

# Glen Irving Bidwell

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## **1912 - The Relation of Pathology and Diagnosis to the Homeopathic Prescription**

“The past decade has seen such wonderful advances in pathology and pathological technique, with its corresponding advance in instruments of precision and diagnostic technique : the surgeon with the advancement of abdominal surgery has shown us the exact tissue changes which accompany certain symptoms : the advent of the serums, vaccines, etc., in the treatment of various pathological conditions have all worked to the end that members of all schools have given to pathology and diagnosis the highest place and have made it a basis for their therapeutics.

Some of us old fossils, the writer who is among this number, are still old-fashioned enough to believe with Hahnemann that there is a more stable basis for our therapeutics than pathological findings ; but, when we try to express our beliefs in the societies, the impression seems to be taken that this small group of homeopaths have no use for diagnosis and are trying to deride and belittle the great advances of pathology. This is an entirely wrong impression and one far from the truth. The prescriber rejoices with the surgeon, pathologist, bacteriologist and the diagnosticians in the advance of their knowledge; but he puts this knowledge to an entirely different use than those who use it for a basis of their therapeutics.

To know symptoms in cause, beginning, purport, direction and ending is only that acquaintance with sickness so often urged by Hahnemann. To distinguish the symptoms that are natural or common to fixed morbid states should be the earliest acquirement of the physician in order that he may learn to discover what is peculiar and unaccountable. Let it not be supposed for one moment that these pathological diagnostic symptoms that are predicated of the disease are to be ignored or considered valueless in selecting the remedy ; but that they are to be considered subsequently to the individualizing symptoms of the patient.

Those who were privileged to know Hahnemann and his methods of working knew him to be one of the most careful diagnosticians of his time. All that was known of pathology and the results of tissue changes he had mastered : yet he did not use it as a basis for his prescription. It was my good fortune to know one of Hahnemann's patients and he often told me that Hahnemann gave him a more thorough and vigorous physical examination than any of the noted physicians of Scotland and England. With the knowledge that Hahnemann was an expert diagnostician, that he did make his diagnosis and tried to arrive at the pathological tissue change present in every case, we find this statement in his *Organon* concerning those men who are always trying to remove the cause and making pathological symptoms the basis of their prescription. "Hence I cannot conceive how it is possible to go to the bed-side of a patient and without carefully noting the symptoms and being governed by them to seek for the object of treatment in the obscure and invisible interior of the case." Hahnemann or any of his followers have never objected to the use of the knowledge of pathology in its proper sphere; but we have objected to its use as the basis of a prescription. We must have something more than pathological findings, something more than the results of disease upon which to base our prescription. The physician who can only see the diseased organ, who can find only the

symptoms common to the disease, and who bases his prescription on pathological findings, can never hope to obtain success for the reason that the provings of remedies have never been pushed that far. The provings have to do with the conditions preceding pathological tissue changes : they deal with the innermost changes of the patient where there can be no tissue change to account for the symptoms.

Here I know will come the question of reprovng the materia medica so we will have evidence of pathological changes produced by the remedies. Taken for granted that we could find the provers who would submit to the drug being pushed to its pathological end whereas the results of the diseased or deranged vital force we could have such changes as would denote cancer, what better off would we be? How much would we have gained? Certainly we should know that this remedy produced such end-product of disease, but how would we know that many others would not do the same? How would we know that we had the only remedy which would produce this condition? We could only know that this remedy would cure or be homeopathic to that case of cancer which was the result of the same symptoms in our diseased patient as those which were produced in the provers before our end-product was discernable. In other words we would not be any farther advanced than now. If the pathological tissue changes have not advanced so far that the language of nature, as expressed in the particular and general symptoms of the patient, is hushed, we may find a curative remedy among the drug disease picture in our materia medica as it now stands.

In quoting from a paper read before this society, in 1863, by Carroll Dunham, we find he expresses the results or the practice of prescribing on the pathological findings in the following terms : "Those of our school who insist upon pathology as a basis of therapeutics, who look upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the notion of prescribing upon the totality of the symptoms and claim to be more than mere symptom coverers in that they discover and aim to remove the cause of the disease, these colleagues are as false in their pathology, according to the highest old school authority, as they are faithless to the doctrines and impotent as to the success of the founder of the homeopathic school." Hahnemann condemns this practice in his *Organon* in the following words : "Every physician who treats according to such generalities, however boldly he may assume the name homeopathist, remain neither more nor less than a generalizing allopathist, since homeopathy is absolutely inconceivable without the most precise individualization."

The man who uses his homeopathic remedies in this way cannot expect better results than his allopathic confrere. It is to this great abuse of pathology that we homeopaths object and has led to the assertion that better homeopathic prescriptions would be made without a diagnosis - not because the pathology and diagnosis has no place in the symptom picture, for it has, but from the fact that so many let the diseased organ, the pathological findings and the diagnosis obscure and overshadow all else.

This must be remembered - that symptoms, when it comes to prescribing for a case, constitute the whole basis for a prescription. There is no other way. We may theorize, use the microscope and other instruments and methods of diagnosing as much as you like ; but, when it comes to the actual application of the remedy, the symptoms must be the only guide. The homeopath's purpose is to transfer a man's sickness to paper and to find the image of the sickness in the materia medica. Diseases must be brought out in symptoms with the end in view of its becoming some likeness in the materia medica. Some of the symptoms you find will have reference to pathology and diagnosis, while others will have reference only to the materia medica. If the image secured is complete, it will include all these symptoms. The physician must judge these symptoms and determine which are common to the drugs and disease and which are peculiar to this particular case of disease. It is here that pathology and diagnosis renders the prescriber the greatest aid.

Thus far I have laid particular stress on the relation pathology should not bear toward the prescription, and now I shall endeavor to show how it can be used in the symptom picture which goes through the process of individualization that it may correspond to the pathogenesis of some remedy as found in our materia medica.

In this, as in other matters, it has been much easier to tell how not to do it than to present in a logical way the methods of its use to the prescriber. As we look over the best of our homeopathic literature we are struck with the fact that the material contained tells how not to do lots of things - that it shows results produced by the use of certain measures but does not produce a logical explanation of the methods or give any definite, clear cut rules for their duplication. If one wishes to comprehend the logic of their work he must not only have a mind trained to reason but must spend much time in reading Hahnemann's writings and meditate upon their truths. When one comes to impart this knowledge to others, he finds before him an extremely difficult task as it is rather like trying to explain a geometrical proposition to one who is not familiar with algebra. No doubt that fact will account for the dearth of logical explanations in our literature and especially upon the subject in hand. After careful search through all the homeopathic literature from the writings of Hahnemann until the present day, I could find but little or nothing which bore upon the subject ; with the exception of scattered thoughts throughout Kent's *Lectures on Homeopathic Philosophy*. From the previous portion of the paper you will observe that we have tried to show that we must ignore pathological changes when choosing the remedy ; yet a knowledge of true pathology is absolutely necessary and we find that it has the following eight uses for the prescriber.

*First.* - It is only through this knowledge that we may understand the course and progress of the case.

*Second.* - By it, we know in certain cases or at certain stages of diseases that, no matter how similar the symptoms of the patient may appear to those produced by some remedy, owing to the superficial character of their action they cannot prove curative. For example, in tubercular phthisis the symptoms might call for belladonna, but its action will not cure this condition. In pneumonia at the stage of exudation the symptoms might apparently call for aconite ; but we know that that remedy cannot produce such a condition and upon closer examination we will find that some deeper acting remedy such as sulphur or lycopodium is needed. (Here you must not think that I am advocating the administration of some other than the remedy for the totality of the symptoms. In this case, sulphur is the chronic of aconite and many of the symptoms have a close relation, such as the restlessness, the burning, the tingling sensations, the flushed face, etc.)

*Third.* - Pathology enables us to decide, as new symptoms arise, if these symptoms can be accounted for by the natural progress of disease or are due to the action of the remedy that has been administered. For example, if we give a remedy for meningitis and there develops an eruption on the skin and the mother will tell you ""That is the same skin trouble I have been trying to cure so long and have just succeeded in driving it away : now it has come back", you will know from the disease that such would not be the natural progress but that the eruption has been thrown upon the surface by the action of the remedy and that you must let it alone. If you are treating an old case of endocarditis and a rheumatic swelling of the joints appear, you will know that this is not the natural progress of the endocarditis but that your remedy has brought back an old symptom which existed prior to the endocarditis and that you must not interfere with the action of the remedy. Perhaps you have been giving belladonna for some days or weeks in oft repeated doses and your patient develops a throbbing headache, a scarlet rash, a sore throat and a full bounding pulse. Do not think you have a case of scarlet fever, but stop the remedy and see if the symptoms do not disappear.

*Fourth.* - One thing you must ever keep in mind - that it is the patient that is curable and not the disease. In this we are liable to error if we have not a proper understanding of pathology. We must realize that when there has been sufficient pathological change to result in destruction of tissue or an organ, that it is beyond the realm of medicine to cure : or, that when new tissue has been formed, such as tumors, we may relieve all distressing symptoms of the patient but the tumor mass will remain, and the surgeon must remove the mass if we wish it to be removed. In case of a long-continued inflammation of a joint where ankylosis has taken place our remedies may have removed all painful symptoms, but they will be powerless to break down the adhesions and other methods must be employed.

*Fifth.* - Pathology also helps us to know what is curable and what is incurable in disease and, after the use of our remedies have confirmed by their action that the case is incurable with medicine, we must look to the surgeon and see if he can offer any hope by his mechanical interference.

*Sixth.* - Pathology teaches us that it is dangerous, at times, to administer the apparently indicated remedy - I say apparently indicated, for I believe that, when we know from the pathological symptoms that a remedy, although it may completely cover the symptoms, will produce a speedy death, it ceases to be the indicated remedy in all that the name implies. For example, if we have an abscess walled-off about the appendix ; we know that Nature's only method of cure would be to point the abscess and in that way evacuate the pus. If we gave silicea and forced Nature to do that, we would be committing a grievous mistake. If, in the advanced stages of phthisis, we gave a remedy to hasten Nature to relieve the system of this matter by suppuration we would hasten the patient's end.

*Seventh.* - Pathology, through its interpreter diagnosis, helps us to determine how much of the diseased condition is due to unhealthy surroundings, habits, physical excesses, etc. which can be cured wholly or in part by hygienic measures, and without these adjuncts to our therapeutics we might give a remedy infinitely without resulting cure.

*Eighth.* - Through our knowledge of pathology we are enabled to distinguish those symptoms which are common to that special state of disease and, hence, those that are peculiar to this patient. It is this particular knowledge of pathology that helps us in the individualization of our symptom picture and hence is of the greatest importance to the prescriber. So far as there is a morbid anatomy which can account for symptoms, so much less are those symptoms worth as indicating the remedy. If you had no other symptoms, you could not find a suitable remedy. Those symptoms which are common to every disease are not to be recognized as having a place in your individualized symptom picture, for they lead to no curative remedy.

Cancer has many symptoms which are common to that disease - the burning, stinging pains ; the indurated glands ; the hardened tissue ; the peculiar cachexia; the lead colored tongue; etc. All are diagnostic of the disease but of no value in finding a curative remedy. The diagnostic symptoms and the pathology are thoroughly understood, but they have not helped in finding a remedy which is curative. With all the advancement in the pathology and diagnosis of this disease, there have not been any more cures for the reason that these symptoms and the pathology are not the disease but the results of disease ; and, when tissue changes have become so far advanced that the common diagnostic pathognomonic symptoms have overshadowed the general and particular symptoms of the patient, then your case will be incurable.

The common symptoms of typhoid fever are the general malaise, epistaxis, the peculiar temperature wave, gurgling and tenderness in the right iliac fossa, rose spots, early dicrotic pulse, enlarged spleen, Widal reaction of the blood, Diazo reaction of the urine. These symptoms you use to make your diagnosis - you expect to find them in every case - but among these are none to lead you to your remedy. You may give baptisia, bryonia, gelsemium or what not on these symptoms, but if you have no general or particular symptoms to guide you to your

remedy you will have done your patient no good. If your typhoid cases run the full four weeks you may rest assured you have done nothing to help them. If we give bryonia, we must have the particulars which individualize it and make it a bryonia fever; such as the splitting headache, worse from motion or on opening the eyes, irritableness, great thirst for large quantities of water, dry parched lips, delirium at night about the affairs of the previous day or business matters, wants to get up out of bed and go home, and so on. We might give a long list of symptoms which would make it a bryonia case. In our cases where baptisia will be curative we must have besides the diagnostic symptoms those particular symptoms which are characteristic of the remedy alone.

All through the list of diseases the diagnostic symptoms will be found of no value on which to hang a prescription. The more accurate the diagnosis and the more substantial its basis, the more inaccurate the prescription that is based upon it. It must be understood that the diagnosis does not reveal the nature of a disease in a manner to image a remedy. The diagnosis is the name of ultimates and exteriors, while it is the inner nature that must be perceived through the peculiar characteristic signs and symptoms in order to discover the remedy that will cure. It has often occurred that a remedy has made brilliant cures when it suited the individual patient even though it was not known to possess a strong likeness to the disease. To illustrate this point, I will give a case of gall-stone colic which was cured by *chamomilla*.

Miss G. C., age 36. History of gall-stone colic of six years' duration. Attack every three weeks. Stones found in stool. Besides all the diagnostic symptoms of biliary calculi the following individualizing symptoms were present. Pains seemed unbearable ; seem as if they would drive her mad; cross, irritable, peevish ; does not want anyone near her or to be spoken to during the attack. Epigastrium painful, bloated ; eructations painful, worse mornings ; smelling like spoiled eggs; eructations aggravate the pains; pressure in stomach as from a stone. Profuse yellow leucorrhoea causing smarting in vagina and vulva. Muscles in small of back feel bruised and sore as if they had been pounded. General aggravation from heat; sensitiveness to cold air; dreads cold winds. *Chamomilla* 500th, one dose.

No more attacks to date. All symptoms have disappeared. Mental condition changed - skin cleared - gained in weight. In fact she says she has not felt so well in ten years.

Pathology has taught us that we can remove the symptoms and diagnostic signs of disease when we have found the remedy for the sick patient no matter if the signs say diphtheria, typhoid fever, smallpox, syphilis or whatever it may lie, if the case is curable. Pathology has given us confidence in our remedies so that, whatever may be the local name of the disease, whatever pathological name it may bear, if general symptoms correspond to those of a remedy, we do not hesitate to give that remedy and expect a cure if the case is curable. (Exception as stated under number 6). When conditions arise that are incurable they act as the best of all measures to palliate and ease the sufferings of the end.

The later developments of pathology show that cures take place by creating in the blood new opsonins and other antibodies ; these in turn raise the antibacterial power of the blood, the protective forces against living bacteria are increased, and thus diseases are cured. If there is any truth in the law of similars, how absurd it would be to try to explain their action by pathology. All we can do by any means we can use is to stimulate the vital force. No matter by what means we try to accomplish this end, nothing more can be done. This fact again brings before us the fallacy of pathological prescribing. Taken for granted that the new tenets of pathology are habitable - and we know the law of similars to be true - then let it suffice that without any further attempt at explanation we assume the remedy acts in this manner more easily, surely, quickly and in a more gentle manner than any other means.

In conclusion, I wish to leave the following thoughts with you. Let us look to diagnosis and pathology ; let us perfect ourselves in these branches and equal or excel our brothers of the

old school. Let us be able to name disease. Let us use all the known means of our laboratories and diagnostic methods to prove to the skeptical that we can cure these conditions with the homeopathic remedies. But do not let this chase after diagnostic symptoms and pathological disease endings lead us to desert our law of therapeutics. Do not let these things lead us to the stand of the old school where we will say there is nothing in medicine.

Further investigation will increase our knowledge and broaden our views of the pathology of disease, but do not let us try to make the quick-sands of an imperfect ever-changing pathology the basis for our practice or a stable therapeutics. The law of similars points to a better way; a natural method of cure and an unequalled success is assured to those who follow it - not to those who simply believe in it, but to those who obey its every mandate."

(Glen I. Bidwell, M. D., Rochester, N. Y., The Relation of Pathology and Diagnosis to the Homeopathic Prescription, Transactions of the Medical Homoeopathic Society of the State of New York, vol. 47 (1912), p. 261-268)

### **1913 - Ten remedies in gall stones with indications and cases**

"The presentation of a paper upon the indications for a remedy in any particular disease condition is a difficult matter from the fact that a true homoeopathic prescription for any local disease condition must not only include those particular symptoms relating to the diseased organ, but in order to be curative must include the general symptoms relating to the diseased patient. When we start to include the general and particular symptoms of a remedy there results a mass of symptoms which, when read before a society, is so confusing that it goes in one ear and out the other, and nothing definite is left with the hearers that may be taken and used to advantage in their work. In no diseased condition is this more true than in the subject under discussion today, for in order that a remedy may be curative, that it may remove the tendency to attacks of colic due either to the passage of calculi or thickened bile, it must cover the diseased patient and so change the constitutional state that nature will correct those conditions which made thickened bile or the formation of calculi possible. When I promised the chairman to give a paper to his bureau on some remedies useful in a disease, with the indications for their use, I did not realize what a task I had elected, or how foolish it would be to attempt such a paper. In order that I may in a way keep to the text assigned me I will give only those particular symptoms of the remedies which refer to the stomach and hypochondrium. I shall let this explanation solace you for the somewhat meagre indications given, and trust that the cases given, with the symptoms which led to the selection of the remedy and the results procured by the remedy, will demonstrate to you the feasibility of the point in question.

The first remedy that we will consider is *calcareo carbonica*, the particular symptoms of which are as follows: Pressing pain in stomach as from load or stone in pit of stomach. Pit of stomach swollen like saucer. Squeezing, cutting in stomach. Hypochondria extremely sensitive; pressure of clothes unbearable. Throbbing; stitches; and tightness in hypochondria. Stitches and pressure with each step. Hering says "Pains attending passage of stones relieved by this remedy." You find in some books the advice given to prescribe *calcareo* in all cases, not only for the pains of the colic but for the prevention of the recurrence. While *calcareo* will be indicated in many of these cases, especially in the lax fibered women, it will never cure unless it corresponds to the whole patient. A case to illustrate:

Case I. Mrs. Mary S., age 34 years. Six children. Two abortions. History of gall stone colic for five years. Attacks every three weeks to two months. Fair; light complexioned; fat, flabby. Attack begins with vomiting of sour, bitter, yellow substance with stitching pains in epigastrium working into liver. Attacks relieved by bending double and hard pressure. Attacks

last six hours to one day. Sweats easily but only on face and across shoulders. Takes cold easily - very sensitive to cold air - aggravation from cold. Feels best in warm weather. Cannot sleep after 3 a. m. Great desire to yawn and stretch mostly before attack. Dreams of falling which awaken. Feet cold - cold damp sweat at night. Epigastrium swollen hard feels as if lump of lead in stomach worse from pressure. Stomach and hypochondria sensitive to pressure even clothes painful; cannot wear corsets. Stitches in liver with any jar. Eructations bitter sour; burn the throat - worse eating. Sour taste in mouth; food tastes sour. Menses every nineteen days - profuse last six days - during menses cutting in abdomen and fullness in head. Breasts swollen and painful before menses. Leucorrhoea stains clothes black and causes itching and burning in vulva. Aversion to meat - desire sweets but they disagree.

July 6, 1911, gave *calcarea carbonica* 1m 3 powders. July 26, 1911, attack which was relieved in half hour with *belladonna* 200. August 5, 1911, stomach symptoms worse. *Calcarea carbonica* 1m one powder. October 15, 1911, up until this time all symptoms had been disappearing, now they seem to be returning. *Calcarea carbonica* cm. one powder. After this prescription all symptoms left; the menses became normal, as to time and quantity, the leucorrhoea disappeared, the liver and stomach symptoms left and up to date she has never had another attack of gall stone colic.

Case II. Mrs S. G. C, age 37. Blond; fat. Gall stone colic for three years - attacks every six weeks to three months. Attacks relieved by sitting half inclined. Always more frequent in cold weather. General aggravation from cold weather - always has cold all winter. Much gas in stomach with severe pressure after each meal. Eructations tasting of food and sour. Great hunger in morning, aversion to meat, great thirst at night, urine profuse five to six times each night. Itching and burning in vagina during menses. Much mucus in stools. Hands sweat profusely - spoil gloves in once wearing.

April 16, 1911, *calcarea carbonica* 200. three powders. May 26, 1911, all symptoms improving up until today had slight attack which called for *belladonna*. May 29, 1911. *calcarea carbonica* 1m. two powders. June 26, 1911, diarrhea, watery, sour, containing particles of food - smells like rotten eggs - worse afternoon and walking. Cold sweat on feet. *Calcarea carbonica* cm. one powder. September 10, 1911, all symptoms much better until this week are now returning. At this time last dose of *calcarea carbonica* was given after which there was a rapid and steady improvement until all symptoms were gone. Patient was seen last April 5, 1912, when she stated that she never was so well and that it was the first winter she could remember that she did not have colds.

The next remedy we will consider will be *chelidonium*. The particular symptoms of this remedy will be as follows: It is a right sided remedy - The pains are sharp and stitching. Constant pain under lower inner angle of right scapula going through from abdomen - worse from change of weather. Constriction, tension and sensitiveness in pit of stomach. Gnawing, grinding pain relieved by eating and very hot drinks. Stitches from liver through to back - chilliness with pains. This remedy is the favorite one for liver trouble. The first thing most of you think about doing for these cases is to give *chelidonium* but unless it covers the patient it will be of little or no value.

Case III. Will illustrate its curative action when indicated. Mrs. A, age 33. History of liver trouble for three years and gall stone colic for eight months. Attacks of colic every six or seven weeks. Attacks begin with nausea and vomiting of bitter yellow substance during this has sensation as if navel was being pulled in. Much rumbling of gas. Gnawing pain in pit of stomach relieved while eating. Pains, sharp, going through to shoulder. Liver enlarged and sensitive - feels heavy, wants to hold it up while going downstairs. Tearful, irritable - fear she will be insane. Vertigo as if she was going to fall forward, worse in morning. No appetite, craves sour things, especially vinegar, aversion to cheese. Constipated, stools hard rough balls

covered with mucus. Menses irregular and profuse - week before menses has burning pain in vagina which comes about 4 p. m. each day. Tearing pain in lumbar region, worse motion and pressure and bending forward. Sleepy all the time but difficult to get to sleep before midnight.

September 20, 1910, chelidonium 200, eight powders. After slight aggravation all symptoms were relieved, the stools became normal. November 3, 1910, slight attack of colic followed by some sensitiveness and jaundice. Chelidonium 1m. After this all symptoms disappeared until January 5, 1911, when backache and constipation returned. Chelidonium cm. This was the last dose of the remedy. The symptoms disappeared and did not return; up to date she has had no more colic and she says she does not know she has a liver.

From the fact that the stomach symptoms of china resemble those symptoms most often found associated with gall stones, one can readily see why so many give china in these cases. While china may be frequently indicated unless it covers the whole patient we cannot hope for a cure. The particular symptoms of china are as follows: No desire for food or drink - loathing of food - even slightest food causes pressure in the stomach. Pains in liver, worse bending; coughing; and taking deep breath. Much flatulency. Food or drink taste bitter. Bitter or tasteless risings after meal. Pains are worse from eating. Incarceration of flatus. Pains worse when touched.

Case IV. Illustrates the curative action of this remedy. Jacob R., 44 years. Gall stone colic five years. Attacks every month to ten weeks. Attack preceded by much belching - eructations tasting of food. During attack severe pressure in epigastrium. Throbbing in epigastrium. Liver swollen, sensitive to lightest pressure. Abdomen distended after meals - sensation of band about lower abdomen. Flatus seems to lodge in one spot, cannot get it up or down - passing flatus gives relief. No desire for food or drink. Worse at night, from drafts and light pressure. Sweats profusely after midnight but only on side laid upon. July 8, 1908, china 200. ten powders - The administration of this remedy caused an immediate relief of the stomach symptoms as well as the distention of the abdomen. He went on getting better until September 26, 1908, when he had a slight attack of colic; at this time he received one dose of the 1m. From this time there was a steady and general improvement not only of the liver and stomach symptoms but his general condition. In January, 1909, he had a slight attack of indigestion, that is, a little gas in the stomach after meals. China 1m. one dose was then given which was the last remedy given for this condition. Mr. R. has been a patient of mine since that time and he has never had any further trouble either with the liver or stomach since.

The next remedy we will consider will be *carduus marianus*, Some of our writers have given great power to this remedy in liver conditions but like all our other remedies it must cover more than one symptom in order to be more than palliative. The particular symptoms are as follows: Much nausea - vomiting sour greenish substance - sour eructations, painful retchings, pressure and burning in stomach, fullness in liver which requires them to take a deep breath, drawing stitching pains with short dry cough. Lungs and liver both affected. Pain from right to left, sensation as if something crawling from liver to stomach.

Case V. Illustrates the curative action of *carduus marianus*. Mr. J. H. Attacks of colic every four to six weeks. Attacks begin by feeling of pressure as from gas under margins of ribs; changing from right to left side. Painful griping in stomach. Burning pain in stomach with burning eructations. Sensation as if bug was crawling from back of liver to stomach. Attacks begin in the morning and last all day. Fullness constant in hypochondria, wants to take deep breath to relieve stitches in liver; worse lying on left side. Abdomen distended, pulsating pains, rumbling, passage of flatus does not relieve. Stools hard balls or at times pasty. Burning in anus, worse sitting; burning in glans after urinating, drawing pains in left testicle worse mornings, irritable, gets angry at trifles. January 7, 1911, *carduus marianus* 200. three, powders. Symptoms relieved until February 124, 1911, when he reported a slight attack on the

20th, with cough with bloody expectoration, worse at night. *Carduus marianus* 1m. one powder. After this steady improvement until July 22, 1911, when patient was discharged with all symptoms having disappeared not to return.

*Kali carbonicum* is another remedy often indicated in gall stone cases. The following particulars may be found in those cases requiring this remedy: Sticking, pinching, burning pains; pressure from right breast to liver; throbbing in epigastric region, worse on motion; must sit bent forward with elbows on knees and face in palms of hands; walks stooped forward with hands on knees; pain in liver as if sprained. Worse lying, cold air and at night and deep inspiration. Throbbing pains, worse after meals; everything eaten produces pressure and tension in stomach. Feels as if it would burst. Great sensitiveness of external epigastrium.

Case VI. Presented the following symptoms that were removed by *kali carbonicum*. Mrs. Olga S., age 52 years. Married; ten children. History of attack for four years, at first came every three to four months, last year increased until now they occur every two to six weeks. Attacks preceded by bloating, seems as if stomach would burst. Much belching, vomiting greenish and bitter. Severe stitching pain in liver, seems as if it would take her breath, worse from pressure and lying on the affected, side. Does not want to be touched, yells if anyone gets near her. Does not want to be alone. Throbbing in epigastrium. Burning in stomach worse after eating. Thirsty. Desires sugar and sweets. Dyspnoea awakens at 2 a. m., worse from drinking and walking. Great itching between shoulder blades with stiffness. July 5, 1908 *kali carbonicum*, 200. six powders. No attack until August 2, 1908, which was light and of short duration. August 5, 1908, *kali carbonicum*, 1m. one powder. This dose was followed by herpes zoster (returned after five years) Symptoms gradually left after this until January 10, when there were slight stitches, through the liver. *Kali carbonicum* cm. one powder. Patient went to Dakota to live in March of that year, last time I saw her she seemed to be perfectly well and have never heard to the contrary.

*Lycopodium* is the next remedy we will consider and the following particular symptoms will be indicative of this remedy: - Tension as from hoop about abdomen - worse bending the body or pressure of the hand and on breathing. Cannot stretch or stand upright. Cannot eat enough on account of pressure. Sore pain, as from blow. Pains sore griping, stitching, from right to left - Sensation as if something was moving up and down in the bowels. Tearful and depressed.

Case VII. Was one in which *lycopodium* was curative. John H. C. - age 46 years. Attacks of colic for four years attacks increased from four to five months to six to eight weeks. Attacks begin with heartburn and waterbrash, hiccough nausea and vomiting of sour dark green fluid worse from drinking. Sensation of crawling in stomach. Pain extends from liver into bladder causing frequent urination, attacks begin in afternoon, last all night sometimes into the following day. Abdomen distended and sensitive to pressure. Sensation as if hoop around liver; worse pressure, bending double, relieved by passing flatus. Tongue red, dry, cracked and feels stiff. Very hungry but few mouthfuls fill him up. Worse cold food. Back stiff in sacral region worse on rising. One foot burns the other cold. March 6, 1910, *lycopodium* 1m. two powders. On April 26, 1910 had severe attack of asthma for which *lachesis* 200th was given. May 15, 1910 slight attack of colic and all symptoms returning, *lycopodium* m.m. one powder. July 18, 1910 all liver soreness and symptoms gone. Patient discharged. Attacks have never recurred.

*Natrum sulphuricum* is a remedy that will be indicated in many of our old chronic liver cases and one which has cured several cases of gall stones for me. The particulars of this remedy are as follows: - Beating pain in stomach - slight nausea - constant taste of bile - bitter eructations - stitches in liver worse walking in open air - stitch as if liver would burst open on taking

deep breath; worse while sitting, vomiting bitter fluid worse lying on left side - colic in the morning before breakfast - Pains relieved by kneading the abdomen.

Case VIII. Was promptly cured with this remedy. Mrs. Samuel P. - Age 36 - Three children. Family history of gall stones mother, two sisters and aunt, died of gall stones. Patient gave history of gall stone colic for six years attacks now from nine to six weeks. Pains relieved by heat - pain from sacrum (right) extends to thigh. Headache recurrent following by vomiting bile (for last 16 years) Pain in right eye over forehead to occiput with heavy drawing feeling in occiput. Extremely nervous - apprehensive, starts at slightest noise. Feet cold takes hot water bottle to bed the year round. Menses scant-dark-clotted-thick. Fears she will kill herself. June 28, 1912 natrum sulphuricum 1m. one powder. This case went on to recovery with but one slight attack on Aug. 16, 1912, after which she received natrum sulphuricum 10m; patient was discharged December 20, 1912, with all symptoms gone. Mentally and physically perfectly well.

Case IX. Mrs. Gertrude L., ae 35 years. Gall stone colic 13 years. Attacks from six months to three weeks. Attack begins with aching below right scapulae extending through to abdomen, down to lumbar region - Pains spasmodic last 2 or 3 days; relieved by flexing the legs and bending double. Heat sometimes relieves. Aggravated by lying on the left side; usually come at night always most severe from eleven P. M. to six A. M. Worse from cold. Urine profuse during attack. Irritable worse mornings, tearful and melancholy. Always subject to periodical headache. Pressure in forehead - top of head hot, worse after sunset and from pressure. Vomiting of sour greenish fluid. Tongue coated greenish brown at base. Aversion to bread. Stomach always sour. Stool hard rough lumps sometimes streaked with blood. Always has nose-bleed before menses. General aggravation from damp weather. March 6, 1911, natrum sulphuricum 200th, four powders. April 27, 1911, severe attack of colic but of shorter duration. Natrum sulphuricum 1m. Headaches left, other symptoms getting better. On December 29, 1911, stomach symptoms returned and had a headache the week before, natrum sulphuricum 10 m. After this all symptoms left and did not return, July 9th, 1912 was the last time I saw this patient at that time she said she was perfectly well.

Nux moschata is a remedy that I have found useful many times in these cases. The particular symptoms of which are as follows: - Mouth dry no thirst, crawling from stomach to throat, sleepy and drowsy in day time, Bloody stools, Pain spasmodic from right to left relieved by hot wet applications, Liver feels heavy as a stone, Pains extend to epigastrium and works down to lower bowel relieved bending double.

Case X. Was cured after repeated doses, of this remedy; given at long intervals. Jennie W. age 39 years, single. History of gall stone colic for seven years. Attacks at first two to four months, lately attacks three to six weeks. Attacks preceded by sleepiness, drowsy feels as if she must go to bed. Pressure in pit of stomach. Distention which impedes breathing. Stitches in liver, liver feels heavy, pains extend to epigastrium works down to lower bowel relieved by bending double. Attacks followed by diarrhea worse at night. Stools thin yellow burns rectum, stitches in anus during stool. Much gas in stomach, everything she eats seems to make gas. Milk causes diarrhea. Chalky taste in mouth. Menses every twenty days lasts five days, flow black and thick like tar. Severe pressing pain in back before menses with bearing down pains during flow. Abdomen sore and sensitive, worse damp cold weather and mornings. February 5, 1912 nux moschata 200th, five powders. March 29, 1912, slight attack, menses better. Nux moschata 1 m. A dose of the cm. was given on June 20th, 1912 and August 27th, 1912. The patient was discharged December 20th, 1912 feeling fine, eats and sleeps well, menses normal and liver symptoms all gone.

Podophyllum while indicated in many cases resulting from disordered liver has not been indicated in my cases of gall stones as often as many other remedies; when of use the following

particulars may be found: - Nausea and vomiting of small quantity of food. Satiety, great thirst for large quantities of water. Eructations hot, sour smelling like rotten eggs. Gagging - Sensation of hollowness in epigastrium, twisting pain in liver with heat, chilly with cold perspiration, prostration, constipation and diarrhea alternating. Pains from left to right; from stomach to gall bladder.

Case XI. Was cured with this remedy and never had another attack after its administration. William Mc, age 45 years., had liver trouble for ten years has been jaundiced for eight months. History of alcoholism. Attacks of colic every six weeks to three months, attacks begin with severe soreness and fullness in liver followed by great nausea and retching; after a time vomits bile. Severe pains go from stomach to liver somewhat relieved by rubbing epigastrium, momentarily relieved by eating. Much gas in stomach eructations sour, smell like rotten eggs. Burning in stomach; soreness in epigastrium worse from eating; no appetite, few mouthfuls fill him up. Craves lemonade, pickles, acid fruits. Tongue feels as if burned, coated white. Vertigo worse in open air, sensation of falling forward. Burning pain in occiput going to neck and shoulders with numbness of right arm. Much rumbling of gas in the bowels in the morning. Hard dry clay-like stools covered with mucus. March 6th, 1911, podophyllum 200th, eight powders. April 15, 1911, jaundice gone, soreness in liver gone. April 20th, 1911, jaundice returning, gas worse. Podophyllum 1m. This was followed by a typical podophyllum diarrhea after which there was a steady and rapid improvement in all symptoms until on June 29, 1911, patient discharged himself as he said he felt so well he did not know why he should see a doctor.

The last remedy we will consider is silicea. The particulars of which are as follows: - Canine hunger but upon attempting to eat has a disgust for food. Desire for cold food. Vomiting of large quantity of water. Burning throbbing in pit of stomach. Aching, beating, soreness in liver worse walking, motion, lying right side, and stepping on right foot. Constipated, cold, icy cold feet.

Case XII. Was a hard long case which was cured by this remedy. Nellie S., age 38, married. Thin, lax, light hair, pale, some jaundice. Attacks of colic six years; last the most severe of all. Attack begins in morning increases all day gradually, decreases during night. Nausea, chilly vomit bile, very nervous, restless, fidgety starts at least noise. Great weakness after the attack but tired all the time, wants to lie down most of the time. Any mental exertion exhausts, reading always aggravates. Always cold and chilly even in summer. Vertigo beginning in the back and going into head, worse looking up. Headache every two weeks, since childhood; begin in the occiput go overhead and settle in right eye worse from cold, draught; relieved by pressure and wrapping the head tight and warm. Hemorrhoids, fistulae for four years. Constipated before and during menses. Stool hard, dry clay colored, difficult to expel. Menses irregular every two to three months; acrid, profuse leucorrhoea before menses. Silicea 1 m. one powder. August 6, 1909, a severe attack followed on the tenth. October 20, 1909, reports menses more nearly normal, feels stronger and less nervous. No headache for four weeks. November 15, 1909, severe attack but of shorter duration. Silicea 1 m. Reports December 10, 1909 fistula healed, only one headache in ten weeks. Feet do not sweat as much. February 10, 1911, Vertigo returning, some headache, more constipated, silicea cm. This was followed by slight aggravation after which there was a steady but slow improvement. August 7, 1911, reports perfectly well has gained twenty-four pounds, eats, sleeps, plays and feels fine, foot sweat entirely gone.

My first case after entering practice was an old chronic gall stone case and from this one and others that came through it indirectly I have treated considerably more than a hundred cases (a large number of my records were destroyed sometime ago so the exact number cannot be given.) With the exception of two cases all have been cured; one of these being a lady sixty-eight years old who died with pneumonia but who had not had an attack in three months

before her death; the other case being incurable, an operation was advised but a malignancy of the liver was found and patient died from shock of operation.

While these ten remedies do not represent all those that have been curative in my cases still they are perhaps those used in the majority of the cases treated. Any remedy in our vast materia medica may be indicated in these cases for the remedy which will cover your sick patient will cure her gall stones if the case be curative. Many of my cases I have never seen in an acute attack, all of them had been given morphine and many of them chloroform to control the attack before they came to my hands but in no one of my cases, those seen during the attack or those who were given a remedy to control the pain, have they ever required anything but the homoeopathic remedy to relieve the colic and in every case the remedy worked better and more quickly than the morphine in the hands of my predecessor.

In these days when the surgeon is so anxious to open up the gall bladders of every jaundiced patient, suffering patients have a right to demand the closer application of the physician to his materia medica and at least a fair trial of his remedies before submitting to the knife which in these cases so many times means a speedy death. As a prescriber and a firm believer in our remedies when applied according to the law; I make an appeal to you as humanitarians as well as physicians to give your remedies a fair trial in these cases and see if your results will not justify your efforts."

(Glen I. Bidwell, M.D., Rochester, New York, Ten remedies in gall stones with indications and cases, Read before the Homoeopathic Medical Society of the State of New York, in: The North American Journal of Homoeopathy, Third Series, Vol. 28 (1913), p. 332-341)