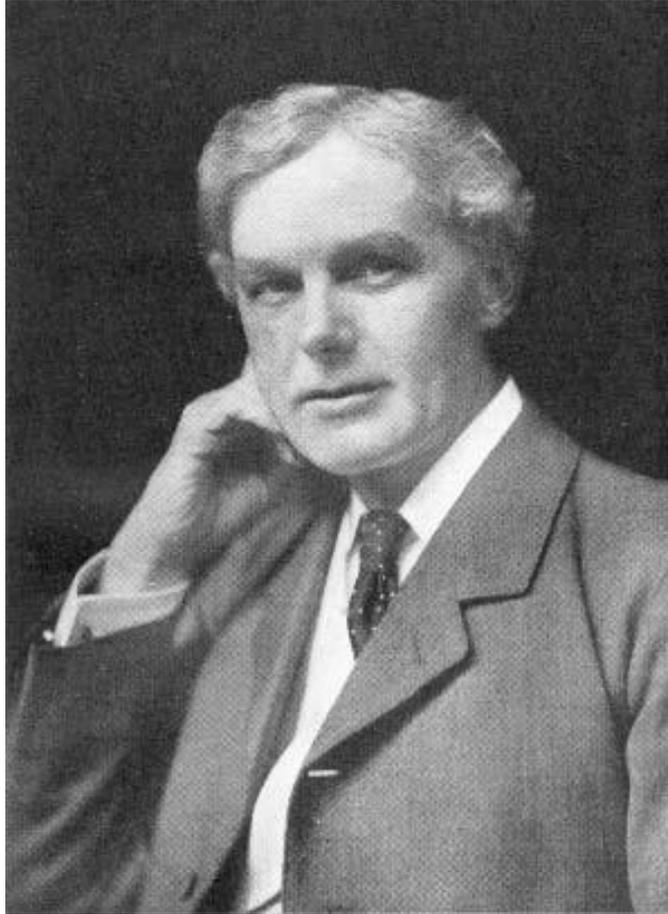


## **John Henry Clarke**



John Henry Clarke (1853-1931)

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### 1885 - Lathyrus in Spinal Paralysis

"*Lathyrus* belongs to the *leguminous* family of plants, which gives us *physostigma*. There are two species, *l. sativus* and *l. cicera*, but their properties appear to be identical. The effect of the drug on the spinal cord is very marked - paralysis, stiffness, pain, and want of coordination resulting. This led to my using it in the cases I am going to relate. I have called them cases of "Spinal Paralysis." I have used the term for convenience in a general sense, since the affections were of different portions of the cord in the different cases; and I am quite prepared to have it questioned whether or not the cord was at all affected in one of the cases. Before going on to the cases I will give you what is known of the effect of eating the pea; and if any present are inclined to prove it and so develop its finer characteristics, they will have my hearty encouragement.

The following pathogenesis is to be found in Allen's *Cyclopaedia*. In their dissertations on *lathyrus cicera*, Benninger and Duvernoy (1770) speak of it as causing "stiffness of the ankle and lameness." Puihn gives "knees stiff and flexed, with weakness of the feet and lameness, without pain." *Prag. Med. Monats.* 12,176 as the effect of *lathyrus sativus* when eaten with bread, "paralysis of the lower extremities, the sensibility remaining intact; sometimes persons who go to bed early wake with stiff limbs, and in a few days the paralysis is complete. This symptom is said to occur only during wet weather, usually suddenly, and confined to, or most frequent in, marshy districts."

The effects of subsisting on a crop of this pea, the wheat crop having failed (*Brit. Journ. of Homoeopathy*, 8, 257): "The younger part of the population of this and the surrounding villages, from the age of thirty and downwards, began to be deprived of the use of their limbs below the waist by paralytic strokes, in all cases sudden, but in some more severe than in others. About half the youth of the village, of both sexes, became affected during the years 1838, 1884, and many of them have lost the use of their limbs entirely, and are unable to move; the youth in the surrounding villages have suffered in an equal degree. No person once attacked has been found to recover the use of the limbs affected. All stated that their pains and infirmities were confined entirely to the parts below the waist; they described the attack as coming on suddenly, often when the person was asleep, and without any warning symptoms whatever; and stated that a greater portion of the young men were attacked than the young women."

Cantani (*Lyon Med. - L'Art Medical*, August, 1874) gives as the effects on three brothers, aged 20, 10, 28, of eating daily for several weeks its flour mixed with Indian corn: - "The gluteal muscles, and those of the lower extremities were plainly emaciated, while the upper limbs retained their natural appearance. While lying in bed they moved their lower limbs with considerable facility, and the legs could be fully extended; abduction was well performed, but flexion was difficult; and it was especially difficult for them to lift up the limbs. In the case of the oldest patient, the left extremity was decidedly weaker than the right. The youngest could stand and walk; to do either was difficult for the oldest and impossible for the remaining patient without a firm support. All three when walking threw the chest well forward, the haunches projecting behind, so that they seemed literally to fall from one part to the other.

They also misplaced the feet, which by two of them were brought too close to the median line, and sometimes passed beyond it, causing their legs to cross each other and tangle up; the third and worst affected walked, on the contrary, very bow legged. The whole weight of the body rested on the metacarpo-phalangeal articulations, the heel never touching the ground. Walking backward was similarly affected, but was still more difficult. When told to stand steady two of them obeyed with great difficulty, and for a few minutes only if not firmly supported; they swayed widely forwards and sideways, and seemed in constant danger of falling; they instinctively sought to keep their balance by pressing with the hands upon the hips. If they shut their eyes while standing or walking, their attitudes and movements were in no wise modified."

In an interesting article in the *Bibliothèque Homoeopathique*, of March last, Dr. Lebourcher sums up what is known of this drug. He quotes from M. Proust's account of the drug the following symptoms as the effect of *lathyrus cicera* in addition to those mentioned by Allen: pains in the lumbar regions; affections of the genital organs and bladder; formication of the limbs, or a sensation as of serpents running across the muscles, under the skin, biting the muscles cruelly; incontinence of urine and temporary impotence. Dr. Lebourcher comments on the striking resemblance between *lathyrism* and *beriberi*. Both appear to be determined by exposure to cold in hot countries, and by bad alimentation; and the paralytic symptoms are almost identical. The anaemia, dropsy, and general degeneration of muscular tissue, and the drowsiness of *beriberi* do not appear in *lathyrism*, nor the dyspnoea. It is said, however, that *lathyrus* causes in animals "roaring," a condition as of suffocation; and on this has been based the only experience of its homoeopathic use I have seen recorded. In the practice of M. Blanc, a homoeopathic veterinarian, several horses were cured of "roaring" (*cornage*), by *lathyrus cicera* in the 6th trituration, given three or four times a day.

I will now relate the cases I have treated with the drug.

#### **CASE I. - SPASTIC SPINAL PARALYSIS.**

Susannah M., 46, cook, medium size, rather dark. Admitted June 26, 1884, complaining of paralysis. She is single. Never had rheumatics, never had sore-throat, or lost her hair. Her mother died suddenly at the age of 45, her father of some disease unknown to her, at 61; three sisters have died of phthisis.

Her illness began 12 years ago. She first felt a sensation in the right thigh, and on the right side, about the level of the umbilicus, a feeling as if bound round with a cord. When she tried to walk she suffered from pains in the back. She was laid up for four or five days with what she calls a bad cold; her limbs were not affected. She felt very weak and used to tremble in all her limbs. She did not have sore-throat or headache. She did not hurt her back.

Since that time her limbs have gradually got weaker. She has a great deal of difficulty in walking. The limbs drag, and shake a great deal when she puts much pressure on them; and if she walks far she feels them numb. She has never suffered from any shooting pains in the limbs; they only ached when she tried to walk.

She has had difficulty in retaining her water for the last eight or nine years; this is sometimes worse than others; it has been worse lately. The bowels are rather costive, otherwise no difficulty.

The pulse is regular; the arteries are prominent. No cardiac bruit; the second sound in aortic area rather accentuated.

She has no cough or expectoration. The lung sounds are normal.

There is no dribbling of urine; it is simply that she cannot retain it long; if she tries, it gives her pain. There is no pain on pressing over the pubis.

She has no headache. She sleeps well now, but at one time she did not.

*Locomotory System:* Muscles in fairly good state of nutrition; no atrophy. She has no pain in the limbs though they ache and burn much when she walks. Sensation quite normal. When she walks she drags her limbs, and the toes are slightly turned in. The feet - especially the right - seem to cling to the ground. The knee reflex is much exaggerated on both sides, especially the right. Ankle clonus very well marked on the right side, much less on the left. She says she sometimes feels a cold sensation in the right side, and a trembling in the back when she tries to walk.

She has no pain in the back on percussion. On sitting up she feels as if she cannot sit up. There is no pain, but a feeling as if compelled to lie down. She used to feel tight there as if she could not bend.

Two days after admission she was put on *lathyrus sativus* 3, two drops four times a day. For a time there was general improvement; she said she felt better, less of the tight pain in the right side, and there was less difficulty in retaining the water. But on the 9<sup>th</sup> of July she was not so well again. She complained of a sensation as if pails of cold water were poured over her right side. After this she improved again, and on the 12<sup>th</sup> was free from pain; was taking her food much better than she had done before. Sleep good; walk tremulous. This continued until the 28<sup>rd</sup>; there was no noticeable improvement in the walk, but there was no pain, and the general condition was very good. On the 23<sup>rd</sup> there was a return of the pain in the side. *Merc. cor.* 3x one drop four times a day was given in place of *lathyrus*. On the 26<sup>th</sup> these two were given in alternation. The pain improved under the *merc. cor.*, but did not entirely leave her. On the 30<sup>th</sup> there was still pains and tightness. She complained that after each dose of the *lathyrus* she had tingling in toes and fingers. On the 2<sup>nd</sup> of August she complained much of the pains; she said it was very tight, and made her quite sore across the abdomen at the level of the umbilicus. She was now put on *potassium iodide*, three grains three times a day in alternation with *merc. cor.* The tightness improved, and the tingling in the fingers and toes ceased. Since she left the hospital I have heard from her. She has again taken *lathyrus sat.* in the 1<sup>st</sup> dilution, and though the walking has not improved she has felt better in the body.

#### **CASE II. - MULTIPLE SCLEROSIS; MUCH IMPROVED.**

A. W., a governess, aged 28, admitted November 1<sup>st</sup>, 1884. Her illness had lasted 7 years, and for 6 years before admission she had not walked. Her manner was rather foolish and her intellect apparently not very bright, but there was no mental aberration. Her illness began with weakness of the left hand, this was followed by the right becoming affected as well. Then the hands got better and the legs became paralysed. Her bowels, which were always costive, had become very much worse since her illness; and for a period, she did not remember how long, she had been unable to retain her urine. For three months her sight had been bad, especially of the left eye. In other respects her health was good. The family history was unimportant. She was dark, stout and heavy.

State on admission: There is diminution of power in the hands, especially the left. Motion of the limbs is jerking. She can bend both knees, but raises the right higher than the left; knee-jerk is increased on both sides; front cap phenomenon also on both sides; the ankles are stiff; slight ankle clonus on both sides, especially the left. She can stand and walk a little with assistance, but she drags the left foot; she steps on her toes and trembles very much. She was given *lathyrus sat.* 3, one drop every two hours. She made steady improvement; was soon able to walk about unassisted except by chairs and tables, and could walk a little even without them. She gained control over the bladder; but the constipation did not improve. With the exception of a few days, when she received *gelsem.* on account of facial neuralgia, she had *lathyrus* all through. For the last fortnight she had *opium* 3, one drop night and morning, but that had no influence on the constipation. She left the hospital on the 9<sup>th</sup> of January, 1885,

much improved as compared with her state on admission, but still not well; and during the latter part of her stay she had remained stationary. I regret to learn that since her return to her home in the country she has gone back to much the same condition as she was when admitted.

**CASES III. & IV. - Two Cases of Paraplegia, of the pathology of which I am not certain.**

Two children, Ethel S., aged 4, and Dora S., aged 3, sisters, were admitted to the hospital on the 3<sup>rd</sup> of September, 1884, both suffering from paralysis. The history was not very definite. The mother said that there were several children older than these in her family, and one younger; that the older ones were all strong and healthy, and that Ethel (the elder of the two patients) became affected whilst she was nursing her. She said that whilst nursing, she poisoned her hand whilst making a gooseberry tart; her hand became much inflamed, but she continued to nurse; the child got inflammation of the bowels and wasted. She nursed Dora, and she also became affected. The infant younger than Dora threatened to go in the same way, and so the mother left off nursing it. On admission both children were found affected in the same way, but the elder (Ethel) much the more severely. Both their heads were curiously shaped. The back of the head was as if crushed in at the occipital partition, and bulged out on both sides of this, giving a large, flat surface behind. It communicated a most unnatural feeling to the hand. In the elder, whose head was proportionably the larger, this was more marked. Dora had a very violent temper; Ethel's temper was just the opposite.

The condition of the body was much the same in both, only more marked in the elder. All the joints were supple and lax; the foot could be laid back on the leg, and the hand laid back on the fore-arm. The limbs were not absolutely powerless, but when the children were held up to walk they were thrown about in every direction, as if there was no power of co-ordination. The lower extremities were much more severely affected than the upper. At the same time the reflexes were all exaggerated - knee, elbow, ankle and wrist: and when laid on their faces, and the finger run up the spine, the muscles of the back were seen to contract and move the trunk.

At first they were put on no medicine, but left to see what the hospital care and dietary would do for them. They improved in general health, but not perceptibly in regard to the paralysis. On September 18<sup>th</sup> they were both put on *lathyrus sat.* 3, one drop every two hours. The younger child began to improve rapidly. On the third of October she could almost stand when helped. The joint was still "double," and the patella reflex was very marked. There was no ankle clonus. The legs were thrown out in a helpless kind of way when she tried to walk. The improvement continued, and she left the hospital able to walk quite well on October 22. She had no medicine but the *lathyrus sat.* all the time she was in the hospital.

Ethel, who was the worse all through, did not make such good progress. She grew, and became fatter, but did not gain power in her legs. From the first she had had difficulty in swallowing. She drank badly, and food often returned. On September 20<sup>th</sup>, two days after receiving *lathyrus*, she had an attack of sickness and diarrhoea, and the swallowing became worse. She received *calc. c.* 6, one drop every two hours for six days, when the *lathyrus* was resumed, and continued until Nov. 9<sup>th</sup>, fifty-four days. On October 3<sup>rd</sup>, her condition was noted as follows; - Cannot stand, collapsed; when held up to walk left leg is thrown out as if there was loss of co-ordination; patellar reflex on left side sometimes appears increased, at other times absent; sometimes continuous contraction of left leg is felt by quick repeated tapping; no increase of reflex on the right side; no ankle clonus, but ankles can be moved round in every direction. On the 15<sup>th</sup> the knee jerk was still exaggerated; and the tendo achillis reflex was pronounced. There was no ankle clonus; the calves were very flabby. On the 27<sup>th</sup> there appeared to be a little more power in the left limb. She was much brighter and more intelligent than she used to be. From the 9<sup>th</sup> to the 19<sup>th</sup> no medicine was given. There was no improvement in the walking powers. Neither at this time nor subsequently was she able to use the go-cart. She collapsed under a fraction of her own weight. There was now

noticed internal strabismus of the right eye. She was given *picric acid* 3, one drop four times a-day. On December 2<sup>nd</sup> she was noticed to be much livelier, she having more strength in her legs. After this she had diarrhoea very frequently, for the treatment of which the *picric acid* was stopped, and no special treatment was again adopted before she left the hospital. She went to a convalescent home where she was, I regret to say, neglected, and has since returned to the hospital in a worse condition bodily than on her leaving. The condition of the limbs is unchanged. She can sit and use her arms as she could when she left, but can bear no weight on her legs and cannot use the go-cart. At present she is under treatment for general ailments. She has now gone to Margate for change.

Dora has recently paid a visit to the hospital and is perfectly well - as strong, handsome, well-made, and active as one could wish to see. Unhappily her temper has not improved in corresponding ratio.

#### CASE V. - RHEUMATIC (?) PARALYSIS.

John W., Sheerness, 58, boat-builder, consulted me at the London Homoeopathic Hospital, on Sept. 10th, 1884. He was rather a large man, dark, with grey eyes. He had been ill for nine months and under allopathic treatment.

Nine months before, the ring finger of the right hand swelled, and the day following he lost the use of his legs; for 10 weeks was confined to bed. He had always been a temperate man, drinking as a rule a pint of ale a-day, and when he took spirits it was only a small quantity of whiskey. He enjoyed good health generally, and even in this illness had never lost appetite. According to the patient, the doctor who had attended him at Sheerness had pronounced his illness to be rheumatic gout, and had said that he "could not get his water right." I found the urine normal on testing.

During the time that he was confined to bed his left leg swelled from the knee to the ankle. This subsided with application of hot solution of soda; but I found slight pitting just above the ankle when he came to me. He has never felt as if a band was tied round the loins, and has never had numbness. He has gone very grey since his illness began, and his sight has failed. He cannot read small print now, but he can see to work.

He complained chiefly of his knees and hips, which are stiff, weak, and have a soreness in them. They have never swelled. In the knees the weakness seems to be in the knee-caps and under the knees. Walking is very difficult, and going up or down steps he finds almost impossible. He is so stiff that for two or three minutes he cannot take a step. The stiffness is worse after sleeping; if he sleeps for a quarter of an hour only his knees become exceedingly stiff. Sometimes he cannot lie on the left hip at night from soreness. For a fortnight has had a curious affection of one of the fingers of the right hand; the first phalangeal joint catches, and when he bends it the action is jerking as if worked with a spring. There is no pain, and the hand is quite strong. The left hand has never been affected.

The muscles of the limbs were well developed and well nourished. There was no obvious affection of the joints. The tongue was furred; appetite good; bowels regular. The pulse was 76, rather irregular; heart sounds normal. He had no headache.

I gave him *lathyrus sativus* 3, one drop four times a day. He came back in a month and reported that there had been no improvement until the last three days, during which he had noticed that he had more strength, and could step up and down with more ease and comfort. His thighs felt as if they had been pounded; his hip-joints were sore, and his knee-caps were sore on the under side. One peculiar thing had happened, that whereas his bowels were always regular before, they had become very constipated. He had only had three motions in the four weeks, and had taken salts to procure them. The medicine was repeated. When he returned in another month there was great improvement. His legs were much stronger and freer in

motion. The bowels were quite regular. The hands were unchanged.

December 10<sup>th</sup>. Can now walk a good distance without feeling any discomfort. Can go up stairs easily, but still finds it difficult to go down stairs, it causes sore feeling in the knees. The pulse was full, regular, frequent and soft; tongue furred and brown; bowels regular. The patient was intensely delighted with the improvement in his condition. I gave him another supply of *lathyrus*, and have not seen him since. I have little doubt that he felt it unnecessary to make further journeys from Sheerness to see me.

This, gentlemen, is about the sum of my experience with *lathyrus*. It is not much, but I think may be sufficient to be worth your consideration. I have published in the current number of the *Homoeopathic World* a case of spastic paralysis, practically cured with *iodide of potassium* and *merc. cor.* It may be well to compare this with some of the above; if the members have no experience in the treatment of spinal paralysis with *lathyrus*, I would suggest that the discussion should turn on the treatment of spinal paralysis in general.

#### DISCUSSION.

Dr. DUDGEON thought the paper was a very good illustration of the utility of the *Cyclopaedia of Drug Pathogenesy*. *Lathyrus* was a very hopeful remedy in paralysis judging from the effects in cases of poisoning. He had had several cases of paralysis of the lower extremities lately. One where there was simple loss of power and no pain *agaricus* was the medicine prescribed, and gave very good results; bowels, bladder and sexual functions were not impaired; the last was increased. In lightning pains, too, *agaricus* is of great service.

Dr. HUGHES had had no experience with this remedy. He referred to the falling of the front part of the foot in natives of India poisoned by the drug as a useful indication in similar cases. He thought the results were quite such as to encourage us in its use. He related a case of spinal paralysis seen in America last year, where *agaricus* was tried with complete success. He also praised *gelsemium* in congestive affections of the spine, coupled with burning pain.

Mr. BLACK-NOBLE thought the two last cases were cases of infantile paralysis. He related a case of disseminated sclerosis treated with some success by *bell*, and *gelsem.*, at least the symptoms are not increasing.

Mr. DYCE BROWN thought that where there was actual organic change in the cord, we could only hope for improvement up to a certain point; cases which get quite well are simply those of functional disorder from temporary congestion. He (Dr. Dyce Brown) remarked upon the absence of spasmodic affections in the cases related. In a case of spasmodic spinal paralysis seen lately he had found *conium* of great service (4 drops of mother tincture three times a day). A case of paraplegia which had been in hospital some time ago recovered completely under *conium*, and also a case of multiple sclerosis.

Dr. E. A. NEATBY thought it very difficult to determine how much improvement was due to medicine and how much to mere rest, and related a case in point.

Dr. GOLDSBROUGH narrated a case of syphilitic paraplegia, which was treated by *conium*; it aggravated the symptoms even in the 6th, 12th and 80th dilutions.

Dr. BATHES noticed the similarity of cases of poisoning with *lathyrus* and the effects of excessive doses of *coca*.

Dr. MACKECHNIE (in the chair) related an interesting case of locomotor ataxy treated by *phosphate of strychnia* (1 to 200) where complete recovery took place, lasting some years. After a relapse he again recovered almost entirely under same medicine.

Dr. CLARKE (in reply) said he could have wished his cases had been more conclusive; but, at the same time, he thought that they did exemplify the action of the drug to a certain extent. He

considered that in the last case the action was quite clear."

(John H. Clarke, M.D., Lathyrus in Spinal Paralysis: Read at the Meeting of the British Homoeopathic Society, Oct. 1<sup>st</sup>, 1885. The Monthly Homoeopathic Review vol. 29 (1885), p. 709-719.)

### **1896 - Two rarely-used medicines - Ocimum canum and Trombidium**

On September 1, 1893, a gentleman, aged 27, was shown into my consulting room complaining of repeated attacks of abdominal pains, with which he had been troubled for a period of seven years. During all this time he had suffered many things of many allopaths, and being nothing the better, but rather worse, he now determined to give homoeopathy a trial. Having recently returned from China, and being then on the eve of sailing for the United States, the trial was of necessity a brief one; but I determined to accept the conditions and make the best of them, with what result you shall hear.

On inquiring into the history of the case I found that the attacks (which had been ascribed to the passing of oxalates by some of his former attendants) were as follows: Every three or four weeks he was seized with violent pains of a dull, leaden character in the right side of the abdomen. The attacks at the time of his visit to me began in the morning; when they first came on they began in the evening. The attack lasted from twelve to fifteen hours. For four hours from the commencement the pain grew steadily worse, culminating in an attack of vomiting, the vomit consisting, first, of sour fluid, then of slime, and, finally, of a fluid like coffee. After the vomiting there was a little abatement of pain. The urine was clear and contained no sediment. A specimen I examined was clear, pale, had a specific gravity of 1016, and contained no albumen. After standing two days it threw down a white deposit, amorphous under the microscope. There was no trace of oxalate crystals.

In appearance the patient was tall, well developed, and rather, pale. As a child he had had fits, and five years before I saw him, when much run down, he had three more fits. He had had none since then, but when walking out on a bright day he would come over deadly faint. A great-great-uncle had had fits, and one sister had had them as a child. His mother had symptoms something like his own attacks, but otherwise his family history was very good. Ten years before he had a threatening of lung trouble, but when I saw him there were no pulmonary symptoms.

In addition to the oxaluria hypothesis he had been treated for "liver" and "catarrh." The only drug that made any impression on his attacks was iodide of potassium in large doses, which stopped the attacks for three or four months, but the drug caused such excessive weakness with giddiness that the patient preferred the disease to the remedy, and decided to take no more.

The recital of his symptoms called to my mind one medicine as indicated before all others; and as there was no time to lose, I put on his tongue a powder of *Ocimum canum* 200, and gave him two others of the same with instructions to take one after each subsequent attack *if he should have any*.

In January, 1894, I received the following letter from him, dated from a town in Ohio:

"Dear Dr. Clarke, On September 1 last I consulted you about a pain in my side, to which I had been subject at intervals for several years, and which allopathic physicians had attributed to a periodical passage of oxalates. If you refer to your books, you will find that these gentlemen could not cure me, so I came to you. You told me that my symptoms were not such as were generally found with this trouble, but you gave me one small powder on the spot and two more to bring away with me. I am pleased to tell you that I have never been troubled with it

since, and as it is more than four months since the last attack, I am almost hoping that you have permanently cured me. If the old trouble should return I intend to write to you again. I told you that I was intending to study medicine to go into the mission field. I am undecided now whether I will do so or not, but I would be very much obliged if you would send me the prescription for the medicine that you gave me; it might be the means, in my hands, of relieving some other suffering one. It is needless for me to tell you how grateful I am to you, as you know what I have suffered, and what ease and comfort I am having now."

I sent him the prescription, and he gave it to a homoeopathic physician who resided in the place. The latter had never heard of the medicine; and could not find a mention of it in any of his books. It was only after several months' unremitting research that he came across it in a homoeopathic chemist's catalogue. I learned this from the patient himself, who returned to England last summer, and on June 22 came to report himself to me. After the dose I gave him he went exactly twelve months without an attack, and then had a rather severe one: the urine being very scanty, with a copious deposit of phosphates. That was the last he had had, and as I have heard nothing of him since, I presume there has not been any return.

The patient asked me to tell him what I considered he was suffering from, as he concluded that I must know since I had cured him. I told him it did not in the least follow, but the name I should give to his attacks was renal colic.

Now, why did I give *Ocimum canum* to this patient? If you refer to Mure's "Brazilian Materia Medica", p. 214, you will find a very short, but very clear, account of the drug, of its uses among the Brazilian population and a proving of nineteen symptoms, among which appears the following:

"Renal colic, with violent vomiting every fifteen minutes; one wrings one's hands, and moans and cries all the time."

If you turn to Allen you will find this symptom printed in heavy type and a bracketed addition ("right side") after "Renal Colic." I believe this is a clinical observation of Dunham's or Lippe's. Be that as it may, it helps to confirm me in the choice of the remedy.

On October 16 of the same year (1893), I was called to see a young unmarried lady of 24, who was suffering from severe pain in the right side, very frequent micturition with haematuria and vomiting. She had not felt well for some little time before, and for over a fortnight had been quite ill. The actual pain had been on for three days following a fortnight of continued headache. Her mother had died of kidney disease after a confinement, and this made the patient additionally anxious. The Christmas before she had had a similar, but slighter attack - pain in the right side, and frequent micturition, but this only lasted a few days. The pain was in the right flank, shooting round to the back. The urine was passed every fifteen minutes. It was distinctly smoky, and at times had a sediment containing clots. On boiling, a cloud appeared which partially cleared up on the addition of nitric acid. After standing thirty-six hours the sediment became a brilliant carmine colour. The microscope showed mucus and blood corpuscles and round cells with shining nuclei.

I put her on terebinth 3, and for two days there was some improvement. The urine cleared up, and the pain was less severe. But this did not continue. On October 19 the pain became worse, and micturition again became very frequent. Belladonna was now given instead of terebinth. That same night the patient took on her own account a dose of liquorice powder, which brought on an aggravation. The pain in the right side became very severe, and in the urine were flecks and strings of blood.

I now (October 21) put her on *ocimum canum* 200. A few globules dissolved in water, a teaspoonful every two hours. There was improvement at once. The urging to urinate subsided, the water became quite clear, she slept well, and woke the next morning free from pain.

She steadily improved. On October 23 I left off the *Ocimum* and gave *nux* 30, and ceased to attend on the 28th. On November 18 there was a slight relapse, when the same medicine again relieved the pain, but did not do away with the urging, or stop the appearance of blood in the urine. A review of the case showed a good many *pulsatilla* indications. The patient was of the *pulsatilla* type, and her catamenia were apt to be delayed, so that medicine was given in the 30th, and promptly cleared up the case. Some months later I heard that she had kept well.

In a case of right side pain at the catamenia, with painful micturition, *Ocimum canum* failed to give any help. *Palladium*, in this case, succeeded admirably. I was led to give it by the condition: "relief by pressure." In a case of subacute cystitis, with frequent and painful micturition and passage of dark clots, it also failed. But it materially helped a case of vaginal prolapse. Symptom 15 of the proving reads: "Falling of the vagina so as to issue even from the vulva."

In speaking of its action, Mure says of it: "The *Ocimum canum* is destined to become one of the most important remedial agents in Brazil, where it is used as a specific for diseases of the kidneys, bladder, and urethra." And he adds: "Those who wish to devote themselves to our art had better get about proving this drug."

As the proving consists of nineteen symptoms only, it will not take up much of your time if I recount them entire. It will be noticed that sixteen out of the total relate to the genito-urinary system. The mammary symptoms are very striking.

- (1) Turbid urine depositing a white and albuminous sediment.
- (2) Burning during micturition.
- (3) Urine of saffron colour.
- (4) Diarrhoea, several attacks a day.
- (5) Crampy pain in the kidneys.
- (6) Renal colic, with violent vomiting every fifteen minutes; one wrings one's hands and cries and moans all the time.
- (7) Red urine with brick-dust sediment after the attack.
- (8) Itching at the breasts.
- (9) Engorgement of the mammary glands.
- (10) The tips of the breasts are very painful; the least contact extorts a cry.
- (11) Compressive pain in the breast, as is the case with wet-nurses.
- (12) Dreams about being poisoned. Dreams about her parents, friends, children.
- (13) Lancinations in the labia majora.
- (14) Swelling of the whole vulva.
- (15) Falling of the vagina so as to issue even from the vulva.
- (16) Thick purulent urine, with an intolerable smell of musk.
- (17) Swelling of the inguinal glands.
- (18) Heat, swelling and excessive sensibility of the left testicle.
- (19) Numbness of the right thigh for two days.

*Ocimum canum* is an aromatic herbaceous plant, and belongs to the labiate family. It is thus related to *lycopus virginicus*, also to thyme, the mints, rosemary, betony, ground-ivy, and sage. *Ocimum viride*, of Sierra Leone, is used as a febrifuge.

### **Trombidium**

Speaking to a respected colleague one day of the medicine I am next to bring before your notice, I asked him if he knew what it was, and he replied: "Oh, it is one of the rarer metals, isn't it?" "No," I answered, "it is a parasite of a fly!" The word is often erroneously spelt with an "h" - thrombidium. Allen gives it so, so does Bell in his excellent book on "Diarrhoea." This might lead one to suppose it had something to do with a thrombus, but, of course, it has

not.

Hering, under whose supervision the provings were made with the 3x, 6x, 9th, 18th, and 30th centesimal, says of the parasite, which is an acarus, that it is found singly or in groups on the common house-fly, and that it is of a bright red colour, nearly circular in shape. "The alcoholic tincture, a brilliant orange in colour, was prepared from specimens, about 115 in number, collected in Frankford, Philadelphia, in September, 1864."

The principal use to which trombidium has been put is in the treatment of diarrhoea and dysentery, the most characteristic of the symptoms having been manifested in the abdominal region and rectum. Of several cases treated by myself with the drug, the following must serve as an example:

In June last Mrs. C., aged 58, came under my care suffering from excessive heart disturbance following an attack of influenza. Under thyroidin 30 the heart's action became very much improved, but later on she was taken with a very violent diarrhoea. There were severe pains in the abdomen; stools like blood, of an unbearable stench, occurring in the early morning, compelling her to jump out of bed, also, after the least food or drink was taken. The action itself was unaccompanied by pain. Podophyllum was given, but without good effect. On June 29, the condition was much the same, except that there was great pain in the rectum, as well as the abdomen, and that the patient was able to retain arrowroot which I had ordered.

The condition was a very grave one. The patient was so exhausted and collapsed that I was not at all sanguine of her recovery. A study of Bell, on "Diarrhoea," revealed a striking correspondence between the symptoms of my patient and the symptoms of trombidium, and I determined to give it. Among the symptoms found in its pathogenesis are the following:

Stools - thin, brown, faecal, bloody.

Aggravation - In the morning ; and after eating and drinking, griping pain in the abdomen before stool, tenesmus and burning in anus after stool.

Great debility; fainting on rising up.

Aggravation after eating and drinking is, perhaps, the leading characteristic of this remedy.

I dissolved a few globules in water and told her to take a teaspoonful every two hours.

The pain was relieved at once. The stools became less frequent and gradually returned to normal. She was able to take food without any internal disturbance. She commenced the medicine on June 29. On July 4 I discontinued the trombidium. After a few days there was a slight relapse, occasioned by drinking some broth, but the trombidium again, and this time permanently, arrested it.

The same drug also relieved a lady who was suffering from severe abdominal pains after eating and drinking. She had had an attack of dysenteric diarrhoea which had been subdued by allopathic treatment, as far as the motions were concerned, but the pains remained unabated until trombidium was given.

The potency I gave was the 10,650th of Fincke's make. I may be asked why I chose the 200th of ocimum and the 10,650th of trombidium. My reply is that they were the lowest potencies I possessed. Both were given me by Dr. Skinner. If there should be any weak brethren present I may add for their comfort that the two remedies I have brought forward to-night may be obtained of Messrs. Heath and Co. in potencies as low as the 6th centesimal. The results I have obtained with the higher ones are good enough for me, but I am no stickler for either end of the scale. Indeed, I don't believe the scale has any end on the infinitesimal side.

Hahnemann never made a greater mistake in his life than when he said, in reference to the high attenuations, "The thing must end somewhere." I reply, in the words of King Louis, "Je n'en vois pas la nécessité," and I am astonished that the author of "The Medicine of

Experience" should have committed himself to such an unphilosophical remark. His discovery of a mode of preparing and developing medicinal powers by the attenuating process is certainly one of the most profoundly important discoveries of this or any age; and when the scientific world has advanced far enough to apprehend its bearings, it will be acknowledged that by this discovery Hahnemann has thrown more light on the mysteries of being (if our president will allow me to say so) than all other philosophers and scientists put together.

I hope I shall not bring myself under a charge of heresy if I point out that what I believe is regarded as the Bible of this Society - the "Cyclopedia of Drug Pathogenesis" - contains no mention of either of these two well-proved and potent drugs. There are a number of good homoeopaths on both sides of the Atlantic who think they can improve the materia medica, by a process of exclusion and elimination. They would cut out all symptoms that have not been observed in a dozen or so of provers; and all drugs which have not been proved on lines which, in the fulness of their wisdom, they arbitrarily lay down. This result they call ridding the materia medica of useless encumbrances, and I am afraid, if they had their way, *Ocimum canum* and *Trombidium* would have to go by the board. For my part, I prefer to do the pruning, when it is wanted, for myself. The "Cyclopaedia" I look upon as a most valuable collection of raw material, but in no sense a work of any finality. A proving is not of much value until it has been digested and arranged, and, I may add, tested and amplified by clinical use. In nothing is Hahnemann's wisdom so markedly evidenced, to my thinking, as in his destroying his provers' day-books and presenting the world with his magnificent Schema arrangement. I for one am profoundly thankful to him for giving us only the finished product, ready for immediate use. It may be there is no one of his descendants who can be trusted in the same absolute way to know a symptom when he sees it; and it may be incumbent on our humble selves to preserve our day-books for our justification. At the same time, it is the duty of the builders of the homoeopathic materia medica to present their matter in a well-digested schema carefully pointed by the clinical test. Then if our work is what it ought to be, our provers' day-books will repose undisturbed on their shelves as far as the practitioner is concerned, for he will have no need of them; though they may possibly, at some distant date, be of interest to the antiquary."

(John H. Clarke, M. D., Physician to the London Homoeopathic Hospital, Two rarely-used medicines - *Ocimum canum* and *Trombidium*, Journal of the British Homoeopathic Society New series vol. 4 (1896), p. 77-85)

### **1898 - The Doctrine of Signatures and the Law of Similars**

"While engaged in the study of the remedies comprised in the homeopathic materia medica, more especially of those belonging to the vegetable kingdom, one cannot fail to be struck with the correspondence often observable between outward peculiarities of flower or form in the drug and the organ or malady for which it has been found remedial. It would almost seem that it is to be the lot of homeopathy to rehabilitate the ancient doctrine of signatures, developed and glorified by Paracelsus, and possibly utilized by Hahnemann himself and the older homeopaths for suggestions as to the properties of drugs, the outlines of which were filled out by provings and clinical observations.

The Century Dictionary thus defines the meaning of the word "Signature" in this connection: "An external natural marking upon, or a symbolical appearance or characteristic of, a plant, mineral, or other object or substance, formerly supposed by the Paracelsians (and still by some ignorant persons) to indicate its special medicinal quality or appropriate use. The medical theory based upon this conception, known as the Doctrine of Signatures, took note of color (as yellow flowers for jaundice and the bloodstone for hemorrhage), shape (as that of the mandrake and ginseng), various peculiarities of marking, etc. Many existing names of

plants, minerals, etc., originated from this theory. See kidney-wort, mandrake, scorpion-grass. Also called sign, seal, and sigil." - I have to own myself, gentlemen, one of those "ignorant persons" alluded to in the above admirable definition. As the negro preacher remarked, by way of consoling his flock for the trials of life, there is one place where you are always sure to find sympathy; and when asked. Where? he replied with emphasis, in the Dictionary! I confess it has never failed me. An unrepentant sinner, however, I am going to air my ignorance on this occasion, and even venture, it may be, to defend it.

Let me premise that there is sometimes more hidden likeness in superficial resemblances than might at the first blush be supposed. We talk about going "to the root" of a matter as if in the roots of a plant the chief characteristics were to be found. No doubt, if we had the vision, we should observe differential characteristics in every microscopic bit of every plant, but the unmistakable features are oftener found in the blossom or fruit. So it is with disease: it is in the symptoms - the blossom of disease, exanthem, - that the sigil or signature of the malady is most in evidence: and it is Hahnemann's great glory to have demonstrated that the best drug signatures are to be discovered in the out-blossoming symptoms experienced by the drug-prover. But that does not say that drug-provings abrogate the older doctrine of signatures. On the contrary, I maintain that in many instances our provings show that there is an amount of truth in it unsuspected by the hyper-sophisticated intellect of an age that boasts of its knowingness.

Taking it on its lowest basis, an admirable mnemonic is to be found in the correspondence between physical appearance and symptoms; and if there is an art making more demands on the memory of details than homeopathy I have yet to hear of it. The case of the Eye-bright, Euphrasia, will at once occur to you all. The signature of the plant is its eye-blue flower; and how true the inference of the ancients was as to its medicinal properties homeopathic provings and uses have amply demonstrated. And I cannot suppose that this is merely a curious coincidence, of use only for the exercise of medical small-wit. There is not only such a thing as an irony of fate, which we often hear about, and sometimes experience; there is also, if I may so say, a wit and humor in the very nature of things. My contention is that we ought to investigate this and make the most of it, and not the least, as the present tendency would seem to be. Putting the matter, therefore, on the lowest grade of utility, that of a mnemonic, there is no reason why we should not use the eye-likeness of Euphrasia to stamp indelibly on our minds the chief sphere of action of the remedy. And to go back to the examples of our sympathetic dictionary - "the yellow flowers for jaundice, the bloodstone for hemorrhage" - a teacher of materia medica would find it of no little assistance to point out to his class the yellowness of Hydrastis, the "golden seal" with its "Turmeric root," the yellow flower of Calendula, the yellow juice of Chelidonium, the yellow stain of Nitric Acid, and the yellow color of Chrome of Sulphur, of Picrate of Iron (to mention only a few), as evident in medicines which powerfully affect the liver; and as for the bloodstone in hemorrhages, when we remember that it is iron which gives it the color, we cannot but admit that in this case also the signature is a true one.

Some time ago, when making a study of *Cistus Canadensis*, I was struck with one characteristic developed in the provings. The common names of *Cistus*, as you know, are "Rockrose," "Ice-plant," and "Frostweed." Hering quotes from the United States Dispensatory this description: "It grows in low, dry, mica-slate hills and serpentine rocks. It is abundant at the foot of Pine Rock, New Haven, in the barren plains, and seems to be dependent on the presence of the talc (magnesia). It is said" - and here is the point to which I wish to draw particular attention - "that in the months of November and December these plants send out near the roots broad, thin, curved ice-crystals, about an inch in breadth, which wilt in the day and are renewed in the morning."

' Now, you may ask, what possible connection can there be between the physical appearances or peculiarities of a plant and the effect on the human organism of the same plant after it has been macerated with alcohol or boiled down into a decoction? That I cannot answer; all I can say is that in the provings of *Cistus* a sensation of coldness is one of the commonest symptoms met with. Here, for example is a selection: - "Forehead cold, and sensation of coolness inside forehead, in a very warm room; cold feeling in nose; coldness of tongue, larynx, and trachea; saliva is cool; breath feels cold; empty and cool eructations; cool feeling in stomach before and after eating: cold feeling in whole abdomen." - It may be said that sensations of coldness are common to scores of medicines, and that is true. But coldness of the tongue, of the saliva, and of the breath are not common symptoms; and I cannot help feeling that there is some occult connection between the electric properties of the plant which favor the production of ice about it, and the chilling effect of the drug on the body when taken. At any rate, I put down in my private materia medica "unusual sensations of coldness" as a keynote for the use of *Cistus*; and curiously enough, I did not have long to wait before an opportunity arose for testing it. A patient came to me about that time complaining of coldness of the whole left side of the body, and she feared that paralysis was coming on. I prescribed *Cistus*, and there was soon an end to the one-sided coldness, and the fear of paralysis along with it.

The rule "Let likes be treated by likes," as we generally understand it, refers to the likeness between drug effects and disease effects on the symptom plane. But I do not see why we should not extend the meaning of the rule and include within the sphere of the correspondence plant or drug-appearances and organ, or disease-appearances. If we take this view of it, the doctrine of signatures may fairly be brought within the four walls of the homeopathic formula.

Before proceeding further I should like to make it clear that I do not claim for all drugs the possession of signatures. They may all have them, but we have not yet learned to read the signs. Nor do I contend that the signs, when found, are of superior value to provings or to clinical observations. What I do maintain is that in them we may find pointers of great value. They may be used either to supplement provings, or to confirm them; and to suggest uses when provings do not exist.

Take, for example, the "Shepherd's Purse" (*Thlaspi bursa pastoris*). So far as I know there does not exist any proving of this plant, but it is recognized by almost all homeopaths as an uterine remedy of the very first rank. How was this discovered? I ask anyone to look well at the seed-vessel of this common weed and see if they cannot discern a signature of the most obvious kind in its shape; the very counterfeit of a virgin uterus. Take, again, a remedy which has recently been used by homeopaths who have adopted it from the eclectics - *Echinacea Angustifolia*. It possesses a root which turns black on exposure, whence its name, "Black sampsom," is drawn. The keynote for its employment is given as "black tongue." It is used in diphtheria and low typhoid conditions, with or without this symptom, but it is most specially indicated in cases where a black tongue exists. Dr. Burnett has recorded excellent results from *Fragaria vesca* in conditions where the strawberry tongue is a prominent feature. *Elaterium*, the Squirting Cucumber, has a signature impossible to mistake. I have never had an opportunity of witnessing the bursting of the seed-vessel, but I am told by those who have that the report is most strikingly suggestive. The bulb of squill exudes a juice that is the very counterpart of mucus, and this in all probability first suggested its use as an expectorant.

The signatures are by no means confined to outward appearances. Habitat has frequently suggested the medicinal properties of plants. It is a common idea that every country or district produces the remedy for the particular kind of illness that may be most prevalent in it. The subject has never been thoroughly worked out, but instances of it are not difficult to find. I may mention the bog-bean, *Menyanthes*, a notable ague remedy, which, as belonging to a fen-county, I heard about when I was a boy. The anti-rheumatic properties of Salicin may be

typified in the damp places in which the willow grows; and I believe Dr. Cooper got his idea of *Lemna minor* (a valuable remedy in catarrh, as I can attest) from its flourishing in ponds. "Aggravation from damp" is the leading indication for its use.

But I need not weary you with more examples, plenty of which will no doubt occur to you all. My aim is rather to open up the subject and set the minds of my hearers working in this direction. It is well for us to know our medical materials in an all-round way, and not merely as something in a bottle with a label on it, and a list of symptoms in a book.

Before concluding I wish to enter a plea for a wider range in seeking indications for the employment of drugs. I don't think my worst enemy - if I have the honor to possess one - will accuse me of ever having manifested symptoms of being a wobbler in the faith. I have sought to practice it to the extent of my knowledge and ability, fully alive to the fact that homeopathy is much too big to be completely mastered by any one man in a lifetime. On the other hand, I am not aware that my membership of the homeopathic confraternity ties me down to prescribe only on symptoms that have actually been produced in provings on the healthy. That provings are the most fertile source of trustworthy indications I fully believe; but I do not think when Hahnemann penned his "Essay on a New Principle for Discovering the Curative Powers of Drugs," he had any idea that the curative powers discovered in other ways were to be discarded; and if he did mean that, I should say he had made a mistake. Provings are the foundation and superstructure of our art, but there are many other elements that can usefully be employed in the complete equipment of the edifice, and among them the ancient doctrine of signatures should occupy, as I contend, a place of no small importance."

(John H. Clarke, M.D., London, England, *The Doctrine of Signatures and the Law of Similars*, *The American Homoeopathist* vol. 24 (1898), p. 246-248. Read at the Annual Homeopathic Congress, 1898)