

Nettie Campbell

1908 - Cases for the Surgical Bureau

AMPUTATION OF THE LIMB PREVENTED BY TUBERCULIN.

The patient had double pneumonia eleven months prior to my first visit. During convalescence, which was the fourth week of the illness, he developed senile gangrene of the left great toe; all the toes on the left foot and four of the metatarsal bones were lost; nothing seemed to heal the foot or stop the pain. Distressing cough day and night; expectorating two pints of thick, yellow sputa in twenty-four hours. Sputa had been examined repeatedly and yet no bacilli found.

Sharp, aching pain in foot and leg for eight months, interfering with sleep day and night; wants the foot and leg uncovered and the wind to blow on it, although to touch it is as cold as if dead. (Skin cold and yet throws off the covers. Sec., camph., med.)

Arrangements were made for an amputation above the knee at 10 a. m., but owing to a painless, extremely offensive diarrhea, the amputation was postponed and I was asked to prescribe.

The night before I thought secale was surely his remedy, but now that I was asked to prescribe, I went into the case carefully and discovered the following symptoms:

1. Temperature at 5 p. m., 101 - 97 at 7 a. m.
2. Diarrhea, horribly offensive; painless; if he turns in bed he must hurry to stool; ten movements in twelve hours.
3. Balls of fingers shrunken like a washerwoman, showing that the vitality was too low to insure union of tissues after a severe surgical operation.
4. Club fingernails - bulging in the center and curving over the end like a bird's claw - showing again the lowered vitality.
5. Lack of reaction after pneumonia (psor., carb-v., chin., phos); cough still remaining for months; no reaction; losing flesh and strength; formerly 190 pounds, now 100 pounds.
6. Headache for years, even when young man, until present illness; worse over right eye to the occiput; pain intense, sharp, compelling him to go to bed; attacks lasting twenty-four hours or more, leaving him exhausted; aggravated by slightest mental exertion, noise or light.
7. Real strawberry tongue; red streak down the center.
8. Entire loss of appetite; angry at mention of food.
9. Naturally pleasant and good natured when well; now extremely irritable, will fly into a rage, almost like a maniac, at a mere trifle.

In regard to the limb being worse by uncovering, although cold to touch, like secale, I reasoned thus: "Tubercular patients are worse by the heat of the bed, as I have seen so many times, and why not this leg?"

The tubercular patient also has icy cold feet, which are not noticeable to the patient until they touch them.

I gave tuberculin cm. in water every hour for two days and then the second best remedy in the materia medica.

I ordered all opiates stopped.

The first night after beginning the tuberculin he slept for three hours at a stretch and before the week was through was sleeping almost all night; with a decided improvement in the cough.

Diarrhea stopped after the second dose of medicine.

On the evening of the second day I saw him eat bacon, potatoes and oatmeal. He said, "Everything tastes so good, I believe I could almost eat whet-stones, and it used to make me mad when they mentioned eating to me."

Not so irritable.

He never felt any pain in the foot and leg after the first twenty-four hours' treatment until Jan. 28, two months after my first visit, when the pain returned slightly, and I repeated the tuberculin in water, but this time the dmm.

At this time the patient is able to be around the room on crutches and is gaining in flesh; he has good color.

Nails growing straight and pink color.

Balls of fingers filling out; almost as plump as my own.

Red streak down the center of tongue gone.

The foot was all healed except around the first metatarsal bone. A portion of bone still protruded a quarter of an inch. I could crumble it with my dressing forceps like lime. He insisted that I make an incision and remove the remainder of the bone, so the foot would heal. I told him to be patient, the medicine would cause the diseased part to be thrown off and retain any portion that was healthy; if the knife were used the tissues might never heal. The necrosed bone was cast off, leaving a little opening the size of the end of my little finger, which soon healed completely. No antiseptics were ever used after he came under my care.

I used osteopathic treatment to relax the contracted tendons, as there was a little shortening of the limb.

May 1st the foot was entirely healed and measured at Sharp & Smith's for a cork extension to fill the shoe; he was walking out in the park every pleasant day with only a cane; unnecessary to carry a cup for expectoration.

June 1st he took cold, sitting on the porch after a rain; cough dry, spasmodic; round, white masses fly from the mouth when coughing; stitching pains in right side; better lying on the unaffected side.

Kali-c. cm speedily relieved.

I made my last prescription of S. L. June 6th, seven months from the time of my first visit. Foot has never had any pain since Jan. 28. Patient gained thirty-five pounds, but I had to resort to litigation to collect my bill, as he was going to New York, and all further communication ceased.

A COMPLICATED CASE OF TUBERCULOSIS OF THE RIGHT HIP.

Mr. C. B., aged 28. Father died of tuberculosis; mother living but suffers with bleeding hemorrhoids, which at times become severe.

Patient is blond, tall, with slim, flat, narrow chest; active and precocious mentally; emaciated; has night sweats and a very annoying cough. Hip is swollen, hard and painful; screams if the foot or even the toe is moved. Temperature 103 at 5 p. m.

No sleep at night for six weeks and very little through the day.

He contracted syphilis four years before when a soldier in the Philippines. Had also succeeded in suppressing the gonorrhoea after a year's effort and now had a large indurated bubo in the right groin. Pupils dilated; worse by jar of the bed; worse 5 p. m.; impossible to sleep until 5 a. m.; the pain worse at night.

I assured him that surgery could in no wise effect a cure in that hip, and was very doubtful if he could be cured at all, since we had a tubercular history to begin with, and to this miasm were added three others, viz. gonorrhoea, syphilis and the drug miasm; as the venereal diseases had never been cured, only suppressed, it was a question whether a permanent cure could be accomplished under the existing circumstances.

April 30, 1905, I gave syphilinum cm., three powders, followed by S. L.

No improvement in the least, although this was the very remedy that acted magically later on, after the gonorrhoeal and tubercular taints as well as the drugging had been reached.

May 3. Bell. cm. on the following symptoms:

1. Aggravation by jar of the bed.
2. Dilated pupils.
3. A remedy for the acute inflammatory stage of the bubo.

Great relief for two days, but although seemingly indicated the improvement did not last.

May 7. Mercurius cm. on the following symptoms:

1. Profuse perspiration without relief.
2. Dry, racking, fatiguing cough, in two paroxysms, < at night.
3. A great remedy in bone diseases which are < at night.
4. Abscess slow in suppurating although poulticed for two weeks.

May 11. The bubo softened under the influence of mercurius. On attempting to lance it, it was so ripe it simply collapsed. The patient, however, grabbed the lance and cut a gash an inch long, at the same time cutting his hand, which healed by first intention, without any care, showing that the mercurius was already doing its work. I allowed - only sterile gauze and water for the dressing, but charged the mother to use bichloride in the water when washing her hands; in spite of this she carelessly contracted gonorrhoeal ophthalmia.

Lancing the bubo gave no permanent relief.

May 16. Gave tuberculinum cm. in water on the following symptoms:

1. The tubercular history, which was the earliest and deepest miasm.
2. Rise of temperature in the afternoon.
3. Rapid emaciation, though eating well, with almost ravenous appetite.
4. Cough; night sweats.
5. Extreme irritability, a new symptom of the last two weeks, but a symptom not to be overlooked.

There was some relief of the cough for three or four days and then as bad as ever. The terrible pain in the hip, which caused him to keep the neighbors awake, was not better in the least.

May 21. I repeated the tuberculinum in water, but no relief, not even of the cough.

May 23. Tuberculinum dmm., but not the least improvement. The failure of the second and third doses of tuberculinum seemed to show that it could at that time be of no further use, although it might be indicated later.

May 25. Hepar sulph. cm. on the following symptoms:

On trying to raise the patient a little in the bed, he fainted from the pain. I now had my first glimpse of hepar sulph. and gave it on the following symptoms:

1. Fainting from the pain.
2. I then recalled how sensitive he was to touch; would hardly allow me to point the finger at the incision.
3. Profuse perspiration without relief.
4. Hepar is also a great antidote for the crude mercury which he had used so freely in the last four years to suppress the syphilis.

I waited five days, with no apparent relief from the action of the hepar.

May 30. Was called by phone at 9 p. m.; found patient fairly screaming with pain in the hip and the mother almost distracted seeing his suffering.

He very impatiently remarked, "I don't know what night was ever made for; I hate it, and I used to love the moonlight nights, but from 5 in the eve till 5 in the morning is hell on earth to me. If I could only get up and move around the pain would not be so bad."

I thought syphilinum was the only remedy that covered the symptoms, and if the hepar had in any way antidoted the mercury it probably would act now. I gave the cm, out of the same bottle I used at the first visit, but with no results at that time.

Result: Asleep in twenty minutes; he slept for eight hours, scarcely moving a finger. His mother said she many times watched his breathing to see if he were alive. He continued to sleep most of the next day, with scarcely a twinge of pain in the hip.

In less than thirty-six hours the rash had reappeared on the chest, the mouth was full of mucous patches and even the sore returned, but think from his description it was more like a chancroid, which is often found in syphilitic cases which are not deeply psoric, where the soft chancroid so often takes the place of the true Hunterian chancre.

In less than a week he was able to be around the room on crutches, the swelling on the hip almost entirely gone. No more pain in the hip for six weeks, when I repeated the syph. cm. with a speedy relief. No return of the pain.

The mucous patches came and went for five weeks. I counted at one time 12 on the end of his tongue, preventing him from drinking hot tea, lemonade, or eating strawberries or oranges. He begged to use listerine or some mild throat wash, but I told him if he did I would give the case up. I used only the homeopathic remedies all the way through, not allowing the simplest kind of a disinfectant at any stage. I explained that I used my disinfectants and began my housecleaning internally and not externally as his former physicians had done.

The large incision in the bubo was another source of annoyance. He insisted on the incision being drawn together for fear it would leave such a large scar that he might not be able to obtain his pension; but I explained that the gonorrhoeal poison must have an outlet and this was as good as any we could have. It discharged for three months and then healed by granulating from the bottom as the gonorrhoeal poison was thrown out of the system; it left a very small scar. In three weeks from the first relief from the syphilinum, he was out on the street without crutches. In three months was able to go on the roof at his old trade, a tinner.

PYROGEN AND LILIUM TIGRINUM IN A SURGICAL CASE.

Mrs. B., age 30, married, no children. I was the fourth physician in the case; history as follows: Terrible dysmenorrhea, following voluntary suppression of menses the month previous by the use of cold sponge; pain in right ovarian region, bearing down sensation, flow clotted.

A member of the staff of the Chicago hospital had pronounced it an abortion and two other prominent physicians had confirmed the diagnosis, and told her an operation consisting of a curettement and removal of the right tube and ovary was the only alternative; this she emphatically objected to as she well knew she was not pregnant.

A trained nurse was ordered and patient put to bed, under the plea of an examination by the speculum, and, with the consent of the husband, a curettage was performed without an anesthetic. The nurse held her, while her screams drove even the husband from the house. After this she did have temperature; none up to this time. The third day the doctor came to repeat the curettement, but she refused absolutely.

At this stage I was called and found a septic condition due to the curettement, which first of all seemed to require treatment.

Gave pyrogen c. m. in water every hour, which is my rule till pulse and temperature are normal.

1. Pulse was 80 and temperature 104.
2. Chills severe, especially of bones and extremities, it was beginning between the shoulders.
3. Drenching perspiration, requiring even pillows to be changed.
4. Tongue coated dark brown.
5. Taste bitter.
6. Pain right ovary, paroxysmal in character.

In twenty four hours the tongue was clean; bitter taste gone, (the taste under pyrogen is given in text books as sweet - it seems to be sweet after pus has formed, but I have often found it bitter in septic conditions where there was no collection of pus); temperature and pulse normal; chills and drenching perspiration a thing of the past.

The pain in the ovary returned, in paroxysms, and was relieved only slightly by cloths wrung out of water almost scalding. No really distinctive symptoms came to light and I am sorry to say I tried remedy after remedy in vain until I was ashamed. The husband who all along favored an operation began to press it strongly.

Finally, after going over the ground repeatedly in regard to the menses, I found that getting up and walking to the bath room would always cause her to flow more when she menstruated; this was also the case after the curettage, which was three weeks from the previous menstruation.

With these characteristics, "flows only when moving about," and "flow too soon," all the less distinctive symptoms clustered.

1. Cold, clammy limbs, more so when excited or nervous.
2. Frequent desire to urinate, with burning and smarting in the urethra.
3. Pressure in rectum with constant desire to go to stool.
4. Worse by jar of bed, by weight of bed clothes, and better by supporting the abdomen and by pressing upon the vulva.

Gave liliun tig. c. m. and got immediate results. The pain left rapidly and did not return in the six months following.

I wanted to make an examination to see if the ovary and uterus had righted themselves, but she had suffered so much she begged me not to.

There was still a sore, bruised feeling in the pelvis and at the time of the next menstruation I gave arnica c. m. on this one symptom, sore bruised feeling, presenting standing erect, with a speedy relief of all soreness.

I made an examination after the menstrual period and found the ovary and uterus in a normal position and no further complaint of any kind.

HEMORRHOIDS.

Mrs. R., age 40, residing in New York. Her sister told me she had been taken to the hospital for an operation for bleeding hemorrhoids, but was sent home, as they would not risk an operation on one so weak as she, with a sub-normal temperature; they did not offer her encouragement as to recovery.

I had prescribed tuberculin for the son, who had lung trouble, with good results, and tuberculin had also helped her sister of a hemorrhoidal trouble. I sent her tuberculin c. m. to be put in water every day till the hemorrhage and temperature were much better and then stop as long as > lasted. In two months she wrote me: "That little package did me more good than all the medicine I have taken in the last ten years. Temperature normal, no more hemorrhages and able to return to work."

I sent the same medicine three times, at intervals of six months, always with great improvement; she has not had a hemorrhage for three years, but still has some bleeding from the rectum; but in this case I had only the subnormal temperature, the family history and the hemorrhage of the rectum to prescribe upon.

Should I have stood true to the Organon and let my patient die because I could find no symptoms according to the provings of our remedies to prescribe upon, or should I use the clinical symptoms which have verified over and over?

Tuberculin will not cure every case with a subnormal temperature and tubercular history, sometimes psor, carb-v. or other remedy may do the work, but my experience has been that (in the absence of symptoms pointing to a well indicated remedy) tuberculin has helped me out more often than anything else.

Mrs. B., age 45, mother of the son with the tubercular hip.

Complaint: Hemorrhage of rectum and chronic diarrhea.

Was operated on ten years ago for bleeding hemorrhoids, sphincter ani was severed and never had control of bowels since, and hemorrhages more profuse than ever. The most distinctive symptoms were these:

Temperature generally subnormal.

Hemorrhage of the rectum, often gushing out and staining floor.

Chronic diarrhea for last few months, painless, cannot ride from home down town without getting off the cars two - or three times on account of bowels - the jar of the car seems to make it worse.

Very weak, painful eyes, and not helped much by glasses, which I have found in a number of cases to be an indication for tuberculinum.

Gave tuberculin c. m. every hour for first day, then once a day for a week, followed by our second best remedy. Relieved of diarrhea, hemorrhage and eye symptoms for two months, when hemorrhage returned slightly.

Tub. d. m. m. - heard from her six months later and no return of symptoms.

PELVIC ABSCESS CURED BY LACHESIS AND ARNICA.

Mrs. M., age 43. Soreness and pain in pelvic region, especially in right ovary. Digital examination per rectum and vagina revealed a hard, sensitive mass in the posterior cul-de-sac; fluctuation could be plainly felt and the only way the bowels could be evacuated was by an enema in the knee-chest position; the movement was sufficiently painful to extort cries from the patient. After making several unsuccessful prescriptions I obtained the following symptoms and the remedy was very plain, although the ovarian pain was right-sided instead of the left.

Pulse 105, temperature 101 2-5, extremely sensitive to touch.

Flushes of heat; burning palms and soles; worse by the slightest mental worry; worse after sleep, or sleeps into an aggravation.

Lach. c.m.; great relief in less than an hour which continued for five days. Temperature went to normal, then began to creep up again.

Lach. d.m.m.; better again and temperature normal; patient able to sit up after seven days but cannot stand erect because of a sore bruised feeling in the pelvic region; a sore pain during evacuation of the bowels.

After five days waiting for lachesis to finish the work without further result, I gave arnica c.m. All soreness disappeared before morning and the patient was able in three weeks from the first visit to climb stairs, collecting insurance dues, although it was most severe winter weather, without return of the trouble. I have wondered if arnica would not have cured my patient without lachesis.

DISCUSSION.

Martha Kuznak: - I had a case of fever in a child coming on every afternoon, with a temperature of 102. The patient always wanted to be uncovered. Being very busy then, I did not go into the case very deeply and prescribed tuberculinum. Two days after I was called again and found there was swelling behind the ear. As the case seemed going in the right direction I gave placebo only and told them to call me again if it discharged or if bad symptoms of any kind arose. It opened and had an offensive discharge. They thought there would be disfigurement.

I gave silicea cm. and told the mother to watch for any symptoms arising such as chill or stupor. None arose. Five days later she called me up and said the bandage had just come off and there was no abscess there, - hardly a mark of any kind.

C. M. Boger: - The cases reported in this Bureau, especially Dr. Hermance's and Dr. Morris' and the one just mentioned by Dr. Kuznak, all remind me forcibly of a remark made by Bönninghausen in his Aphorisms of Hippocrates. He says that under the indicated remedy, the human system is able to take care of any amount of pus that may be manufactured by it or accumulated in it. The energies of the system, under the action of the remedy, are able to absorb pus or to throw it out. I wish some of our German members would get at that book and translate it for the benefit of the profession. It contains the best and soundest Homeopathy in any book written since Hahnemann's *Materia Medica Pura*. Grauvogel's book does not contain as good Homeopathy as it, and that is saying a good deal, from any point of view.

I want to add one remark, although not just in the proper place. I have discovered during the past year that natrum muriaticum is complementary to berberis vulgaris. If you have a patient with the berberis backache and acute lumbago and you give berberis and the patient gets better, that patient is very apt to need natrum muriaticum later, or for chronic symptoms.

E. A. Taylor: - With all due regard to Bönninghausen, I am very sorry that he made that statement about pus. It is an absolute mistake and we cannot prosper upon a basis of error. To say that the indicated remedy can and will take care of any amount of pus is to say an absurdity; it does our school harm; it causes the finger of scorn to be pointed at us. Moreover, suppose it would take care of pus, where is the man or woman who would want to wait until the skin rots, the fascias rot, the muscles break down into pus and find its slow, painful way to the surface when a slight, clean incision would terminate the whole business.

T. G. Robers: - In regard to the repetition of the dose of nosodes. I would like to know if they are exceptions to the general rule. Why give pyrogen repeatedly for a long time, as reported here, and other nosodes, and yet wait so carefully on the action of bryonia or sulphur. I tell you, there is some mystery here that we have not fathomed yet.

J. C. Holloway: - I am heartily glad that Bönninghausen made that statement, that the human system is able to eliminate and take care of pus under the action of the simillimum, and I thank Dr. Boger for calling attention to it. I know Bönninghausen's work and I am sure that he would not have made such a statement without a sound, a splendid reason for it. I am sure that no man ever lived in this world more competent to speak on that subject than Bönninghausen.”

(Nettie Campbell, M.D., Cases for Surgical Bureau, Proceedings of the 29th Annual Session of the International Hahnemannian Association, 1908, p. 187-199)