to seek in the pathogenesis of drugs their simillimum, a great hindrance to many, and the cause of much useless labor on the part of those who would conscientiously follow the directions of the master. These they have understood to require in the ascertained effects of the drug, a simillimum to the *totality* of the symptoms of the disease. And in most cases, after long search, they find, that for this they have sought in vain. It was not to be found. If, perchance, they did succeed, the cure certainly followed because the whole must have contained those elements which effect that result. But this is not the direction of Hahnemann, as is evident after reading § 153, p. 173 of *Organon*, where he gives instruction as to those symptoms which are of controlling importance in the choice of a remedy, and those which may be safely passed with slight notice. We are not quite satisfied with the lines of discrimination he here lays down. Those to which we are to attend "particularly and almost exclusively" are the "*striking, extraordinary and peculiar.*" To these, except the last, we cannot but somewhat object, as will be seen as we proceed, and to illustrate these objections, we propose to avail ourselves of the subject of *Dysentery*.

In Dysentery, what is the "like" which cures, and how are we to find it? In other words, what are the characteristics, *i. e.*, of the drug and the disease? It is obvious, at the first glance, that there are two classes of these. One, belonging to the genus dysentery, belongs alike to all the members of the genus, and without which no case is dysen-

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tery. The other, the specific, that which distinguishes individual members of the genus from all other members. It is also obvious these two classes must play a very different part in the discovery of the remedy for the cure. Now in relation to dysentery, what are the generic characteristics? *Frequent*, for the most part *small discharges from the rectum, of blood, or mucus, or of both, with colic pains, tenesmus and fever.* These belong to every case and are essential to it as dysentery. Is it for the similimum of these we are to seek, to find the prompt and safe cure, a compliance with the law insures? If so, we are met at the outset with a singular difficulty in the wealth of material before us. There are in the Materia Medica a large number of remedies, which present equally these generic characteristics, and so like are they in each, that the prescriber, if limitiug his search to these, will be left, of necessity, to the bungling method of giving one after another of these remedies, beginning with that which he *thinks* likeliest to be the right, and proceeding to follow it with others, if not, till the right is stumbled on, if the patient be not dead before he finds it. Is this a compliance with the requirements of the great law, and this the best result it has to promise, to challenge our confidence, and excite our hopes? If so, its importance is far less than some have supposed, and the results of its observance are no great advance on those realized before its discovery.

If the declaration that "like cures like" means to assure us that the drug which produces symptoms like these generic ones, will be found to cure the members of the class they define, then I do not hesitate to say that the experience of every homœopathic practitioner is adequate to the conviction of the declaration of falsehood. It is a lie and not a law. I say the experience of every practitioner—for all have tried it, and have been disappointed, again and again, by the failure, which a right understanding of the law would have led them to expect. But are not these the "*striking*" symptoms of the case? Certainly they are the most striking. They stand on the very surface, and are the first to arrest the

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attention of the prescriber. They are plain, discovered without difficulty, unmistakable. And because they are so, are continually before his eyes, as the great facts with which he has to do, making it not a little difficult to get beyond them, to those which are the safer guides to successful practice. They have led, and do still lead, multitudes through the routine of remedies and disappointments which beginners never escape, and into which it is only too easy for those who are no longer beginners to fall. And hence the objection to the word "*striking*" in the direction of the organon, as a distinctive feature of the symptoms to which we are to be "particularly and almost exclusively attentive." Can any man tell by the examination of the blood, mucus, pain, tenesmus and fever, resulting from the taking of a drug, whether that drug were Aloes, Arn., Caps., Nux vom. or Sulph.? If not, how can he tell, when these result from natural disease, whether they are more like the similar results of this or that drug, of which each is so like all the others that they fail of distinctions. All attempts to do this, if serious, can hardly be better than a serious absurdity. Is there then a law of cure in cases like these? If so whence did it originate, and for what purpose? If there be such a law, it must have been instituted by the Creator of our race, when he first called it into being, and the intention of it must have been that it should serve as an instrument for the relief of human suffering and danger. Would such a Being, in instituting such a law, have coupled with it the necessity of perpetual blundering, which dependence on these generic symptoms necessarily involves.

It is worthy of remark that there are in the pathogenesis of all drugs a class of symptoms which in their relation to the law of cure are very analogous to the generic symptoms of disease. The allusion is to that class which is common to all or a large class of drugs, and which rather indicate that the organism revolts against drug assault, than point out the particular active agent in the assault. For the same reason that generic symptoms of disease can rarely be availed of as

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guides to the selection of a curative, these are of comparatively little value to the prescriber. The vomiting produced by one irritant poison is so like that of every other, that from this alone it cannot be told what that irritant is. So of the diarrhœa, nausea, thirst, loss of appetite, headache, etc. These of themselves can never be guides to a prescription, though the elements associated with them may be. It is not then to the generic symptoms of either drug or disease that we are to direct our attention chiefly, in our search for the "like" which cures. We have seen that their very nature excludes them from the circle of curative relationship.

Where then are we to look for this? Evidently in the list of those symptoms which *individualize* both *the disease* and *the drug*. That which distinguishes the individual case of disease to be treated, from other members of its class, is to find its resemblance among those effects of the drug which distinguish it from other drugs. This is what we mean when we talk of "*characteristics*" as the great reliance of intelligent practice, and assert that with these the law of cure has chiefly to do. It is precisely in this relationship that the law exists. When we say "*like cures like*," this is the "like" we mean. Thus understood, the phrase declares a law established at the creation of man, which will endure as long as his pains require relief.

With a case before us, declared by its generic symptoms to be dysentery, how shall we proceed to this application? After this ascertained fact, the uses of these symptoms to the prescriber are nearly fulfilled. He has now to pass beyond these, and carefully examine and bring clearly out those less obtrusive ones, which are often too likely to be more or less masked by the violence of the group which presents itself to the first view, and seems to insist on his undivided attention. He has to shut his ears and his eyes to the outcries of his patient, the agitation of friends, and the front rank facts which pronounce his case a dysentery, and pass to the discovery and consideration of those of the second rank, often neglected, or judged of as insignificant, which declare

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what kind of a dysentery it is with which he has to do. This is his all-important work, for which there is no substitute, the neglect of which can only plead as excuse, ignorance or indolence. If he will do his duty, he *must* do this. Having brought these facts clearly to light, and in them exposed the true character of his case, let him next seek their similimum in the pathogenesis of *whatever* drug in which it may be found, whether it has ever been prescribed for dystentery before or not. This is not of the slightest consequence. If this simillimum be found, as very likely it will be, among those facts which individualize the drug, which are characteristic of it, he need not be over solicitous to find in the same drug, a repetition of the generic symptoms of his case, in all their severity, for this is comparatively of little importance to his cure.

If, with the generic symptoms of dysentery, there are aggravation of the symptoms by acids; *shooting* and *boring* pains in the region of the navel *increased by pressure.* The lower part of the abdomen swollen and sensitive to pressure, the distension and movements in the abdomen are more in the *left side* and along the track of the colon, *increased after food; fainting whilst at stool;* frequent stools of *bloody water;* the tenesmus *very violent;* great repugnance to free air, which notwithstanding ameliorates the sufferings; hunger during the stool; *cutting* and *pinching* pains in the rectum and loins; heaviness, weariness and numbness in the thighs, there need be no hesitation as to the remedy. It is *Aloes.*

With constant sense of fullness and satiety in the stomach, with nausea; hard swelling in the *right* side of the abdomen, with pain as if cutting into a wound, when touched, relieved by escape of flatus; putrid and slimy taste and eructations; taste and eructations as of spoiled eggs; bitter and sour eructations; loud rumbling in the bowels as if empty; stools of blood and *feces;* bruised pain in the back; painfully increased sensibility of the whole surface of the body, perspiration smells sour; offensive flatulence, like bad eggs;

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swallowing hindered by a sensation of nausea; repugnance to animal food and broths; wishes to drink constantly, but does not know what, all drinks are alike offensive; tenesmus of the neck of the bladder; fruitless urgency to urinate; putrid smell of the breath; chill of the back and front of thighs. It is *Arnica.*

If there be great thirst while the patient drinks bnt little at a time; blueish tongue; stools smelling like old foul ulcers; greenish urine; perspiration sticky; great restlessness, and tossing about the bed; pains relieved by external heat; despair of life; sensation as if the abdomen would burst, *before the stool;* sensation of contraction just above the anus, *at the stool;* burning in the rectum and trembling in all the limbs *after the stool;* heart beating and distension of the abdomen, *after the stool;* tenesmus *with* burning in the rectum and anus; face sunken, pale, and features distorted; great exhaustion after each stool; petechial, milliary, and nettle rash eruptions; cold dry skin alternates with cold sweat; pain relieved after the evacuation, we can hardly fail to recognize in each symptom the elements of distinction for Arsenicum. These are some of its characteristics, which may be found in any case of dysentery, none of which are found so clear and strongly expressed in the pathogenesis of any other drug. Where these symptoms are present Ars. will rarely fail to cure.

Belladonna is appropriate, especially in the early stage, of those cases where the inflammation extends to the serous tissues of the intestines, which is known by sensibility of the abdomen to external pressure, the sense of soreness being *deep* in the abdomen, while with Hyos. (Hyos. has both the superficial and deep-seated soreness). Puls. and Sulph., it is superficial. Bell. in this accords with Nux vom. and Verat. It is the more certainly indicated where there is constant pressing to the anus and genitals; the pains are more in the left side, and are aggravated by bending the body to that side; violent delirium; pains of a constricting character, relieved by bending forward; painless inability to swallow; sensation of dryness of the mouth while the tongue is moist.

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Burning like fire in the anus, after the stool; dryness of the lips and thirst during the pain; loss of epithelium on the lips, tongue and palate; vesicles and canker in mouth and throat, are significant of *Cantharis*.

Capsicum has thirst after every evacuation, and shuddering after drinking; stool after drinking; taste like putrid water; tenesmus of the bladder; pains aggravated by currents of air, though warm; coldness of the body without shuddering; drawing pains in the back which with the tenesmus are *continued after* the stool. It is a further indication for Caps., if there be thin adhesive slime, mixed with black blood, with twisting pains about the navel. It is one of the important remedies in dysentery, being in its relation to this disease nearly allied to Nux v. and Merc. The distinctions between them will appear when we come to treat of those remedies.

Colchicum has cramps in the calves of the legs; prolapsus ani; constriction of the Œsaphagus; great swelling of lower part of the abdomen; frequent shudderings down the back. It is said to be curative when the stools are more mucus than blood, and after sublimate has failed in such cases.

Colocynth may be examined where there are fruitless efforts to vomit; weakness, paleness, and prostration *after the stool;* burning pain along the sacral region; the pains are cutting and squeezing and extremely severe, often accompanied by retching, and bending the body forward, and are somewhat relieved by pressure; with the severe pain there are shudderings on the cheeks, which seem to come from the abdomen, with relief of the pain; the pains are such as characterize neuralgic rather than inflammatory affections, are relieved by Coffea, and the relief is followed by immediate disposition to stool; cramps and cramp-like contractions of the muscles of the body; cold hands with warm feet. It will be found oftener called for in the first stage of the attack.

Cuprum metallicum may be considered if there be severe retching with the stool; cramps in the fingers and toes;

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sweet, stringy saliva; paralytic sensation in arms and feet; slimy mouth; sweet taste in the mouth; all food tastes like clear water; hiccough; retching, with cramp-like pains in the abdomen; downward pressure in the hypogastrium, like a stone; distension of the lower part of the abdomen; hardness of the abdomen, with great sensibility to pressure; severe cramps in the abdomen, and upper and lower extremities; comatose sleep after vomiting.

Mercurius has the following symptoms, which are not unfrequently met in practical examinations of dysentery. Excoriating discharges; cuttings in the lower part of the abdomen, at night; the abdomen is externally cold to touch; cutting stitch in the lower abdomen, from right to left and aggravated by walking; fecal taste in the mouth; putrid taste in the throat; salt saliva; nausea, with vertigo, obscured vision, and flashes of heat; offensive perspiration; the pains are increased *before* the stool, and *during* the stool, with violent tenesmus; the pains are rather increased than diminished *after* the stool, and sometimes then extend to the back; during the stool hot sweat on the forehead, which soon becomes cold and sticky; dry cracked lips; drawing pains in the lower extremities which impel to frequent change of position.

Mercur. corr.—This very imperfectly proved remedy has been much used by Homœopathists in the treatment of dysentery, and by many with a success which has been quite satisfactory. With others its use has been followed by frequent disappointment, and some have even failed of success in every case in which it has been given. This last has been the experience of the writer. He has in no instance seen relief to the pain, frequent discharges, or tenesmus, from its administration, though he has given preparations of the drug from different specimens and sources, in high, medium, and low potencies, and in all stages of the disease. This is stated, not to discredit the testimony of those whose experience is different, but as showing that its true use is not known, and that something more than a similiarity to the

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generic symptoms of the disease, which only are given in the pathogenesis of the drug, is necessary to point this out. In this pathogenesis, as found in our Materia Medica, specific symptoms are almost entirely wanting; and wanting a knowledge of these, its use must be uncertain. The following symptoms derived from reported cases of poisoning by the drug (*Frank's Magazine*, Vols. I, II, III) are given to supply this deficiency, as far as they go.

Cold face and hands, with small and feeble pulse; lips dark red, and swollen; all the pains, but especially those of the rectum, are aggravated by motion; pulse small, hard and frequent; coma; cramps in arms, hands and fingers, legs, feet and toes; faintings; weakness and shuddering in the limbs; the limbs as if bruised and trembling; great anxiety and palpitation of the heart; wandering shiverings; sensation of coldness, pale face and slight nausea; coldness of lower part of the abdomen; abdomen tense, hard, and sensitive to pressure, especially about the navel; obstinate sleeplessness; dysphagia; astringent, metallic taste in the mouth; great prostration; great prostration after the vomiting of food; hiccough; frequent eructations; painful pinchings in the stomach; spasmodic, watery vomiting, without previous nausea; severe shooting pains in the stomach and liver, with vomiting of bile; drinks are immediately vomited, with great effort, mixed with tenacious, stringy mucus; severe pains in the rectum, which continue after the discharges; the fruitless urgency to stool increases the pains; pain extends from the navel to the back; distension of the abdomen with borborygmus; evacuations very offensive; suppression of the secretion of urine; retention of urine.

The following from the practice of my friend and colleague, Dr. Carroll Dunham, is valuable as illustrative of the importance of Merc. corr. in cases with urinary complication, and seems to throw light on the question of the class of cases to which it specifically belongs.

"During a practice of several years in which dysentery was not unfrequently met with, and often in severe forms, I

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never prescribed Mercurius corr. in a single case, nor do I recollect a single case in which I think it could have been given with advantage or with the result of expediting the cure at all. With Merc. sol., Nux vom., Colocynth, Capsicum, Sulphur, and Lachesis I have always succeeded, as it appeared to me, in curing as rapidly as was possible. And observations of cases under the treatment of my colleagues, some of whom gave Merc. corr. and Coloc. as a standard prescription for Dysentery, satisfied me that the rapidity and ratio of my cures were at the very least as satisfactory as theirs.

During the summer of 1861, however, two cases came under my treatment which presented certain features heretofore unobserved by me, and in which none of the remedies above named was clearly indicated and none did any good, but which both yielded most promptly to Merc. corr.

The first was a widow of 25 years, who had just lost her only child of Typhoid fever. When I was called to her, she lay in bed, with constant heat of skin, quick, rather small pulse, tongue dry with a yellow coat, thirst not excessive, abdomen sore on pressure, somewhat distended; constant uninterrupted pressure to stool felt in the sacral and the hypogastric regions. This pressure though very distressing to the patient seemed utterly ineffectual, so far as the evacuations of the bowels was concerned—it was not worse before a stool and no better after a stool—the stool consisted of bloody slime in small masses. There was great tenesmus vesicae, and the urine was scanty, hot and bloody. The disposition was quiet, slightly desponding—little disposition to sleep—on the whole the suffering which was evidently severe was endured with much patience, and this was a decided contra-indication for Arsenic, between which and Merc. sol. my choice was at first divided. The general symptoms certainly did not correspond with the characteristics of Arsenicum. The character of the thirst, the absence of great restlessness, of nocturnal aggravation, of a paroxysmal character, of prostration greatly out of proportion to the severity of the

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symptoms, all contra-indicated Arsenicum. Mercurius sol. has pains of a paroxysmal character. It lacks the constant tenesmus and the tenesmus vesicae. I gave it however and in various potencies, but it exercised no influence on the disease. Belladonna, Colocynth, and finally Arsenic, were of no avail. Indeed I had given them without confidence of a favorable result, for it was evident they were not indicated.

Remembering now Hahnemann's remarks in the introduction to the proving of Merc. sol.*: "I have found a very small part of a drop of the quintillionth, or still better of the decillionth potency of Merc, corr. given *alone in a single dose*, almost a specific cure in the ordinary Autumnal Dysentery." I turned to the few symptoms of Mercurius corrosive, which Hahnemann gives in the same volume of the Materia Medica Pura, and found among others which corresponded to the case in hand, the following symptoms :

24. With almost constant cutting pains in the abdomen and intolerable, painful, almost ineffectual, pressing, straining and tenesmus, frequent scanty discharge of bloody slime, day and night.

17. Immediately after stool, pressing downwards in the front of the abdomen, below the umbilicus.

28. Tenesmus vesicae.

I concluded to give Merc. corr. and remembering Hahnemann's injunction that those who follow his directions in the hope of gaining results like his, should follow them *accurately* ("Machen sie nach, machen sie aber, richtig nach"—I gave one single dose, namely, two small globules,) of the thirtieth potency of Merc. corr. at eight, p.m., and awaited the result. This was in every way so satisfactory that I gave the patient no more medicine at all. She was clearly convalescent on the following day having no more of the characteristic pains and stools of dysentery, no more fever and being able to begin to take nourishing food. After two days of pure expectant observation I was able to dismiss her cured.

* *Materia Medica Pura*, Vol. I., p. 355, German edition.

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The second case which presented itself to me within the same month was similar in all respects, though much less severe as regards intensity. I gave Merc. corr.[30] as before in a single dose, and the patient was convalescent the next day.

Since this period I have treated about twenty-eight cases of well marked Dysentery, but have had no difficulty in curing them with Nux vom., Merc. sol. or Coloc., and have seen no similarity in them to those in which Merc. corr. had been so very successful."

Since the above was written an exception to the stated want of success with this remedy in the treatment of Dysentery has occurred in the practice of the writer, in which *suppression of urine* with *tenesmus of the bladder* were prominent symptoms. The case was promptly relieved.

Nux vom., evacuations small, frequent, with violent tenesmus; pressing pains in the loins and upper part of the sacral region, with sensation as if broken; great heat and thirst, with redness of the face. The importance of this remedy in the treatment of dysentery is hardly second to that of any other. In this latitude the proportion of occurring cases to which it is appropriate is very great, and in these it is all but absolutely specific, though utterly powerless for good in others. It is not because it is dysentery, let it never be forgotten, that it cures, but because of that "like" to the individualizing symptoms of the case, by virtue of which it and all other drugs cure. The great resemblance of some of the most prominent of these to those of one or two other of the most important remedies in the treatment of this disease, may render a word or two on the distinctions of them not altogether useless. The allusion is especially to the symptoms of Caps. and Merc. These with Nux vom. constitute a group of the first importance, but the symptoms of each are very like to those of the others; so like that without careful attention there will always be a liability to the mistake which results in giving the members of a group successively, the hope being that the right will be hit upon at last. If care on the part of the practitioner can avoid this,

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he should be held responsible for its exercise, by the protracted torture of the patient which is necessarily its attendant, and by his increased danger, consequent on the administration of wrong drugs in the early stage of the case, which must always embarrass the subsequent treatment, and render a cure more difficult even by the administration of those which are right.

These drugs are alike in the character of their discharges, the quantity being small at each evacuation. Merc., at times, making the only exception. The discharges of each are preceded by similar severe pains, which are continued through the period of the evacuation. In all they are attended by severe tenesmus. In all they recur at short intervals, with pains extending to the back. The distinctions are these: with Nux vom. the pains and tenesmus *cease with* the evacuation; while those of Caps. and Merc. are continued *after*. The pains of Nux vom. in the *back* are pressing, as if broken, and like a bruise; of Caps., drawing; Merc., like a bruise. With a recollection of these facts, and careful attention to the symptoms given under the separate heads of each of these remedies, there need be no confusion or mistake in prescribing them, on account of their resemblances.

Plumbum has great violence of tenesmus; frequent and almost fruitless efforts to stool; cutting pains, with violent outcries; retraction of the abdomen; constriction and retraction of the anus.

Phosphorus may be appropriate if there be paralytic relaxation of sphincter ani; and relief of pain from taking food.

Pulsatilla belongs rather to dysenteric diarrhœas than to real dysentery but may be appropriate with slimy evacuations, slight tenesmus, and nocturnal aggravations.

Rhus tox. This remedy is rarely called for in the early stage of the disease, but is often valuable in the later, especially when there are nocturnal exacerbations; and also in the diarrhœas which sometimes follow dysentery. The case is marked for Rhus if there be constant tenesmus and urging to

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stool, with nausea, and the passing of but little bloody water. It is appropriate also in the last stage of dysentery with nocturnal exacerbation.

Sulphur.—Spasmodic, constricting pains, extending to the chest, groins and genitals; cutting pains while urging at stool, from pressure on the abdomen, or bending the body backwards; prolapsus ani at stool; cuttings in the abdomen, lower part of the loins and upper part of the sacrum, after midnight; pains relieved by the application of dry heat to the abdomen; the blood in the stool is in streaks. Sulph. is especially appropriate in attacks attended with difficult breathing at the outset, and also in those of hæmorrhoidal subjects. It is seldom in place at the commencement of an attack, but in the later stages is often of great value, and some times indispensable; especially in such cases as are threatening ulceration of the mucous membrane of the intestines. Where this great evil has actually occurred, Sulph. is still one of our chief reliances for a cure, and in this is related to Arn., Ars., Lach. and Merc. A right selection from these for a given case is only certain after a careful consideration of their individualizing symptoms, and a like careful comparison of them with those of the case.

We have endeavored to present in the foregoing groups of symptoms, those in connection with each medicine, which individualize that medicine in its relation to our subject, and are, consequently, those which decide the choice of the remedy in the treatment of cases which present similar symptoms. We have presented this group of medicines not as the entire series of those from which the prescriber may have to seek the required simillimum, but as a group by which the proper method of proceeding in this search might be the most readily illustrated. We state this method to require, first, a proper distinction between those symptoms of the *disease* which are generic, and those which are specific; and also to make the same distinction in the recorded symptoms of the *drug;* and, second, to find in the *specific* symptoms of each, that similarity on which the law of cure is

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based; and we add to this, that till these distinctions and this comparison are made, no man can tell what this remedy is to be in any case, and further, that these distinctions and this comparison are a necessary part of every *intelligent* homœopathic prescription, whether for dysentery, or for whatever other disease. They underlie the whole of Homœopathy as a system of practical medicine. That knowledge of diseases and of the Materia Medica which enables the physician to make these clearly, is indispensable to his best success, and is just that acquisition which raises the physician above the level of the blunderer.

If this exposition of the law of cure be a truth, it lays bare the whole doctrine of specifics, and exposes clearly the absurdity of the idea of a specific remedy for a generic disease. It demonstrates the fact that specifics can only exist for individual cases, and that the true object of each intelligent prescription is to find the specific for the individual case, according to this law. That Quinine can never be a specific for *ague*, or sublimate for *dysentery*, but are only specifics for those cases, in each class, to which their similar specific symptoms render them appropriate remedies.

It may not be amiss to note the complete individuality of the groups of symptoms, here presented, in connection with the different drugs. There is, with many of them, no resemblance to the others, and where there is an apparent similarity, it is immediately resolved into distinctive elements by the searching analysis a true prescription requires.

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OF

DIARRHŒA & DYSENTERY,

Shumard

BY

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