

The Wonderful World of Homoeopathy



Fifth Reader

This reader is dedicated to Sheilagh Creasy.
To remember a wonderful homoeopath and very kind woman.



Sheilagh Creasy (1923-2019)

Why do homeopaths stray from classical homoeopathy?

"I'm pretty certain I know why, because they do not enough studying of the old masters, and I mean every one of the old masters: Dunham, Boger, Lippe, Farrington, all of them.

Once you have studied those properly, you cannot deviate.

If you apply the central disturbance and evaluate as Hahnemann tells us to evaluate, that remedy will appear, and then after that remedy, the next, etc., as it starts unravelling.

And we need to sit and watch that unravelling to see what is going on miasmatically.

Few schools teach that - the removal of layers with observational waiting as the miasms unfold."

(Sheilagh Creasy, Interview 1997)

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A friendship

"A new and superb friendship." - Whitman.

" Happy is the house that shelters a friend." - Emerson.

Shortly after Dr. Raue's death I received a letter from a friend and colleague which ended with the words: " I am sorry about Dr. Raue. I feel as though I had lost another part of Dr. Hering."

These words found a ready response within myself, for I had been long and intimately associated with both. What I personally owe to the influence of these two men I will not undertake to express. To have enjoyed the daily companionship of men like Hering and Raue; to have been admitted to their confidence and inmost thoughts; to have been allowed to work for them and with them most of us would consider a rare privilege, a liberal education in itself. I have always looked upon it as the luckiest thing of my life, a boon bestowed by Providence upon an unworthy recipient.

What, in my humble way, I can contribute to the history of the friendship of these truly great men, beacon-lights in the history of our cause, I look upon as a labor of love, a duty as pleasant as the placing of flowers upon the graves of loved ones.

Dr. Raue was twenty-eight years old when he met Dr. Hering, who was born twenty years before him. This disparity in their ages formed no obstacle to their friendship. Raue came as a pupil, full of desire to be filled with knowledge at a fountain ever flowing. Nature and environment had prepared the way for this meeting; " immense must have been the preparations for men like these, faithful and friendly the arms that helped them."

The little land of Saxony, so important on the map of Germany, had cradled both, had educated them to a period when their independent spirits longed for more freedom and a wider sphere of usefulness. Monarchical institutions were distasteful to them. They were alike strong in their love of freedom and their hatred of privileged classes. They felt themselves "cribbed, cabined, and confined," and longed for expression.

Hering sailed for South America at the age of twenty-six, Raue for the United States when twenty-eight. They were destined to meet here, in the City of Brotherly Love, where Hering had established Homoeopathy after his pioneer work at Allentown, in this State.

Homoeopathy had a good foothold, but needed energetic spirits to keep it alive. Good instructors were needed, The news of the good reception accorded Homoeopathy in America had reached Germany. Raue heard of it and wanted to try his luck.

A letter of introduction from Dr. Hering's brother Carl, in Saxony, who knew young Raue well, was full of promise. To quote Hering's own words, taken verbatim from my notes: "Raue was assistant teacher to one by the name of Dressel, who was at the head of a higher institution of learning. Raue so highly distinguished himself in this capacity that Dressel wished to appoint him his successor, but Raue said: I I want to go to America, and I want to study medicine. There was a lack of funds. In order to obtain these he was advised to prepare a work for students on the Psychology of Beneke. He did so successfully, and made a sensation. He arrived in America and came to me. At first I advised him to study for the ministry.

He got furious. ' I want to be a doctor, nothing else, and I want to be your student!' I thought to myself, this fellow will be either very much, or else he will amount to nothing at all, and adopted him."

A close relationship thus began, in 1848, between Hering and Raue, which ripened into a friendship to endure thirty-two years, until the time of Hering's death.

What the foundations for this more than ordinary friendship were I will endeavor to make

plain by drawing parallel lines in the characters and characteristics of the two men.

In personal appearance they resembled each other. They were not men of ordinary mould. They were grand, sturdy men, of medium height and rugged athletic build. They gave the impression of being very much taller than they were in reality by reason of their commanding presence, their towering foreheads, leonine heads, and fine, expressive eyes.

Raue's head was round, had very expressive prominent frontal bones, the orbital region very well formed (fit receptacle for the philosopher's brain), the eyes deep-set, gray, fiery, sunny, sparkling; the hair blonde, later in life tinged with gray, and worn long like that of his friend and as was the custom with their race in the olden time. No doubt some thought that Dr. Raue imitated Dr. Hering. In fact, on one occasion, someone impertinently said to Dr. Raue: "You are the little Hering. You imitate him!" Dr. Hering, who was present, said: "No, you are mistaken; Raue does not imitate me. We are both thick heads, that is all!"

It is a fact, however, the older Dr. Raue became the more he grew to resemble his friend in appearance; and this is not at all strange when we reflect how likeness in thought and soul-life shapes to similarity the features of those who live together long in close companionship and follow similar pursuits.

The grand head of Raue, set upon broad shoulders, assumed more and more the resolute and commanding look which people admired in Hering.

A workingman, in whose family Dr. Hering attended years ago, when engraving the block for Dr. Raue's portrait, to appear in one of the daily papers over an obituary notice, was struck with the resemblance and made the remark to his wife, "I made a picture of Dr. Hering today."

Small wonder that Raue should take on more and more the likeness of his friend when we come to realize that his whole world was bound up in him.

Daily, faithfully, and unflinching, through all weather, Dr. Raue paid his morning call to Dr. Hering, and Dr. Hering looked forward to it as to the rising of the sun. He would as soon have expected to have the one to fail him as the other, and surely Raue would have thought the planetary system out of joint if something had turned up to interfere with his visit to Dr. Hering.

In their dress both men were simple and unostentatious. Looks had to give way to comfort, fashion to common sense.

Their garments were worn loosely upon the body, their neck-wear was not in the fashion, nor were their hats, of soft felt with wide brims, and their shoes were broad-soled and a world too wide to be in style, but easy and comfortable to the feet. In externals, as well as internals, their natures would not bear restraint; as Carlyle puts it, their "contempt for earthly shadows was always extreme."

Men like these "were never measured, and never will be measured." They were not "contained between their boots and hats."

In speech they were quite similar. Their language simple, natural, bold, and strong, free from sentimental rhetoric. Ordinarily they were placid and self-contained, but as is the case with men of great force, profound convictions, and energetic wills, they had a certain fierceness about opinions, in their minds indisputable, which they guarded jealously. When points like these were attacked, they became as explosive as dynamite, and their language was not always picked. They loved the truth and called things by their own names. Little cared they for consequences.

Relating to their utterance and tone of voice will apply the lines of Shakespeare:

" His voice was propertied
As all the tuned spheres, and that to friends;
But when he meant to quail and shake the orb,
He was as rattling thunder."
- Antony and Cleopatra.

Both Raue and Hering could put up with personal affront. The moment the cause was attacked they were up in arms; like their countrymen, the fighting spirit was strong in them. The expressions called in German "Burschikos," the vigorous, one might say good, slangy expressions of the student-days, clung to them all their lives, and very refreshing they were to hear.

The spirit of satire, coupled with delicious wit, though drastic at times and biting when turned against an enemy to the cause, belonged as much to Raue as to Hering, although it is fair to say of Raue he never permitted much of it to get into his writings. He was no friend to polemics in literature.

Many a hard knock was dealt in this way by Hering, but only when deserved and in defense of the cause. It has been said, " All faults may be forgiven of him who has perfect candor," and no one will accuse either of our friends of ever being lacking in that.

Both were patient in listening. If you had an anecdote or story to tell, an observation to relate, or an experience to contribute, you were their man; neither one of them was ever in a hurry to see you go.

The moral and emotional side of the two men was phenomenal; they possessed courage, firmness, resolution; the will to dare and do in the highest degree, but controlled and seasoned and kept in bounds by the supremest loyalty - loyalty to friends, loyalty to family, loyalty to the cause. The tough fiber of the human heart was in their friendships.

Neither one cared for temporal prosperity as much as for things immortal. Not money-getters. No money consideration was ever an inducement, cold calculation an impossibility.

On one occasion Dr. Raue was seen coming from Hering's study in a state of great perturbation of mind, one might say high dudgeon. The cause of his disturbance was Dr. Hering himself, who, in an unguarded moment, had offered Raue a share in some money the latter had earned from Dr. Hering's patients while he was sick and unable to attend to practice.

When Raue had gone, Hering said: " Er ist ein göttlicher Grobian," which must have meant something very tender and complimentary, for Hering's eyes were moist when he said it!

Their integrity was beyond all doubt or scruple. They might have been, and sometimes, were deceived; but they never deceived others, for they had an inborn hatred of all that is mean, and never could tolerate shams or smart ways.

Dunham's words, spoken of Hering, apply to Raue as well: "The study of their lives was not fabrics, nor wares, nor stocks, but the noblest of God's creation, that which He made in His own image - the body and mind of man."

The words spoken of Hering by Henry N. Guernsey, are as true of Raue: "He never plotted evil, and never sought revenge, but was innocent-minded as a child." It must have been because in themselves dwelt this simplicity of heart, that their love and reverence for little children formed so marked a feature in their lives, stronger perhaps than any. If a child failed to smile for Dr. Hering, he pronounced it sick and in need of treatment! Dr. Raue was never happier than when he had little children, of his own or others, about him; his genial manner was then most genial, and when they were sick his kind heart overflowed with love and sympathy for them. In the sick-room he was then a welcome sight. The door would open. The house was brighter for his coming. He shed light like the sun. His hearty handshake, his merry

laugh, his cheerful, healthy manner effused an atmosphere at once strengthening and saving. Hering had the same gift. Both men were strong believers in the saving power of optimism.

They took but little time for recreation and amusement, these two workers, not enough, and none for physical exercise as such. As someone expressed it, "their hygiene was very good, but it was for other people." Their industry, never flagging, was equaled only by their enthusiasm and power to endure.

That they both loved music goes without saying. They were Germans whose ears had become attuned from childhood to the best in music. To them were familiar and dear the chorales of Martin Luther, that sing of faith and hope, security and deliverance, eternal love and peace, and mighty praise such as armies offer up when the victory is won.

They loved well the music of Beethoven, never tired of hearing the septets, the sonatas, or the grander symphonies. Dr. Raue possessed a good tenor voice, with which he joined in singing the quartettes of Mendelssohn and other German four-part songs that were sung on birthdays and other festal occasions at either house.

They valued the excellency and nobleness of religion, these brave hearts, although they were not church-goers or worshipers in the accepted sense. They worked in the vineyard of the Lord with tenfold more earnestness than many who are. The mightiest are those in whom faith is mightiest. It was their custom to rail against dogma and empty form. If any one should happen to call Raue "a good Christian" in a sense a little distasteful to him, flaring up, he would say, "I am no Christian, and will not be called so in my own house." On the other hand, if unobserved, he would be apt to go to the bedside of his little ones, tuck them in for the night, and tell them "to say their prayers to the dear God."

As to Homoeopathy. As to the results of the concerted labor, the working methods, the teachings of these two friends, the sum total and outcome is incalculable. If Hering was a father to Homoeopathy in this country, Raue was an elder brother to it. If Hering was an able general, Raue was a noble captain in the ranks. For thirty-two years the two worked together side by side, having the one thought uppermost in their minds, to represent the master, and to represent him correctly. They were Hahnemannians - they believed in the principles, and lived up to them.

Their working maxims were something like this: "There is an individuality in everything the Lord has made. You cannot substitute one medicine for another. To mix medicines is a crime. Alternating is the half-way house to mixing. To make a poor prescription, when much hurried, is excusable; the questions which always must be kept freshly in mind are: What is your aim? What are you striving for?" They were wont to say, "If a homoeopathic physician once adopts the too-much-trouble creed' he is lost."

Their rules of practice - golden rules, they called them - were: "Learn to observe. Learn to prove. Learn to examine the sick. Learn to select a remedy. Learn how to repeat and how to change remedies. Learn how to wait. Learn how to profit by experience."

They consulted their materia medicas diligently, they ransacked their repertories, unhandy and incomplete as they were. They added daily confirmations and new experiences to them. They possessed the ability to detect the individual characteristics of a remedy, and had an eye as well for the finer points of difference. They were artists in making prescriptions, Raue perhaps the greater therapist of the two.

Hering was a great promulgator of ideas, his fertile imagination constantly leading him on to new discoveries. When work was pressing Raue sometimes had all he could do to keep Hering from flying the track. He would say, "Hering is chasing a bee; I must bring him back!" If one was versatile the other was concentrated. They fitted together like two cog-wheels, and

kept the machinery in motion.

As teachers they were admirably fitted. Both had made teaching their occupation when young. Both loved to talk to students. They were ever ready to help young men. It made little difference to them who it was that came. If he had capacity to absorb he went away rich; but they never troubled themselves with the poor fact that the receiver was not capacious. Emerson says: "It never troubles the sun that some of his rays fall wide and vain into ungrateful space, and only a small part on the reflecting planet; let your greatness educate the crude and cold companion. If he is unequal he will presently pass away, but thou art enlarged by thine own shining."

Raue himself had been absorbing wisdom for nearly twenty years when, in 1867, his first homoeopathic work, *Special Pathology and Therapeutic Hints*, appeared. It was dedicated to Hering in the following words:

"Honored Friend: - As a token of most grateful acknowledgment [of your uniform friendship so long enjoyed by me, and of my appreciation of your high attainments in science and vast experience in practice, I would dedicate to you this fruit of my humble labor.

Your ever grateful

"Philadelphia, December 3d, 1867." Raue.

This book, marvelous in its completeness and practical scope, into the last edition of which (1896) the author put what was new in the progress of medical science, as well as the remainder of vitality left him, the writing of the preface being his last stroke of work upon earth, is a monument to his industry - surely a book no homoeopath can afford to be without. It represents the making practical of what was theoretic, the showing of how the thing should be done. Hering inscribed his *Condensed Materia Medica*, likewise a text-book for students, to his friend Raue.

Raue's help in editing Hering's masterwork, *The Guiding Symptoms*, before and after Hering's death, was considerable. He not only contributed valuable material and advice, but he performed the arduous task of arranging and classifying the mental symptoms according to the system of psychology in which he was so well at home.

Let me say here that in respect to his later work, *Psychology Applied to the Solution of Occult Phenomena*, issued in 1889, Raue stands before the learned world an acknowledged master of his subject. To a homoeopath it means that medicine has a spiritual side; that we cannot be successful physicians to the body without at the same time being physicians to the soul. It means that we shall make use of our ability, as Dr. Heerman, of Paris, expresses it, "to modify psychical tendencies in infancy and improve the race." Or what was foreshadowed in one of the theses of Hering's inaugural address, in 1826: "Not to deliver men from particular diseases, but to deliver the whole human race from the cause of disease is the ultimate goal of medical science."

As it was Hering's aim to elevate Homoeopathy to a position among the sciences, as it was Beneke's effort to put mental philosophy on a firm ground, so it was Raue's purpose to continue that effort to a point where the human soul, "that being of which most men have but a shadowy idea, because they have never been accustomed to self-observation," may be estimated and measured according to the same law that develops the body, the law of affinity - like attracts like.

Men like Hering and Raue realized that the mind of our medical world, gross of perception and materialistic as it now is, is to be remedied by a gradual transformation. That Homoeopathy should not be kept materialistic to adapt itself to the masses, but the masses must be edu-

cated to adapt themselves to it. It was their nature to proceed carefully; reasoning along the lines of inductive philosophy, setting firm ground for their ideas, waiting patiently for acknowledgment; realizing that -

"All truths wait in all things,
They neither hasten their own delivery nor resist it,
They do not need the obstetric forceps of the surgeon."
- Whitman.

Nevertheless, men like these wear themselves out in the service of humanity.

One evening Raue was called to minister to his friend, who was experiencing then that bitter hug of mortality to which he was prepared to say, "It is idle to try to alarm me." Even the trusty Lachesis, which had saved a thousand lives, could not save this one. His friend was no more.

The time had arrived when "a friendly, beckoning hand withdrew him from things without, his senses closed to page and speech, unfolded to sources of joy and hope, and he departed at peace with himself, with God, and the mantled world." *

*A correct estimate of Hahnemann. - C. Hering, 1847.

Raue came next morning with bowed head, looked about the circle in which lay the dead friend, turned and went without a word, a broken-hearted man. He was unable to appear at the funeral.

No one understood Hering like Raue; and, I may say, no one Raue, like Hering.

Long after Hering had gone it was Raue's great delight to sit of an evening with a friend to whom the subject nearest his heart was congenial and talk about Dr. Hering and old times. Then he would become gloriously reminiscent, laugh, and be at his best; epithets rained, no end of adjectives.

Hering was to Raue "philosopher, guide, and friend." Raue to Hering what he named him, "faithful Eckhardt;" more than this, a complement to the incomplete circle, a man with whom to live on brotherly terms.

As said Dunham, Raue could truthfully say, "In Constantine Hering I gained the most helpful, generous, and genial friend I have ever made." Dr. Hering could say, "In Raue I have never been disappointed."

Sixteen years after Dr. Hering had passed away death came as a loving friend to Dr. Raue. He was content to go, for his weak body had ceased to be an instrument to his capable will.

Some time back, when still in the possession of his faculties, upon one occasion when found upon his couch fatigued and in a fit of depression, such as is common to humanity, he is known to have said to his friend Hermann Faber, the artist, who, I think, stood next, after Hering, in his affections among his friends, "Dying is unpleasant, a miserable arrangement. If we but knew what is to come next!"

Referring to the Psychology, Faber answered him, "Open your book, Dr. Raue, and read what you have written!"

"Oh, that is all very well, as far as it goes, but we know nothing. Anyhow, you are a humbug!" With that he arose from his couch and passed into a pleasant humor.

At the last, when his spirit was clouded and he recognized no one about him, not even his dear "Mudding,"* he was heard to remark feebly, in German, "Es scheint mir es sind gerade 100 Jahre seit der gute Dr. Hering - " "It seems to me it is quite a hundred years ago since the

good Dr. Hering - " The sentence remained unfinished. Apparently in his confused mind the centenary of Homoeopathy, celebrated this year, commingled with memories of his beloved friend.

* Pet name for his wife, taken from Fritz Reuter's Stories.

These were Raue's last words. A few days later his earthly body was consigned to flames, to be resolved into its elements and primitive forces.

The flames his spirit have kindled will continue to burn brightly for the illumination of men's minds long after lesser lights have gone out.

These are the words of Emerson: -

" Let the soul be assured that somewhere in the universe it should rejoin its friend, and it would be content and cheerful alone for a thousand years."

They were brave, large, rough-hewn, of strong wide sympathies, these friends; believed in brotherhood, freedom, love, and hope. Are such as these destined to end in smoke, and ashes?

What next? Will there not be another sunrise, more glorious than any?

These are the words of the Good Gray Poet: -

"This day before dawn I ascended a hill and looked at the crowded heaven,
And I said to my spirit, When we become the enfolder of those orbs, and
the pleasure and knowledge of everything in them, shall we be filled and satisfied then?
And my spirit said, No, we but level that lift to pass and continue beyond."
- Whitman.

The intuitive and prophetic in us tell us that these comrades will continue their journey together: "They shall always persevere in the road which leads upwards." - Plato.

These are the words of the English poet, Symonds: -

"Morn now began to whiten in the wake
Of Phosphor: far athwart dim olive bowers
Freshened the breeze of dawning; so they rose.
As one with toil forespent, with waning powers,
Forth from the stifling city tumult goes,
In summer to fresh fields and hills serene,
For sure rejuvenescence and repose;
So toward the Alps and upland breezes keen,
The snows untroubled and the silver rills,
That death doth hide from life in his demesne,
Those comrades o'er the dew regenerate hills
Went smiling. Arm in stalwart arm enlaced,
Alike resplendent, and with wedded wills,
They seemed twin gods, fraternal stars embraced."

(The friendship of Dr. Raue and Dr. Hering, by Calvin B. Knerr, M. D., An address delivered at the Raue Memorial Meeting at Hahnemann College, Philadelphia, October 17th, 1896, The Homoeopathic Physician vol. 16 (1896), p. 472-483)

An Address by Carroll Dunham

“*Gentlemen of the Society* :

By the request of your president and other officers, I appear before you to perform that duty which, on such an occasion as this, devolves upon the president of the Society, but which the special engagements of that officer, at this season of the year, in New York, have prevented his fulfilling.

The session of this evening brings to a close the first regular meeting of the Homoeopathic Medical Society of the State of New York.

The object of this Society is declared to be "the advancement of the science of medicine."

In these days, when the value of associated labor is so well understood, one might certainly ask, with surprise, " Can it be that, prior to this year, there has existed in the State of New York no central organization for the advancement of the science of medicine?"

The fact is, there *has* been a State Medical Society in active operation since 1806. Its *object* is the same as that of our Society; its organization and its mode of operation are identical with ours.

What, then, is the necessity for a second Society? Why should men of the same profession, engaged in similar labors, for a common object, divide their forces, and thereby diminish their efficiency? What is the nature of the *antagonism* which this division implies, and what is the necessity for its perpetuation? Candid and exhaustive replies to these questions will explain and justify our position of separation from the Old School of medicine. They will, at the same time, sharply define the outlines of that branch of medical science to which we have especially devoted ourselves, and will give us a clear view of the labors which devolve upon us for its advancement and development.

I propose, therefore, to discuss this antagonism, first from a historic and then from a philosophical point of view.

Samuel Hahnemann, the great reformer of medicine, was a regularly educated physician, of great learning and very uncommon general culture and literary attainments. In the words of Sir John Forbes, who surely cannot be accused of any partiality for the founder of Homoeopathy: "No candid observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and destined, probably, to be the remote, if not the immediate cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself; * * * he was undoubtedly a man of genius and a scholar; a man of indefatigable industry and of dauntless energy." (British and Foreign Med. Review, XLI, 1846.)

Hufeland, the Nestor of orthodox medicine in Germany, in calling attention to an essay published by Hahnemann, in his Journal, in 1801, speaks of him as "one of the most distinguished physicians in Germany."

This being the estimate in which Hahnemann was held by his most distinguished contemporary (Hufeland) and by his most learned critic, (Forbes,) both of whom, be it observed, were opposed to the medical reform which he had instituted, let us glance at his professional career.

After practicing in various localities and positions, with such success and acceptance as to acquire the reputation which Hufeland records, of being "one of the most distinguished physicians in Germany," Hahnemann tells the profession, in several essays on medical subjects,

that he has become so deeply convinced of the uncertainty of medical practice; and of the positive injurious effects of many methods in common use among physicians at that day, that, at length he really "doubts whether his patients would not, in many cases, have thriven as well, or better, *without* his aid as *with* it."

This conviction of the uncertainty of medicine, this suspicion of the injury which it sometimes inflicts on the patients, were not peculiar to Hahnemann. Girtanner and several others, before his day, expressed them. Sir John Forbes, from whom we have already quoted, says, in 1846, of the medical methods of our own time, "in a considerable proportion of diseases it would fare as well, or better, with patients, in the actual condition of the medical art, as more generally practiced, if all remedies, at least all active remedies, especially drugs, were abandoned." " Things [in medicine] have arrived at such a pitch, that they cannot be worse; they must mend or end." (B. and F. Med. Rev., XLI, 1846.) Such views have been repeatedly expressed by members of the medical profession in this country.

Hahnemann has said nothing more severe nor more sweeping than this condemnation of practical medicine, by the late head of the profession in England.

But what did Hahnemann do when he had become convinced of the inutility and mischievousness of the current medical methods? Did he continue a routine practice for the sake of "making a living?" No! like a noble, honest man, he refused to make a pretense of curing where he *believed* he did *not* cure. He relinquished the practice of medicine and devoted himself to the collateral science of chemistry and to literary labors. But his mind was ever at work on the great question of the improvement of the practice of medicine, for he was "sure that the Creator had not left His creatures without a means of succor from the pangs and ravages of disease."

Thus intent on this subject, he could not fail to remark that although the prevailing treatment of diseases was, in general, blind and at least *ineffectual* to cure, yet there were certain remedies which were used in the case of certain diseases with almost uniformly happy results - or at least with such results as left no room for doubting that in *these* cases, at least, *real* cures were effected. This he had observed to be the result of the use of mercury in certain cases, not unfrequently encountered by medical men; but his attention was especially called to the fact in connection with Peruvian bark, the febrifuge properties of which had, during the latter part of the preceding century, become well established and highly prized on the continent.

"If," he thought to himself, "if the number of these specific remedies could be vastly increased, and if some system could be discovered in accordance with which we could ascertain their exact properties and could know beforehand in what cases of disease they would be applicable, then indeed would the uncertainties of medical practice be removed, then might we anticipate as great success in the treatment of all diseases as we now attain in the treatment of a few for which we have specifics."

This desire for specifics was not original with Hahnemann. It had been expressed before his day by Bacon and by Boyle. Sydenham had longed for them in expressions almost pathetic in their hopelessness. But Hahnemann, with his "undaunted energy and indefatigable industry," went to work to *discover* this system.

A casual observation in Cullen's *Materia Medica* gave him the clue to his discovery, as the falling apple did to Newton and the swinging chandelier in the church at Pisa to Galileo. From this observation it occurred to him that provings of drugs upon healthy persons might furnish a knowledge of their specific properties, and that the administration of drugs, in cases presenting symptoms similar to those which the drug produces in the healthy subject, might be the law of the application of specifics.

He sought throughout the whole medical literature of ancient and modern times for instances bearing upon this subject, and he collected a large mass of evidence corroborating his speculations.

He then proceeded to verify his theory by actual experiment. First upon himself and then upon all healthy persons who would join him in these self-sacrificing labors, he proved the effects of a number of drugs. Then, cautiously, first in his own family, and then, little by little, in his general practice, which he had now resumed, he gave, as occasion offered, the drugs which he had proved, in cases of disease that presented symptoms similar to those produced by the drugs.

From 1790 to 1805, fifteen years of the prime of his life, were devoted to constant, exhausting labors of this nature, during which time he proved on his own person more than sixty drugs; "for," said he, "when we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it becomes a crime!" (Dudgeon, Hahnemann's Lesser Writings.) At the end of this period, sure of the truth of the great principle he had discovered - with all the incidental testimony of history to support it - with the positive results of a long experience to confirm it - he presented his views and the results of his labors to the profession in an essay of wonderful logical power, of the utmost moderation in expression, full of almost tender persuasion and of the noblest enthusiasm; ⁽¹⁾ and he published at the same time the first part of his *Materia Medica*. ⁽²⁾ Five years later appeared the more elaborate exposition, the "Organon."

(1) *Medicine of Experience*. (2) *Frag. de Vir. Med. pos.*

This was the turning point of Hahnemann's career. Let us see what was his relation to the profession at this time.

He had, by universal consent, attained a position in the profession which justified him in assuming to criticise prevailing methods and to suggest improvements. He had shown the need of improvements, and he had borne testimony to his honesty in this exposition, by retiring from a lucrative practice. He now came before the profession, saying, "I believe I have discovered a system which will render the practice of medicine certain, and its success brilliant. I have labored fifteen years to test my discovery. My own experiments, and the testimony furnished by the records of medicine, convince me of its truth. I lay it and them before you, my colleagues, and I conjure you, in the name of truth, by the interests of humanity, to investigate it candidly and without prejudice."

"If," he says in his letter to Hufeland on this occasion, "if experience should show you that my method is the best, then make use of it for the benefit of mankind, and give God the glory!"

How were this exposition and appeal received by the medical men of the day?

In 1811, appeared the *Anti-Organon* of Prof. Hecker - a work full of the most bitter aspersions upon Hahnemann's personal character, whereas, in fact, the question had relation to *principles* and not to *persons*; abounding in the most concentrated contempt and scorn of the system which Hahnemann had unfolded; and without a single suggestion to investigate, by *practical* experiment, the *practical* method which Hahnemann had stated to have been attended, in his hands, with such brilliant *practical success*!

And from that day to the present, all the utterances of the Old School, whether from the press, the council, the professor's chair, or in the forum of the academy, have been bitter personal denunciations and aspersions of the character and motives of Hahnemann, and of all who have adopted or have even shown a disposition to investigate his method!

But many a scientific discoverer has met with opposition and calumny at the hands of his colleagues. Not to go beyond the ranks of medicine, Harvey was denounced as a quack, because

he demonstrated the circulation of the blood! Jenner was scandalized with most persistent violence because he introduced vaccination.

To Hahnemann, however, persecution came nearer home. After he had satisfied himself of the value of his discovery of the true method of medical practice, he resumed the exercise of his profession. His success was more brilliant than it had ever been. His fame as a practitioner grew rapidly, and patients began to come to him from considerable distances. This good fortune excited the envy of his colleagues in Königsutter, where he then resided. At their instigation, the apothecaries of the place brought a prosecution against him for infringement of the law which forbids to practitioners of medicine the compounding and sale of the remedies they prescribe. For, it must be observed, that, as an inevitable corollary to his new system of practice, Hahnemann had come to prescribe only a single drug at a time, and that he used simple preparations such as could not be obtained in the requisite purity at the apothecaries. In vain it was urged that the spirit of the law was not infringed, since Hahnemann was himself an expert apothecary and chemist, and since his remedies were not "*compounded*," but *simples*, and not "sold," but dispensed gratuitously. The opposition was too strong. He was forbidden to practice, save in accordance with the law alluded to.

Rather than yield in a matter which he considered essential to the freedom of the physician and to the purity and certainty of his practice, Hahnemann determined to leave Königsutter; and accordingly, to the delight of his colleagues and of the apothecaries, and to the regret of the citizens, who were loath to lose their benefactor, and a cortege of whom attended his carriage far beyond the gates of the town, he removed to Hamburg.

Here, as he became known and appreciated, the same persecution was revived, and with the same result. He removed to Altona.

In this way, during a period of twenty-two years, from 1799 to 1821, Hahnemann was constrained, by the persecution of his colleagues, under cover of the law, to change his abode at least eleven times. The last place from which he was driven in this manner was Leipsic - a city for which he had a peculiar affection. Here he had pursued his earliest medical studies and met with his first successes. Here he had, in later years, established a college of Homoeopathy, and had lectured to large audiences. In the shady walks and groves that surround the city he had been wont to spend the evening of each day in social converse with his family and with the students whom he had gathered about him and who took part in his labors of proving drugs.

From this city of his love, the scientific capital of his fatherland, he was now, in the sixty-sixth year of his laborious life, driven away, to an asylum offered him in the tiny capital of the tiny Duchy of Anhalt-Coethen!

No wonder that he who for so many years had followed the injunction, "When they persecute you in one city, flee ye to another," - that he who like the Divine Healer had gone "about from place to place doing good and healing all manner of sicknesses and diseases among the people" - no wonder that he forgot, under the pressure of this last indignity, that other injunction of the Divine Teacher, to "love them that hate you, and pray for them that despitefully use you and persecute you," and that, like Luther, he now bared his hitherto sheathed weapons of satire and invective against those who had striven to hinder his usefulness - who had so cruelly marred his peace and happiness - all save that peace which can never be taken from the man who has within himself the "*mens sibi conscia recti*!" If in this he erred and came short of the Divine example, let him among men who is "*pure*," cast the first stone at him.

Time brings its sweet revenges. After a career of honor and usefulness at Coethen, where his ever-increasing fame brought him throngs of patients from all parts of Europe, and a subsequent residence in Paris, where his reputation extorted from the government a license to prac-

tice as he pleased, Hahnemann died at Paris in 1843, full of years and honors. Eight years afterwards, in 1851, the town council of Leipsic appropriated a beautiful plot of ground as a site for his monument, and the council celebrated officially the uncovering of a costly and beautiful bronze statue of that man, as one of Saxony's most illustrious sons, whom thirty years before the same council had ignominiously chased from their borders as an unauthorized and illegal prescriber!

Before we leave this branch of our subject, let us draw one lesson from the story of Hahnemann's persecutions. All his sufferings might have been avoided, he might have lived in peace and affluence, enjoying consideration among his colleagues and making *plenty of money*, had he been willing to "yield a little," to waive the right of dispensing his own medicines, to accommodate his system in various points to suit the notions of his time. The temptation to do this might, by some, be supposed to have been great, for Hahnemann's family was large, he suffered during his wanderings from the pinchings of cruel poverty, and this took from him the leisure so necessary for his studies,

But Hahnemann was not made of the stuff that could compromise, for personal ease and prosperity, the charter that God had given him for the benefit of the race. He refused to give up one particle of anything which he deemed essential to the purity and perfectness of his system, and so he has left it to us, pure and perfect!

Let us remember his example when prospects of ease and consideration, and of the cessation of strife for the truth, tempt us to compromise unworthily with any portion of the Old School of medicine.

For there are those among us, as there are men in other walks of life, who for the sake of what they call peace and union, would join hands with what they know to be false! aye, even though to do it, they should have to "cut off the fanatics," who adhere strictly to Hahnemann - to leave the "brains" of their system "*out in the cold.*"

This is the origin and the personal history of the *antagonism* between Homoeopathy and the dominant school of medicine. Hahnemann showed the imperfections of the current methods. Nobody disproved what he said. Everybody agreed with him and everybody sighed for something better. He *discovered* something better and offered it to his colleagues, with demonstrations of its value; he begged them to investigate it; and in case they should find it better than the old method, to use it for the good of mankind, and give God the glory! Then, with one accord, they denounced him as a vile impostor, and chased him from their midst, nor have they yet ceased to heap ignominy on his name!

It may be objected that I have not stated the whole grounds of the opposition of the Old School to Homoeopathy, inasmuch as I have said nothing about the "little doses."

If this were true, it would not alter the bearings of the case, because the doctrine of the "little doses," like all the rest of Hahnemann's method, was offered to the profession to be by them submitted to the test of experience, by which, like all the rest, it should stand or fall. But, in point of fact, Hahnemann came very slowly to see the necessity of giving small doses when he prescribed according to the law of Homoeopathy, and he did not express himself authoritatively upon this subject until long after the opposition to him, and the persecutions in the name of the apothecaries, were in full blast! Therefore, this opposition could not have originated in the doctrine of the *dose*.

Nor is the question of the dose at all essential to the experiments which Hahnemann invited his professional brethren to make for the purpose of testing his system. Intelligent experiments with doses of ordinary size would convince any physician of the truth of the Homoeopathic law; and if he continued the experiments, the inconveniences that he would find to re-

sult from the use of such doses would inevitably lead the experimenter, as they led Hahnemann, to continually diminish the dose, until he should become convinced of the truth of Hahnemann's dogma on this subject also.

This has been the uniform experience of all physicians who have become convinced through experiment of the truth of Homoeopathy and have adopted the method in practice. And the more strictly they conform to Hahnemann's method in prescribing, the more exactly do they agree with him respecting the dose. The number of these witnesses amounts to-day to many thousands, and their concurrent testimony does not admit of dispute.

II. Let us now consider this antagonism from a philosophical point of view.

As I have already said, Hahnemann perceived that the prevailing method of treating disease comprised two processes.

One of these processes was what was then, and is still called the "Rational." It involves a theory of the cause and essential nature of the disease, and the resort to some expedient which would be likely to remove this supposed cause of the disease and to bring about a contrary state, and so conduce to health. Of this kind was Galen's method, which divided diseases into *hot, cold, moist and dry*; made a similar classification of remedies, and applied to each disease a remedy from a class of the contrary nature. Less glaringly absurd, but in no way different in nature, are the theories which hold that certain diseases, for example, are caused by accumulation of the blood in certain organs, and are to be cured by abstraction of blood; that others depend upon what is imagined to be *want of tone*, and are to be cured by remedies which are assumed to be *tonics*; that others are due to a languid state of the "*animal spirits*," and are to be encountered by the administration of "*stimulants*," &c.

That these were the grounds upon which the prevalent methods, in the generation preceding Hahnemann, were based, is shown by Cullen's theory of the action of bark, and also by the following passage from Sydenham on Pleurisy : "After attentively considering the various phenomena of this disease, I think it is a fever originating in a proper and peculiar inflammation of the blood - an inflammation by means of which nature deposits the peccant matter in the pleuras. In my treatment I have the following aim in view, to repress the inflammation of the blood, and to divert those inflamed particles which have made an onset on the lining membrane of the ribs (and which have lit up so much mischief) into their proper outlets. For this reason my sheet-anchor is *blood-letting*."

A modification of this process is that which is known as the Hippocratic method of observing and following the indications of nature; in the words of Sydenham, "watching what method nature might take, with the intention of subduing symptoms by following in her footsteps." According to this method, if, in any disease, recovery was preceded by a critical evacuation, such as a copious sweat, this was assumed to be nature's method, and sudorifics were accordingly resorted to in similar cases.

Now, independently of the fatal objection, that this method would confine our curative power to such diseases as nature *herself* is wont to cure by critical discharges, &c. - the very diseases, therefore, in which medical aid could be best *dispensed* with - while it makes no provision at all for such diseases as rarely or never get well of themselves, such as nature never cures by critical discharges - the very cases, therefore, in which there is most need of the intervention of art - Sydenham tells us that he "found that spontaneous sweats often did good." " But these," he says, " were very different things from *forced ones*." And Hahnemann showed that " in such cases the critical discharges and the recovery were *simultaneous*; that the discharge was the *consequence* and *announcement* rather than the *cause* of the *recovery*; and that to infer from such a state of things that we could bring about a cure by inducing an *artificial* sweat,

would be like ringing bells and lighting bonfires to *secure* a *victory* instead of to *announce* one." (Russell, Hist. and Heroes of Art of Med. - Sydenham.)

The other process, which Hahnemann perceived to be comprised in the prevailing methods of treatment, was - administering, in the case of a very few diseases, of which fever from marsh miasma may be taken as the most illustrious example, certain remedies which had been discovered to possess, in some unexplained way, a power to cure these diseases. Such remedies had been discovered by the merest accident. No method was known by which others could be discovered : no method had been suggested by which it could be more clearly ascertained and defined for what particular varieties of the diseases in question these "specifics," as they were called, were especially appropriate.

Hahnemann showed the fallacy of the philosophy on which the "Rational" method was based. He showed that, even admitting that accumulations of blood do exist as the "proximate cause" in certain diseased conditions, yet these accumulations cannot be regarded as the *essential cause* of the disease. On the contrary, that cause must be sought in that force which regulates the circulation and preserves its equilibrium. This force must have been set into abnormal action, in order that an accumulation could take place in any particular organs; and, therefore, in the accumulations we see, not the *essential cause* of the disease, but only one of the *results* of that *cause*. To undertake, then, by abstraction of blood to remove a result of the cause, is not to cure the disease by removing the *cause*, but only to seek to *palliate* it by carrying away some of its *products*. He showed, further, that this abnormal condition of one of the dynamic forces, the action of which constitutes the life of the body, is beyond the sphere of our observation. Like the healthy action of these same forces - in a word, like life, it is an ultimate fact, behind which we cannot penetrate, and which, therefore, we cannot study as a *cause* of disease and seek to remove by direct rational means.

But Hahnemann went farther, and showed that, although we cannot investigate the ultimate nature and causes of those modifications of the dynamic forces of the organism, which are the essential causes of diseased action, and then remove them, as a "rational" method would propose to do, yet that if, while a disease is in full vigor, we administer a remedy which causes a sudden cessation of the morbid action without any abstraction of the fluids or any derivative action whatever, we are then justified in concluding that the remedy we have given has, in some way or other peculiar to itself, reached that force which was in a state of abnormal action, and has so modified it as to bring it back to a condition of normal action; that this remedy has a "specific" effect upon that force under certain conditions; and we draw this conclusion upon the general principle that when an *effect* ceases we may conclude that the *cause* has ceased to act.

And Hahnemann showed, farther, that if we could discover substances having such a specific action, and a law by which we should know just when to apply them, we should have accomplished the much-needed reform in medical science.

He appreciated so highly the value of the *specifics* of which medicine was already in possession, that he consecrated his life to the task of discovering a method of increasing their number and of reducing their use to a system.

In this appreciation of the direction in which alone improvement in the curing of diseases was to be looked for, Hahnemann was anticipated, as I have said, by Bacon, Boyle and Sydenham.

Thus Bacon, in the "Advancement of Learning," after a sweeping condemnation of the unphilosophical method of Galen, says : "A work is wanting upon the cures of reputedly incurable diseases, that physicians of eminence and resolution may be excited and encouraged to pursue the matter as far as the nature of things will permit; since to pronounce diseases to be incurable is to exhibit ignorance and carelessness, as it were, and to screen ignorance from

reproach." And again, "I find a deficiency in the receipts of propriety respecting the cure of particular diseases." Again, " They have no particular medicines which, by a specific property, are adapted to particular diseases. I remember a learned Jew. physician who used to say, 'Your European physicians are like bishops; they have the keys of binding and loosing - nothing more!' It would be of great consequence if physicians, eminent for learning and practical skill, would compile a work of approved and experienced medicines in particular diseases."

The learned Boyle, the father of chemistry, and who had devoted much time to the study of medicine, says: "I cannot forbear to wish that divers learned physicians were more concerned than they seem to be to advance the *curative* part of their profession, without which, three at least, of four other parts, may prove indeed delightful and beneficial to the *physician*, but will be of very little use to the *patient*, whose relief is yet the *principal end of physic*. I had much rather that the physician of any friend of mine should keep his patient, by powerful medicines, from dying, than tell me punctually *when* he shall die, or show me in the opened carcass *why*, it is supposed, he lived no longer."

Again he says, when speaking of the need of specifics : "Finding at every turn that the main thing which does prevail with learned physicians to reject specifics is, that they cannot conceive the distinct manner of the specifics' working, and think it utterly improbable that such a medicine, which must pass through digestions in the body and be whirled about by the mass of the blood to all the parts, should, respecting the rest, show itself friendly to the brain, for instance, or the kidneys, or fall upon this or that juice or humor rather than any other,

"First, I would demand of these objectors a clear and satisfactory, or at least an intelligible explication, of the manner of working of divers other medicaments that do not pass for specifics. For I confess that to me, even many of the vulgar operations of common drugs seem not to have been hitherto intelligibly explained by physicians, who have yet, for aught I have observed, to seek for an account of the manner of how diuretics, sudorifics, &c., perform their operations," &c.

"The same objection that is urged to prove that a specific cannot befriend the kidneys, for example, or the throat rather than any other parts of the body, lies against the obnoxiousness of poisons to this or that determinate part; yet experience manifests that some poisons do respect particular parts of the body without equally or at all sensibly offending the rest; and we see that cantharides, in a certain dose, are noxious to the kidneys and bladder, and quicksilver to the throat and glandules thereabout, stramonium to the brain and opium to the animal spirits and genus nervosum." (Vol. II, 101, Russell - op. cit. art. Robert Boyle.)

Sydenham expresses himself on this subject with his accustomed brevity and directness. Speaking of intermittent fever, he says, "We must do one of two things; we must, by careful and anxious observation of *the process by which nature relieves herself of this disease*, draw indications as to the manner by which the incipient fermentation may be promoted and the patient restored to health, or else we must *discover a specific*. By the latter method, we shall attack the malady directly."

It may be observed that Sydenham did not hesitate to choose the latter method so soon as the specific virtues of Peruvian bark in intermittent fever were recognized, and that he was the chief means of making the value of this great specific known in England; nor have the profession generally, since his day, been disposed to hesitate in their choice between the Hippocratic and the specific methods of treating this disease - the two alternatives which Sydenham so clearly lays down.

He continues - "By no means do I wish to express myself as if wise and learned physicians were to despair; as if they were to think out no better modes of treatment, and as if they were to throw away the hope of discovering nobler and more potent medicines for accelerating the

cure of diseases. So far am I from this that I do not despair of finding out, even myself, some *such medicines* and some *such method of curing*."

These things which Bacon, Boyle and Sydenham point out so forcibly as the desiderata of medicine, which Sydenham did not despair of finding out, yet died without discovering - these "specific medicines," and this "*methodus medendi*," were offered to the profession one hundred years later by Hahnemann.

Dr. Lettsom tells us, "the great Sydenham, for all his labors, only gained the sad and unjust recompense of calumny and ignominy, and that from emulation of some of his collegiate brethren and others, whose indignation at length arose to that height that they endeavored to banish him from that illustrious society, (the Royal College of Physicians,) as guilty of medicinal heresy."

And yet Sydenham only longed for, and looked forward to the discovery of specifics and of the law of their employment. He was the Moses of the specific method. It was, therefore, in the regular course of historic sequence that Hahnemann, the Joshua of that method, who led the hosts of Aesculapius into the promised land of which the Moses had had a glorious vision, should be unsparingly denounced as a heretic and actually banished from every well regulated society!

This, then, is the *antagonism*. Hahnemann shows that specifics are to be discovered by ascertaining the effects of drugs upon healthy persons; that they are to be applied by giving to a sick person such a drug as would produce, in the healthy subject, symptoms similar to those of the sick person. He presents this discovery to the profession as something in advance of present knowledge. They refuse to accept or even to test it, and they denounce him for offering it. On which side lies the onus of the antagonism?

But it may be said, however true these statements are, as regards the age for which Hahnemann wrote, the scientific progress of the last fifty years has changed all that. It *has* changed the *names* of things and little besides in therapeutics. We hear no more, it is true, of "temperaments" and "humors," of the "animal spirits," of the "*Archaeus*," but instead, the talk is now of "the dyscrasias," of "diatheses," of the "cellular pathology," of "analogies" and "heterologies."

There is the same endeavor to draw from a theory of the *essential nature* of the disease a rational indication of cure, of which Hahnemann exposed the fallacy and impossibility. Indeed, Sir John Forbes affirms, in 1846, "The progress of therapeutics (the cure of diseases) during all the centuries that have elapsed since the days of Hippocrates, has been less than that achieved by the elementary sciences of medicine during the last fifty years. This department of medicine must indeed be regarded as yet in its merest infancy."

It should be clearly understood, and I state it most emphatically, that all expositions of the insufficiency and the chaotic state of the prevalent system of medicine - whether by the outspoken leaders of the Old School, like Forbes, or by Hahnemann and his followers - refer exclusively to the department of therapeutics, the science and art of curing diseases by medicines. In the development of the natural history of the healthy and of the diseased body, that is to say, in the sciences of physiology and physiological anatomy, and of pathology and pathological anatomy, as well as in the departments of hygiene, surgery, obstetrics and medical chemistry, medicine has fully kept pace with the wonderful progress of scientific knowledge in our day. We profit by the labors of our colleagues in these branches, and accord them full recognition and admiration. But the great *end* and *object* of all these things is to *cure* diseases. If they afford no facilities for this they are profitless to mankind. Now if the same men who have brought these collateral sciences to such perfection have been unable to bring therapeu-

tics out of what Forbes calls its present chaos of "merest infancy," is not the conclusion irresistible that they have not yet got hold of the right clue - of the true philosophy of the science?

There is even a greater indisposition in our day, than in the time of Boyle, to admit the value and to stimulate the discovery of specifics. Nor is this wonderful; for specifics obstinately refuse to range themselves under any rational hypothesis. They exert a peculiar, inscrutable action upon certain organs when in certain conditions, and more than this nobody can say of them. And yet, notwithstanding their philosophical aversion to them, the practical saga city of our colleagues, with which they keep their philosophy strangely at variance, leads them to seize eagerly upon specifics whenever these are presented to their notice. Witness the avidity with which they have availed themselves of iodine, ergot, cod liver oil, the hypophosphites, iron, veratrum viride, as well as of nickel and oxalate of cerium which the Houdin of orthodox medicine has lately introduced to them. Nay, people do say that our learned friends of the Old School make frequent use, "upon the sly," of aconite as a specific in fever, and of nux vomica and of pulsatilla as specifics in gastrodynia and dysmenorrhoea, &c., &c., remedies of the specific properties of which their only knowledge is derived from the labors of Hahnemann.

It is true, they undertake to give a "rational " theory of the action of these specific remedies, but with as little success as Cullen met with when he attempted to explain the febrifuge action of Peruvian bark. It is all comprised in the doggerel explication that Moliere gives of the hypnotic effects of opium :

"Domandatur causam et rationem quare
Opium facit dormire.
A quoi respondeo.
Quia est in eo
Virtus dormitiva,
Cujus est natura
Sensus assoupire." ,

Now, as in the days of Hahnemann, there is an *antagonism* between the Homoeopaths and the Old School. The former hold out to the latter what they believe to be that method which has ever been a desideratum in medicine. The latter refuse even to examine it, and expel the Homoeopaths from all associations over which they hold control. We cannot unite with them in any associated labors, without ignoring and disavowing what we believe to be the true theory and practice of the all-important part of medical science - the science of therapeutics. *They will not unite with us* in associated labors for the development of this science.

Had Hahnemann done nothing more than devise a method of discovering and using specifics in the gross and wholesale sense in which the term was and is understood and used by the Old School of medicine, he would still have been entitled to the gratitude of mankind. He did far more.

He perceived that, in the dominant school, a specific was set apart as adapted to any individual member, indiscriminately, of a large nosological group [of diseases]; that bark, for example, was held to be the specific for malarious fevers in general; and that no account was taken of individual *deviations* within the limits of this group. Whereas, in point of fact, he perceived, what is well known within the profession and without it, that although bark is really the specific for many, indeed for the majority of malarious fevers, it is not so for *all*; since many cases cannot be cured or even improved by its use.

Now, this wholesale way of regarding diseases in groups, was the logical and inevitable consequence of the Old School theories of disease and of the method of cure. When Galen propounded the doctrine that all diseases depend upon one of four conditions, heat, cold, dryness, moisture, it was an inevitable consequence that he should disregard every phenomenon pre-

mented by his patients, except such as served to indicate that the case belonged to one of the above categories, and that he should have but four classes of remedial agents appropriate to these categories.

And when, in our day, physicians assume to ascribe diseases to certain pathologico-anatomical states as their essential causes, it is manifest that whatever varieties the case of each one of a dozen patients may present, must be disregarded, provided the pathologico-anatomical condition be the same in all, for they are grouped on the basis of this condition, and the indication for the cure is drawn from the existence of this condition, and must *necessarily* be the same for all.

Now, just as any spot upon the surface of the globe may be approached by an almost infinite number of roads, and yet, when the traveler has reached the spot, there shall be nothing in the mere fact of his presence there to indicate with certainty the road by which he has come thither, so the same *pathologico-anatomical result* may issue from the most multifarious *pathological processes*, which processes, however, leave no sign in the *result*. If, then, the mode of treatment be based on the *result*, it can take no account of this variety in the *processes*.

A wholesale generalization, then, of diseases and of remedies is inevitable from the philosophy of the "Rational" method.

The common experience of the community teaches men that diseases to which the same name is given may present in different persons an entirely different aspect. John Doe and Richard Roe both have rheumatism, but their symptoms and whole condition are so entirely different that no one would have imagined them to have the same disease, if the doctor had not said so. The pathologico-anatomical condition, however, is the same in both (*viz.*, the altered condition of the blood), and consequently the rational indications for the cure are identical in the two cases. If the doctor be true to the philosophy of his method, he treats them alike, notwithstanding the difference in their symptoms and apparent condition. But I call your attention to the fact which is familiar to everyone, that every sagacious and long-headed physician of the Old School pays the less regard to the rules of his art the more experience he acquires at the bedside.

In treating disease he "feels his way," as the saying is; he relies on his "practical tact and experience," and often deviates widely from the rules of practice as they are deduced in the books from the theory of the art; he trusts less and less implicitly to a pathologico-anatomical basis of treatment, and more and more to "general indications," by which he means the sum of the *symptoms* of each individual case. In truth, experience has taught him the fallacy of the science of therapeutics, as founded on the "Rational" basis.

Now, if this were a *true* science, would not experience rather *confirm* the practitioner's faith in it, and add to his skill in applying it?

When, on the other hand, we cast aside all endeavors to base a method of treatment upon a theory of disease; when we give over all attempts to discover the inscrutable, essential nature and cause of diseases, and confine our observations to the phenomena of morbid action, whether these be *material* or *functional*, then we can take into account the *pathological processes* as well as the pathologico-anatomical *results*. We are then in condition to give due weight to the peculiarities of each individual case of disease, to study it, as under other circumstances groups are studied, and to give due attention to the modifying *idiosyncrasies* of the *individual*.

Hence, under our method alone is an absolute individualization of disease possible. Such a method of studying disease, however, would be barren under the Old School method of treatment, even with *specifics*. For the properties of specifics were known to the Old School only

with reference to large and ill-defined groups of diseases. By us, on the other hand, specifics are studied in the effects which they produce upon the healthy subject precisely as diseases are studied, in the effects which morbid causes produce upon the sick. The same strict individualization, then, is practicable with regard to specifics that we have seen to be necessary in the study of diseases. It is not only practicable - it is fruitful of the *richest returns*.

The case, therefore, is not half stated when we say that Hahnemann discovered the *method of specifics*. He taught us how to discover and apply, and showed us the *necessity* of applying an *individual specific* to each individual case of disease, as studied in the totality of its phenomena and without regard to the nosological group to which, for purposes of classification, the case might be assignable.

As a necessary consequence of this individualization, Hahnemann taught the value of *subjective symptoms*. By these, we mean those symptoms of which the physician becomes cognizant through the sensibilities of the patient. Among them are all the varieties of pains and abnormal sensations which accompany disease. These symptoms were previously disregarded and are still considered as of no value by the "rational" or "physiological" school of medicine. Thus, Professor Bock, of Leipsic, in his work on Diagnosis, (1853) says : "Only the *objective* symptoms - of which the practitioner derives a knowledge by the use of his own five senses, by sight, touch, hearing, mensuration, percussion, and by microscopic and chemical examinations - are of any value to the physician. The *subjective* symptoms are in *the highest degree uncertain* and treacherous." In other words, the disease is to be studied in all cases just as the phenomena of an inanimate plant or mineral are studied; the case of an intelligent and self-possessed patient, just as that of a patient whose intelligence is dormant under the cloud of a typhoid fever!

Now, everybody knows that pains and various sensations different from those of health, make up a large and important part in every case of illness. And what are these sensations? Unquestionably they are the results of abnormal action of the sentient nerves, or else they are evidences conveyed by the sentient nerves of abnormal action in some of the organs of the body.

It is in the highest degree unphilosophical to arbitrarily disregard and cast aside any of the phenomena of disease. If they find no place in our system of medicine, why, so much the worse for our system! If they cannot be made available under our method of treating disease, this fact is *prima facie* evidence that our method is defective! Furthermore, every physician and every intelligent person knows, by observation and experience, that pains and abnormal sensations almost always precede any material or organic evidence of disease. Common sense teaches every man the value, in medical treatment, of the maxim, "obsta principiis!" Diseases should come under treatment at the earliest possible moment. Some that are curable at an early period are well known to be incurable by our present resources, if allowed to establish themselves firmly. But the first evidences of nearly all diseases consist of *subjective symptoms*. A method, therefore, which does not provide for the employment of these symptoms in the determination of the treatment, cannot furnish means for encountering disease at the very outset.

And, appealing again to the experience of the community to bear me out, I say that honest and candid practitioners of the Old School often say to their patients, "wait a little until your disease shall have become developed - at present I know not what to do." Why does he not know what to do? This question touches the weak point in the philosophy of the physiological school. It is because the patient, as yet, presents only "subjective symptoms," which are evidence of "dynamic changes" only - because he cannot form a theory of the *cause of the disease* until the disease has progressed far enough to furnish him with some material results of these *dynamic changes* - in a word, with *objective symptoms*. This instance is another evidence of the insufficiency of the Old School philosophy of medicine, while at the same time it

shows that, so long as they accept this philosophy, the physiological school are consistent and logical in excluding subjective symptoms from consideration.

Not a few diseases, the neuroses, for example, consist almost entirely of subjective symptoms. In these, the physiological physician admits his inability to institute a rational treatment and he resorts at once to specifics. But if the specific method of treatment is available against diseases for which the physiological method fails, as well as for all other cases, is it not confessedly the universal method?

Hahnemann's method, which avails itself of *all* the phenomena which the patient presents - holding that all, together, make up the disease - sets a true value upon subjective symptoms. Not requiring a theory of the *nature and cause* of the disease as a preliminary to the treatment, but basing the treatment directly upon the phenomena which the patient presents, it can proceed to cure a patient who presents only *subjective* symptoms as readily and as surely as one in whom these have given place to *objective* symptoms.

More than this, Hahnemann showed the value of subjective symptoms in the aid which they afford us in individualizing cases of disease, and thereby enabling us to select a specific for each individual case with more absolute precision. Indeed, he showed that it is only by means of subjective symptoms that the application of individual specifics is *possible*. It has been already remarked that the material or organic changes in the tissues of the body, which furnish the *objective* symptoms, may have resulted from any one of a number of *pathological processes or abnormal alterations of function*, and that they give us in *themselves* no means of knowing from what particular abnormal process they resulted. Now, unless we know this, we cannot apply specifics with exactness. The physiological school have no means of knowing it, and therefore they, very logically, do not *undertake* to apply specifics with exactness, to individualize cases of disease. But the *subjective* symptoms enable us to take cognizance of these pathological processes, these abnormal changes of function, and hence the value of these symptoms. To Hahnemann belongs the honor of having demonstrated this value, and of having shown us how to avail ourselves of it.

To Hahnemann, again, belongs the credit of having insisted upon the propriety of using only one remedy at a time. As this, however, was clearly expressed by Boyle, and is admitted by Sir John Forbes, I shall content myself with quoting their words. Boyle says (1654) : "It seems a great impediment to the further discovery of the virtues of simples, to confound so many of them in compositions; for in a mixture of a great number of ingredients, it is hard to know what is the operation of each or any of them, so that I fear there will scarce, in a long time, be any progress made in the discovery of the virtues of simple drugs, till they either be oftener employed singly or be but few of them employed in a single remedy." And Forbes says, in 1846, "Our system here is greatly and radically wrong. Our officinal formulæ are already most absurdly complex, and our fashion is to double and redouble the existing complexities. This system is a most serious impediment in the way of ascertaining the precise and peculiar powers (if any) of the individual drugs, and thus interferes in the most important manner with the progress of therapeutics."

And, finally, Hahnemann demonstrated these facts :

1st. That the *curative power* of a specific remedy is not in the *direct* ratio of its *material quantity*. This had been suspected by his predecessor Sydenham, with respect to bark.

2d. That a drug exerts a more powerful effect on those organs for which it has a specific affinity when these organs are *sick* than when they are *healthy*; whence it follows that *smaller doses* of the same drug are required to *cure* diseases for which it is the specific remedy, than would be needed to produce their symptoms in the healthy person.

3d. That not only are smaller doses of specifics required to *cure* diseases than to produce their symptoms in the healthy, but that, when the symptoms of the diseased organism are *similar* to those produced in the healthy subject by a given drug, then this drug will act curatively on that organism in doses so small that they would hardly produce any effect whatever on the healthy organism.

But *how* small? This is the practical question. *A priori*, Hahnemann said, "the smaller the better, provided they only cure the disease in the quickest and surest manner." He experimented for the purpose of reaching definite conclusions, and out of these facts and experiments came the doctrine and practice of the little doses. And I repeat that those who follow Hahnemann most closely, individualize their cases most strictly, and select the individual specific with most exactness, will surely arrive, as all such have done, at the conclusion, on this subject, to which Hahnemann came.

It is remarkable that the first and second facts I mentioned respecting the dose of specifics did not escape the acute mind of Robert Boyle. He says : "To show you that a distempered body is an engine disposed to receive alterations under such impressions as will make none upon a sound body, let me put you in mind that those subtle streams that wander through the air before considerable changes of weather disclose themselves, are wont to be painfully felt by many sickly persons, and more constantly by men that have had great bruises or wounds, in the parts that have been so hurt - though neither are healthy men at all incommoded thereby, nor do those themselves that have been hurt feel anything in their sound parts whose tone or texture has not been altered or enfeebled by outward violence."

If *quantity* be accepted as the measure of *power*, then the question of the dose must be resolved by the well-known laws of physics.

But so soon as it is admitted that the *power* of a drug is not determined by its *quantity* alone, but also by its form, and still more by the *condition of the patient* and by the relation of the specific properties of the drug to the diseased condition against which it is administered, then the whole question is withdrawn from the domain of *physics* and is left open to be settled by *experiment*.

Now, it is admitted by all medical men, that some drugs, at least, exert their *specific* influence more speedily and more powerfully when given in *small doses* than when given in *large doses*, as, for example, mercury, and, according to Dr. Christison, oxalic acid, which shows that there is not *always* a direct ratio between power and quantity.

Moreover, all medical men agree that in certain morbid states the body is much more sensitive to the specific action of certain remedies than it is, in certain other morbid states, to the same remedies. The phrase that "such or such a disease does not bear mercury well," is familiar to the professional ear. This shows that the condition of the patient has something to do in determining the power with which a certain dose of a specific shall manifest its action, and conversely that this condition should be taken into consideration in determining the dose.

These two facts show that the whole question of the dose was, at the time of Hahnemann's writing, an open one, to be settled by experiment alone.

And, as Hahnemann showed that those morbid conditions of the system in which a specific exerts the most power in small doses - in which, in other words, the susceptibility of the system to the specific is the greatest - are precisely those in which the symptoms are similar to those which the same drug would produce in a healthy person - it follows that no experiment can be valid on the subject of the dose which does not take into consideration the condition of the patient at the time, and which does not require, as preliminary conditions, first, that the subject of the experiment shall be sick, and second, that the symptoms of the sickness shall be

similar to those which the drug with which the experiment is made would produce on the healthy subject.

In none of the experiments on which our opponents base their objections to the dose of Homoeopathy have these conditions been observed.

In no case in which they have been observed has the result been adverse to that at which Hahnemann arrived.

But, in truth, these objections depend in general not so much on the result of experiments as on what is called the a priori improbability, and upon the seeming simplicity and triviality of the means employed in proportion to the end sought to be attained.

The improbability exists only in the minds of those who reckon respecting the living organism as they reckon respecting an inanimate machine, employing the rules of physics. Let me quote again from Boyle: "Whereas," he says, "it is objected that so small a quantity of the matter of a specific as is able to retain its nature, when it arrives at the part it should work on, must have little or no power to relieve it; this difficulty will not stagger those who know how unsafe it is to measure the power that natural agents may have to work upon such an engine as the human body by their bulk, rather than by their subtlety and activity."

And as concerns the relative simplicity and triviality of the dose, listen to the practical Sydenham.

Speaking of the success of his new plan of treating rheumatism with whey, instead of by blood-letting, he says : "Should any one despise this method for its *simplicity*, I would have him to know that *weak minds only scorn things for being clear and plain*. * * * The usual pomp of medicine exhibited over dying patients is like the garlands of a beast at the sacrifice." (Russell op. cit.)

Gentlemen of the Society - In the torch-races of ancient Greece, the participants ran with lighted torches, each striving to preserve the flame alive and to hand his torch unextinguished to his successor. If the light went out in his hands he was dishonored. This was done in memory of Prometheus, who first brought fire from heaven for the benefit of men.

We have received from the generation of the pupils and successors of Hahnemann the blazing torch which the Prometheus of our system lighted at the altar of Eternal Truth. Our honor depends on the care with which we cherish it, and the state in which we, in turn, transmit it to those who shall follow us.

The especial direction which our labors should take is determined by the peculiarities of our method.

We are to increase the number of specific remedies. We are to labor diligently, as our predecessors have done, to increase our materia medica, until we shall have ascertained the specific remedial properties of all substances capable of being used in treating diseases.

But more especially are we to labor to mate the knowledge we thus acquire of new specifics, and the knowledge we already possess of such as we now use, more exact and definite; until we shall possess an exhaustive knowledge of each remedy, and also such a differential knowledge as shall put us in possession of all the points of resemblance and difference between each of our remedies and all the rest.

And it is in this particular province that there is the greatest present need of labor. Our materia medica is being filled with the names of drugs of which a few general properties are loosely recorded, but respecting which no exact or exhaustive knowledge has been attempted to be gained. All this must be changed if we would establish and maintain a reputation at all commensurate with the demands of modern science.

Finally, we must bring to bear upon our study of materia medica and of symptomatology all that is useful in the labors of the physiological school of medicine, in the department of the collateral medical sciences of physiology, pathology, chemistry and physical diagnosis.

For, chaotic as are the therapeutics of this school, and based on a false philosophy, we must not suffer this fact to blind us to the wonderful progress made by it in these collateral sciences, and which are as valuable to us as to them.

They supply the means of exact observation. We need, then, in part to reprove our materia medica, availing ourselves of these improved means of observation; and we must employ the same in our examination of the sick.

We are called also to give ourselves to the study of *subjective symptoms*. This is our especial province, because the physiological school discards these symptoms. Prof. Bock says, they are "*difficult to understand* and apt to deceive."

I have yet to learn that a study is to be avoided because it is difficult! or that a precious tool should be cast aside because it requires a skillful hand to use it.

The import of subjective symptoms, their connection with each other, their physiological and pathological significance, are all matters which it is indispensably necessary for us to elaborate and master.

And, last of all, the still open question of the dose, demands our earnest study.

Conscientious, untiring labor in these departments will enable us to hold with honor our place in the great race, and to hand our torch, still blazing, to our successors.

We shall thus do our part towards making good the confident expectations of our master respecting his system.

"Our art," says he, "needs no political lever, no worldly badges of honor, in order to become something. Amid all the rank and unsightly weeds that flourish round about it, it grows gradually from a small acorn to a slender tree; already its lofty summit overtops the rank vegetation around it. Only have patience! It strikes its roots deep underground, gains strength imperceptibly, but all the more certainly, and in due time it will grow up to a lofty God's oak, stretching its great arms, that no longer bend to the storm, far away into all the regions of the earth; and mankind, who have hitherto been tormented, will be refreshed under its beneficent shadows."
- (Dudgeon Lectures - Intro.)

(Address, delivered at the semi-annual meeting of the Homoeopathic Medical Society of the State of New York, Albany, February 10, 1863. By Carroll Dunham, M. D., New York. Transactions of the Homoeopathic Medical Society of the State of New York vol. 1 (1863), p. 50-73)

An introductory lecture

"The principles of Homoeopathy embrace the whole truth of the medical world, and their investigation and practice afford the greatest scope for the development and application of the mental and moral powers. Vast as is the domain of learning, and extraordinary as is the progress which has been made in all branches of science, we can safely say of Homoeopathy, as of all the rest, that the wonderful discoveries already made, bear but a small proportion to those which will hereafter be brought to light. And, as in all other things belonging to human improvement, so in Homoeopathy, there is ample room and scope of investigation to satisfy the most eager thirst for knowledge, and diversity enough to suit every variety of taste, order of intellect and degree of qualification. For the peaceful conquests of the mind, there is an unknown world, other than that for which Alexander wept, hidden as yet behind the veil with which nature covers her secret mysteries, but stretching all along the confines and into the very heart of the kingdom of knowledge, and sometimes nearest to the earnest seeker, when least suspected.

The science of Homoeopathy offers yet many a field which the foot has not pressed nor the eyes beheld, but of which the mind in its deeper and more excursive musings will sometimes catch a glimpse, which will bring to it a gleam of light from Hesperian Islands, a fresh and fragrant breeze from an unseen land, Sabean odors from a spicy shore, in after times and by happier voyages to be approached, explored and inhabited.

How many have felt, at times, when the world around them was wrapped in slumber and when with all their soul in their eyes they gazed into the star-lit depths of the midnight heavens, and lost themselves in contemplation of the worlds and systems of worlds that sweep through the immensity of space, - how many have felt that even all that veiled mystery must one day yield and open itself to the ardent, unwearied, imploring research of patient science.

How many have felt, in those choice and blessed moments, in which the world and its interests are forgotten, and the spirit retires into the inner sanctuary of meditation; when losing consciousness of self, and dwelling only on the infinite perfection of which human life is to be the earthly image, and kindling the flame of thought on the altar of the prayer, - how many have felt in such moments, that it must at last be given to man to fathom the secret of the fearful and wonderful making of his own being, and to have solved for him the mighty problem of the Divine Providence, in his creation, preservation and ultimate destiny.

Gentlemen: I am not in a land of dreams. I am fully aware to the actualities of the material world, fully conscious of the impressions which come to me through my natural senses. The mental or spiritual worlds of human affection and thought, actually lie within the material world, do in fact constitute its life. So that in the effort to adapt our medical science to the great use of removing the physical ills of human existence, we must deal with metaphysics as well as with physics. Indeed, the physician's work has but fairly begun, when he has placed his foot upon the last round of the ladder of physical science. If he be a physician in very truth, he must go onward and upward, *onward and upward*; and the more he perfects himself in the knowledge and practical recognition of the laws of metaphysics, and brings them into harmony and cooperative action with the laws of physics, the brighter and more beautiful and glorious will be the crown of success which shall rest upon his labors. Not only do we make the lame to walk, the deaf to hear, and the blind to see, but we treat successfully the most abject cases of insanity, actually cast out as it were the grievously tormenting spirits and present again upon the great theatre of life, sane minds in sound bodies; not to exalt, but to humble and encourage us, by such evidence of our instrumentality in the operation of higher laws, and in the development of principles and powers lying above and beyond the physical world.

In this institution, Gentlemen, as in all the Medical Institutions of our country, the profession-

al course of study embraces seven distinct branches of science; Anatomy, Physiology, Surgery, Materia Medica, Chemistry, Therapeutics and Obstetrics. There has prevailed a very general, but to my mind, a very grievous error, to the effect that it is needless to include all these branches in the course of study pursued in a Homoeopathic Institution, that the student should visit the Allopathic schools in pursuit of knowledge of the several branches mentioned, and Homoeopathy be made a special study at the end of the course. As if Homoeopathy were a mere appendage to Allopathy.

Not so! The principle of Homoeopathy should be made the very basis and ground work of all medical education. And not only should Homoeopathy be made the basis and ground work, but it must also constitute the very essence of the whole course of study, pervading it as a living principle, permeating its every form, intertwining itself with all its modes and facts; thus replete with life, it may be to all branches of science like a golden chain which, descending from the Olympic Jove, unites all the parts of the universe into one, and subjects them all so united, to his rule and law.

To become a successful physician, at this day, it is necessary that the student should prosecute his studies in an institution which makes the Homoeopathic principle its acknowledged basis, and leaves its unmistakable impress upon every department of professional knowledge. Under such circumstances only can it be expected that the mind will fully imbued with all the minutiae of our science. Under such circumstances only, untrammelled by false and fallacious doctrines put forth by the Old School, and guided by the clear light of facts gathered and protected beneath the banner of Homoeopathy, can the mind attain rational freedom of action, and move through the immense fields of the still unexplored regions of knowledge, in pursuit of new discoveries and new means of healing power.

Gentleman, it is my purpose, and it shall be my endeavor, as, I am confident it is the purpose and will be the endeavor of each of my colleagues, to introduce into my course of lectures all the latest discoveries and improvements in my department; and to give you, with these, all that I may have been enabled to gather in addition, from my own personal observations and experience. Every faithful and honest practitioner has opportunities of his own to observe, compare and eliminate new truths from the existing conditions which come under his eye.

And if I speak of myself, in this connection, it is not to elevate myself in comparison with others, since they can doubtless say as much or more, but to elicit your confidence in my teachings, as based upon actual experience as well as upon careful study. Since I have been in the practice of Homoeopathy, I have had placed in my hands nearly three thousand cases of obstetrics. Out of this number, I have lost but three mothers; one from puerperal convulsions; one from gradual sinking, owing to nervous exhaustion and one from rupture of the vagina, the child being expelled too suddenly, and before I arrived to render any assistance in the labor. With the above exceptions all accidents, such as puerperal fever, convulsions, hemorrhages &c., have yielded readily to the Homoeopathic remedies, without any resort whatever to the usual Allopathic measures. All hemorrhages of the uterus, in cases of abortion or from other causes, have been controlled without the use of the tampon, the cold douche, or any other means save the specific remedy. I neither advocate nor employ topical applications in prolapsus uteri, leucorrhoea, ulceration of the neck of the uterus, etc.; and the success I have met with in the treatment of such cases, fully justifies my reliance upon the remedies Homoeopathically indicated in each particular case. In managing cases of placenta praevia, which are so brutally and fatally maltreated by most accoucheurs, what method can be more desirable in its nature and results, than one of my own by which not a particle of pain is inflicted upon the already suffering patient, the frightful hemorrhage being controlled at once, and both mother and child invariably saved.

Gentlemen! permit me to say, for the sake of our cause, that in the treatment of diseases pecu-

liar to women and children, during the course of an extensive practice, covering a period of nearly twenty years, I have never found it necessary to deviate from the principle, "similia similibus." In full reliance upon the actual power, developed by a right application of this principle, you can freely meet every form of disease, and hope to conquer, if human means are to be of any avail in prolonging human life.

While expounding to you the scientific principles and methods peculiar to the branch of obstetrics, I shall be able to draw largely upon actual experience in the illustrations which I shall present to you. And it will be my aim to impart to you as great an amount of practical knowledge, as is may be possible for me to give you; upon which you may rely with *certainty*, and which may be rendered immediately available. And, in order to show you that Homoeopathy is not a mere pellet of science, but a *great practical* system, I will pass in review some of the advantages which accrue to the obstetrician from basing his scientific knowledge and practice upon the law, 'Similia similibus curantur.'

The celebrated Tyler Smith, of London, says: 'The obstetric art has for its principal aim, the study of the act of parturition itself, of all that relates to the prevention or alleviation of the pangs and dangers in which women bring forth children, and of the preservation of their offspring.'

Our Homoeopathic experience has demonstrated most fully, that we *can* do much, *very* much, to facilitate the act of parturition, to relieve the pangs of labor, to lessen its dangers, and to preserve the offspring. Are the labor-like pains false or premature, or does abortion threaten to destroy the product of conception, it is in our power, by the administration of the right remedy, to correct the evil, and to allow pregnancy to continue to the full period of gestation, when it will terminate in a less painful delivery, and with almost certain assurance of safety to the life of the child.

Are the labor-pains distressingly severe, we ameliorate them. Are they spasmodic, we render them natural. Are they too weak or flagging, we give them vigor and force. Should they cease, and danger threaten and death impend over mother or child from that cause, we have it in our power to restore them again, and thus to remove all danger. Indeed, it is no more than the truth, to say, that all the conceivable difficulties to which the parturient female is liable, save those arising from mechanical obstruction, may be set aside with greater or less ease by the administration of the proper Homoeopathic remedies.

It is a subject of general remark among women, who have had both Allopathic and Homoeopathic treatment during the entire period of pregnancy and lying in, that their sufferings are much less, that they get well sooner, and with far less loss of strength, under the latter, than under the former. Surely this testimony is invaluable. Again, under Allopathic hands, some women always give birth to scrawny, ill-shapen, unhealthy children; which are raised with much difficulty, if at all; but which, in many instances, are relieved by death from a miserable existence, even before the first dentition has been fully accomplished. Under Homoeopathic care, when exercised from the beginning of pregnancy, these same women have become the happy mothers of plump, well-formed and healthy children, raised with little or no difficulty, and cutting their teeth with comparative ease. Their growth and development are natural and orderly, and when compared with those which have survived the treatment of the Old School, they do not appear like children of the same family.

Still further, - we find a class of women, whose children at the full period of utero-gestation are always presented for delivery in an unnatural position. In some the face presents, in others a shoulder, in others the breech, and in others no two presentations are alike. Now, gentlemen, the position and presentation of the child at term is solely due, in all cases where accidental causes do not intervene, to the reflex action of the vital state of the mother upon the offspring,

during the entire period of pregnancy. The foetus in utero has no will of its own; it has not even instinct; nor are its motions spontaneous. It moves only as it is moved; it moves, as it lives and has its being, from the mother alone. It is subjected entirely to the source of its natural existence and subsistence. As Dr. Simpson expresses it: the motions of the foetus are entirely excito-motory. It is not difficult, therefore, to understand why we have such a variety of malpresentations recorded in the works of Old School practitioners. A certain disorderly state of the pregnant female will be sure to produce a corresponding abnormal position or presentation of the child, if it be allowed to continue until the full term is accomplished. The whole life of the mother, mental and physical, enters into and forms the whole life of the child.

As the one moves, so moves the other; as the one turns, so turns the other. Nay, the life of the foetus is as much a part of the life of the mother, as is the vitality of any other portion of her body. It is as much a part of the mother's life, as was the seed, from which it was conceived, a part of the father's life. And even as the latter derives its whole quality, and form, and peculiar effect from the quality of its origin and source, so do the ovary and the products of the ovary obtain their entire quality, form and ultimate appearance and presentation from the living cause of their existence. There is no escape from the logic of the simple law of cause and effect. And, therefore, I maintain that if we prescribe according to the symptoms manifested by an existing cause, all the effects flowing therefrom will cease; and that in the cases under consideration, in succeeding accouchements, we shall have the most favorable positions as well as presentations.

This, gentlemen, has been my experience, and it has been the experience of others, eminent in the profession. Upon the ground of reason, then, confirmed by experience, I confidently assert, that no child at term need be presented abnormally, if it remains free from the interference of accidental causes. Again, where Homoeopathy is truly represented, from birth to maturity, and throughout the life of the female, it affords the means of preventing the formation of those frightful pelvic deformities, which so often fill with the horror the chamber of the lying-in patient. Homoeopathic treatment, through life, may obviate these difficulties and dangers, and many more. It may prevent the formation of osseous growths, - fibrous, ovarian, and fatty tumors, and all those morbid productions which cause mechanical obstruction to parturition. It may also prevent those frightful hemorrhages, of which we read and hear so much from the Allopathic profession. Most of these hemorrhages are the result of constitutional derangements, which a specific mode of treatment will certainly cure. Retention of the placenta, - either by adhesion, or by abnormal uterine contraction, such as the hour-glass contraction, &c., - puerperal convulsions, and all such pathological attendants upon a purely physiological function, may be prevented by timely treatment according to the law, '*similia similibus*'. Barrenness, and the failure of the organism to carry on gestation to the birth of living and well-formed children at the full term, are disorders equally amenable to our law.

It remains for me to state, gentlemen, as briefly as possible, the method I shall pursue in presenting the various themes comprised in my course of lectures on Obstetrics and the Diseases of Women and Children.

The course is properly one; and I shall strive so to blend the whole as to render it as completely one as possible. Too often, this all-important branch of medical science is divided - a long and tedious course being given on Obstetrics, while the Diseases of Women and Children are hurried over, or scarcely considered at all, for want of time.

Throughout the entire course, in all its various departments, I propose to place side by side the normal and the abnormal, the healthy and the diseased conditions, so that the contrast shall be striking, the nature of each particular case shall be more clearly understood, and a more lasting impression made upon the mind of the student; while at the same time the means and the remedies to be employed in each particular case will be explicitly pointed out.

Can we properly understand the diseased conditions before becoming acquainted with the natural and healthy? Are they not at once more striking and more easily understood, when thus placed side by side and compared? And when can the means of remedy be more appropriately pointed out than when the morbid conditions themselves have just been described? In this way, by avoiding repetition, as well of descriptions as of demonstrations, much valuable time will be saved. And I trust, at the close of this course, nothing of what is known at the present day in this department of medical study will have been omitted, which may be necessary to render you eminently proficient as accoucheurs and as physicians.

And now, gentlemen, do you fully realize the importance of this branch of our profession? Do you recognize its intimate connection with the highest and holiest of all human relations, - the bond of marriage between man and woman, and its important bearing upon that great central relation, upon which all others depend and from which they spring? Marriage is ordained of God, in creation, for the procreation of the human race. Father, mother, child, constitute the grand trine of every perfect form of humanity. What is a man without his wife? What is a woman without her husband? What are husband and wife without their child?

Upon the more or less perfect condition of this trine, rests the whole fabric of human society; and in its true and orderly relations and results are the sources of human joy and progress. By Divine appointment, marriage and the procreation of children are intended to bring happiness to the human race, and to originate and develop true social order and well-being. The unhappiness and misery, the disorders and evils, are, in contravention of God's purpose, introduced by the perverse and evil wills and desires of men, acting in that freedom which is a necessary constituent of their humanity. To aid in ameliorating these evils and disorders, to help in the work of human reformation and restoration to a true condition and into right relations with the Divine order; to assist in the preservation of human health and vigor, as a basis on which the Truth can operate through sound, healthy and vigorous minds, - these are the high and sacred duties of the physician. Are not these incentives sufficient to draw forth all his energies, to call into action all his powers, and to make the devotion of his life to his use a labor of love?

Gentlemen, let us learn and labor to do our part of good to our fellow beings, even as the Lord, who has made and preserves us, does infinite good to us and to all men."

(Henry N. Guernsey, An Introductory Lecture, Comprising the Principles of Obstetrics and the Diseases of Woman and Children, as taught in the Homoeopathic Medical College of Pennsylvania, The Hahnemannian Monthly vol. 1 (1865), p. 195-204)

The Magic of the Minimum Dose

"The title *More Magic of the Minimum Dose* was chosen with deliberate intent, not only to allure and attract in this age of advertisement, but to open the door to the inner meaning of the mysteries of the art of true healing. Not magic as standing for wizardry or witchcraft, to which this ancient word has degenerated in our times, but as expounding the higher wisdom of the Magis or Masters of the mystery schools; wisdom as opposed to knowledge, which means something learned, a concrete fact; wisdom is higher knowledge, a step higher and further upwards the abstract and inner knowledge, the esoteric meaning of knowledge, if you like.

Orthodox medicine is based on the study and application of a collection of so-called facts obtained by the irrational method of mass experiments, which are constantly being altered and added unto. There is no continuity, no fixed law, no appeal to pure reason, the structure of the edifice of scientific medicine is based on the quicksands from test tubes in laboratories far removed from the actual contact with the complicated functions of the human body. Just to quote an example of this, Penicillin in the laboratories of the present masters of medicine, kills and destroys certain types of virulent micro-organisms grown in the test-tubes, hence, so

the scientific mind argues, it is bound to destroy these virulent organisms in the human body, and cure the diseases caused by their toxins. What happens in actual fact? The living body and certain unknown biological factors in the body, assert themselves and in time a resistance to Penicillin may develop, and though this wonder drug, in theory, should kill the bacteria found in the body, as it conclusively kills them in the test tubes, it is not always so in practice. Penicillin does wonders in many instances I know, but what about the Penicillin resistant cases, they are getting more common. But this does not deter our scientists. They go round and round in circles, looking for the cure with their eyes glued to the microscopes hoping to find it in the test tubes, and neglecting to apply logic and pure reason to their experiments. They never see how worldly-minded their theories are. Their arguments are wrong to start with. So many premises are made, and high hopes are held out, only to be dashed to the ground repeatedly. A premise in logic means: a proposition previously stated or proved for after-reasoning. The public is fooled, and the doctors, blinded by the blinkers of scientific proofs, cannot and will not see the truth, that they have failed and will continue to fail in their object of curing disease, until they go back to the bed-side and learn by observation from the patient direct, what is wrong physiologically and how to cure it.

On the other hand Homoeopathy is purely a bed-side medicine and is based on a firm rock, the unalterable laws of healing, firstly the Law of Similarity, that Like Cures Like - and secondly the Law of Potentization, which means the law of producing power in the drug and thus energizing it. In other words the power of the minimum dose in arresting and curing disease which was proved biologically on the living organisms of healthy volunteers. The energies found in the emanations from radio-active substances have been recognized and have been applied in many different ways: physically and materially speaking such radio-active substances are quantitatively insignificant, but qualitatively their power is immense, in spite of their minuteness.

There are other subsidiary laws which explain and confirm the truth of homoeopathy and why it is vital and necessary for maintaining and upholding the health of mankind.

I do not deny that orthodox medicine does cure in some cases, it does relieve and palliate many conditions, the orthodox doctor in rare cases experiences the great satisfaction of pulling a patient out of the jaws of death. The sulphonamides are the nearest approach to miracle workers, but they are so often applied indiscriminately, there is no law for their application, so frequently they do more harm than good and the bacteria appear to be getting wise and are developing sulphonamide resistance.

Not so long ago I had lengthy discussions with an orthodox doctor of medicine on homoeopathy, and its results. He demanded proofs and comparative experiments, and denied that orthodox medical authorities were not just as keen as homoeopaths in curing people, or that they were unwilling to give homoeopaths the facilities of proving the truth of their statements. He was told that he should study the cases in homoeopathic hospitals, and that if homoeopathic doctors were given equal chances with other doctors as regards beds in general hospitals all over the country, soon the superiority of their methods would have to be acknowledged.

I could only show him one case on the spur of the moment, the rapidity with which Arnica taken internally in an infinitesimal dose had cured a large bruise on the forehead within a few minutes. All pain and swelling had disappeared in less than 20 minutes. All the answer I got was 'Did you have a control case'. But he did not respond when he was asked to be the control.

It is a pity that Logic is no longer a compulsory subject for medical men, for these worldly-minded scientists have long ago forgotten how to argue, if they ever knew. They are full of fixed ideas and they have forgotten the old saying 'Il n'y a pas des maladies seulement des

malades´ that is ´there is no sickness, only sick people, no diseases, only diseased people´. Homoeopathy does not cure diseases, only diseased people. There is no cure for pneumonia, influenza or malaria as such; only a cure for individual people, suffering from pneumonia maybe or influenza or malaria or any other disease. Mass experiments based on homoeopathic principles are difficult to carry out, if you have no beds under control - and when medical men as a body are against anything which is not recognized by the governing majority. And yet, in acute cases homoeopathy has a much greater recovery rate, and a much lower death roll, and its advantages could therefore be easily proved.

Speaking for myself, without any desire to blow my own trumpet - I am just stating facts - thanks to homoeopathy and since I took it up and applied it I have never lost any cases suffering from measles, whooping cough or influenza, and none were ever sent to hospital because they were too far gone. One case of alcoholic broncho-pneumonia in an elderly man died, and no other pneumonia case was lost. All the acute infectious cases treated homoeopathically were cured rapidly, without any complications following. Many chronic, supposedly incurable cases were cured satisfactorily. There was a young lad who had suffered for years from bronchiectasis. Within a year of starting the treatment the large cavity in his lungs had completely closed up. He went back to the radiologist who had previously X-rayed him, and when he saw the lung was sound, he was delighted and interested, as he had never seen such a case before in his experience. When he was told this followed on homoeopathic treatment, his interest waned completely.

A case of Meniere´s disease, progressive deafness with recurring attacks of giddiness and collapse was cured within a few weeks, the hearing became almost normal, with no return of giddiness and sudden collapses. Yet he had been told that nothing further could be done for him, and that his working days were over. True, he had only been ill for just over twelve months; it was not an advanced case, but the fact remains, homoeopathy cured, where orthodox medicine could not, and held out no hopes for him either.

A case of high blood pressure in a middle-aged woman who had to have monthly blood lettings, so as to prevent the pressure from rising too high, and in spite of this was almost a complete invalid, who could not turn in bed without the greatest discomfort, and could not walk downstairs or stoop, for fear for these ghastly giddy turns, which threatened to engulf her, recovered quickly after having received homoeopathic treatment, and three and a half year later she is so well she can do a full day´s work, dig the garden, stoop to her heart´s content, and has never been back to the hospital for any further blood-lettings, and the blood pressure has remained normal.

A girl of 26 who had been attending hospital for 15 years for steadily increasing obesity due to glandular deficiency, without receiving any benefit, after 9 months of homoeopathic treatment lost 2 ½ stones in weight from 15 stones - 12 ½ stones, and has lost her migraines, her aches and pains all over the body, her constipation is a thing of the past, and she is full of energy, feels well and looks well, and without any alteration in her diet and without thyroid.

A case of generalized xanthoma, an extremely rare case of multiple tumour formations underneath the skin, resembling pieces of yellow cartilages - who had been a show case at examinations for nearly twenty years, and where the tumours had been slowly spreading all over the body, under homoeopathic treatment these nodules receded and are being dissolved. So that instead of having yellow tumours on his ear-lobes, his knees, his buttocks and arms, his skin is clearing beautifully, practically all have gone except for a few small lumps near his right elbow where the disease started first, and these nodules are getting steadily smaller and softer every month. These chronic cases require treatment for months and months, sometimes for years; these deep-seated complaints need careful treatment and prolonged supervision, but it is not worth-while?

A case of rheumatoid arthritis with so-called Heberden's nodules over the joints at the base of his fingers, which means according to prolonged observations that such a case is an incurable one, has so far cleared up in a year that these nodules have practically disappeared, the pain has gone, and the swellings and stiffness of the hands are greatly improved. He can now use his hands, he can mow his lawn which he has not been able to do for years, he is able to run up and down stairs, where previously he had to crawl up slowly and cautiously. He has given up the Aspirin long ago, which, though it had helped his pains and made life bearable, had not prevented the disease from spreading.

One cannot say that similar cases in other people will be cured by the same drugs which cured these cases I have just mentioned. Homoeopathy is a medicine for the individual, and the medicines given vary not with the name of the disease, but with the person suffering from the disease. Hence it is difficult to practise homoeopathy, for it is an individualised medicine, not mass-controlled medicine. Whether homoeopathy will survive, I do not know; it is not materialistic enough in this materialistic world of today, where men worship the State with a capital S instead of worshipping God; where spiritual truths are forgotten. The laws in the Kingdom of God are, 'Love thy God first', and then further, 'Love thy neighbour as thyself'. Not until man returns to God and to the divine spirit within himself, will he be free from the bondage of this material world and be able to make the fullest use of the spiritualized medicine, which has been called homoeopathy, the medicine based on the true laws of healing which few people, including doctors, understand or even try to understand."

(Dorothy Shepherd, M.D., *More Magic of the Minimum Dose* (1946), p. 9-14)

The Making of a Man

"Truth is a two-edged sword.

Information that may be used for the good of mankind may be used also for selfish ends. In the former, it elevates the user; in the latter, it destroys him. We see the evidence of this in every profession, in every business; in the artist, the doctor, the lawyer, the merchant, and the politician. We have only to study faces, to be convinced.

The face of the homoeopathic physician who has used the great homoeopathic truth for the good of man has a benign expression, while he who has first counted on what it will bring in cash has a crafty face, which the children shun. In either case, he smiles if successful; but if he fails, we shall see accentuated the two casts of expression. One reveals patience; and the other, deep lines of disappointment and hatred.

It is important to know how it is that truth can become a power to change the faces of men. Truth is so powerful that it will elevate him who uses it for the good of man, and degrade him who uses it against his fellow. It carries with it a penalty for falsifying it, or using it for improper purposes.

When one listens to a great truth, he says to himself that truth *should be known to the world*, or that it can be used to increase wealth.

Truth first enters the memory, and may go no farther and soon may be lost; or it may be admitted into the understanding, and flow through it into the voluntary and then into life. This is the course intended by Divine Providence, whenever he gives truth to man. It is that he shall use it for the common good, and not for himself. Whenever man perverts this, he destroys himself; but, when he carries out the purpose of the truth, he becomes wise. The highest aim of man is to become wise, and the only way to attain wisdom is to do for the good of others.

Truth first enters the mind by the way of the memory. There it is inspected by the understanding, and it is settled upon whether it is true or false, useful or detrimental. If it is approved, the

understanding admits it to the middle chamber, where it is treasured for use. When homoeopathic truth is thus admitted, the healing artist waits for an opportunity to confirm it. Finally the patient comes, and the truth is called forth; the law and doctrines there treasured are called upon, used, and confirmed to be true. The patient recovers and is grateful to his doctor. The doctor is delighted and smiles. He shows forth upon the face his inmost feelings; a tear comes to his eye and he says, "Blessed be Hahnemann, Blessed be the Lord."

Then it is that the truth passes through the understanding into the voluntary -into the affections - and is revealed upon the countenance. Now, truth is made alive, and can be maintained alive so long as the doctor continues to use it. It now fills his life. He loves it, knows it, and remembers it. If he does not love it and use it, he does not grow in wisdom. But by loving it he loves to use it, and thereby learns more of it. The more he loves it, the better he knows it.

If there is one who is wise in the law, it is because he loves it and obeys it. If he is wiser than others, it is because he loves it more than others - but for the sake of the good it will do for man. To love it for the good it will bring to oneself is another form of hatred of men; and hatred of men, or love of self, closes and pinches and contracts and distorts the understanding, and the face becomes crafty. Any violation of the law carries with it its own penalty.

Woe unto him who uses the truth to glorify himself or enrich his pocket book.

Truth will make man miserable or happy. Man is never happy except when working for others. Man is most miserable when doing most for himself, and the misery is shown on the face. Behold the successful miser. He who has most is most miserable. The wise man is always happy. He has grown wise while loving, and is loved while acquiring knowledge. Peace, happiness and contentment are upon the face of all who live for the good of the human race.

When man appears to know what he does not make use of, his understanding will soon force it out into the memory, and finally the memory holds it no longer. In the understanding is treasured only so much as is loved and used.

The love of truth for the sake of truth, in the voluntary, conjoins with an equivalent of truth in the understanding; and this is the measure of wisdom in any man.

The crafty man memorizes facts, to use for a given occasion in order to acquire remuneration or fame, and should be known as smart in proportion to the success of his undertaking. This is not wisdom. Wisdom cannot be removed from the love of uses.

Love, wisdom and use make one, and inasmuch as they are one in the life of man they make him a man; and wherein he lacks these, he falls short of being a man. These in man are the wherein he exists in the image of God, and when he has thus made truth alive in him he has become "free indeed."

DISCUSSION

Dr. Hanlin: That is the all in all of the making of a good physician. Most of us will admit that at first our aims are less unselfish than therein described. *Materia Medica* is the basis on which the true doctor works and depends. When the less careful man claims to accomplish as much from other methods, his prescribing may be at first successful, but the character deteriorates and he is himself affected by the character of the work he does.

Dr. Stearns: Basic truths begin in a man. As Emerson says of circles of truth, they are first crude; later, there is so much beyond that he never has long enough life to attain what is so much more desirable.

(James Tyler Kent, A.M., M.D., *The Making of a Man, The Homoeopathician* vol. 1, No .2, February 1912, p. 47-48)

If we would make progress, we must dwell upon the teaching of THE ORGANON

“A physician advanced in years looks back upon many failures. The faithful homoeopathist recalls a man, a woman, a child, and realizes that these, among his past failures, would now be simple cases. Prescribing the homoeopathic remedy is such a process of growth and progress that it may be said that “the best of the wine is saved for the last of the feast.” In the beginning of one’s practice many acute diseases run their course, in advanced years they are nearly all aborted.

The young man looks upon the successful years of long experience, and wonders if he will cure as he sees cures made - as Hahnemann made them. It is well to hope - for all to hope - that, with experience, each may attain the high degree of perfection in healing that Hahnemann attained. Much can be done now that Hahnemann could not do, because we have a greater number of remedies, and a greater number of potencies, and higher potencies. It is doubtful if the technique of prescribing has made much progress. It is in this direction that all need most to meditate. None of Hahnemann’s pupils could do what he did. Few have lived since Hahnemann that could do what he did. It was what he was able to do in his ripe old age that appears so wonderful.

If we would make progress, we must dwell upon the teaching of THE ORGANON.

1. We must dwell long upon what it is in the human being that must be changed, in order to restore man from sickness to health.
2. We must meditate long upon what it is in remedies or drugs that constitutes a healing power or principle. (§3.)

To some it will seem to be an old story even to refer to this question, which has been heretofore so fully considered; but it may also surprise some to learn that many of our so-called faithful friends are thinking and acting as if the patient is sick because his liver, or heart, or stomach, or some organ, is improperly functioning.

So long as one thinks that man is sick because his organs are not doing proper work, just so long he cannot construct a treatment that accords with THE ORGANON. So long as one regards the results as causes, so long the true idea is obscured. So long as one thinks in this way, he will take symptoms accordingly and work the repertory in such manner, and, although his results may satisfy himself, yet they will not compare with results obtained from thinking that sick organs are but the results of a disordered state of the man himself, who is composed of mind and physical being and, last, of organs and extremities. (ORG. §§10-11, 15.)

Traditional nosology may be useful so long as we have a public sphere to maintain, but it is useless in the homoeopathic art of healing. It must be clearly settled what it is in man that is first, and what is last; what is highest, and what is lowest; what is innermost, and what is outermost; before we can perceive what are causes and what are ultimates. So long as one thinks of pathological conditions as causes, so long will he act in directions that are the opposite of healing, and toward destruction.

All nutritive processes are commanded and conducted from center to circumference, therefore all healing processes must go on from centralized efforts. Pupils have often heard these statements, and wondered at their meaning. I have kept a watchful eye over such pupils for many years, and all of them who have failed have wondered at the meaning of such statements. They who can perceive the meaning are the ones who are able to perform the works directed in THE ORGANON of Samuel Hahnemann, and heal the sick as he taught, viz: to cure the patient, and then the organs will also return to normal function. Men who give Bryonia for pneumonia, Nux Vomica for the stomach, Kali-iod for syphilis, and Belladonna for cerebral

congestion, seldom learn to individualize from the patient to his parts and organs. The best they can do is to individualize from organs and parts, hoping to get somewhere. "Lucky hits" are their sole joy and success. Their successes would be failures in the minds of men who can follow Hahnemann in all he means in emphasizing the mind symptoms above all others in any given totality of symptoms of a sick man. (ORG. §213.)

1. DIAGNOSIS OF WHAT IS CURABLE.

The true physician must know that whatever it is in man that is morbid can represent itself by signs and symptoms only. These he must meditate upon earnestly, patiently and wisely, that he may find in the *Materia Medica* symptoms most similar. If he is heedless of the best interest of sick people, or careless in discovering and writing down their symptoms, or too indolent to search for corresponding symptoms in the *Materia Medica*; or if he is given to making light of the symptoms he hears the patient speak of, or of the symptoms he reads in the *Materia Medica*, he will never prosper or grow wise with age, but will go the way of all such men into indolence and levity, depending upon hired laboratory findings for the basis of a prescription. The last state of that man will be worse than the first. The man who believes he is directing his remedies against germs, or against worms, or against a tumor the patient may have, is in extreme darkness, if he cannot perceive that a healthy man will have healthy tissue, healthy blood, and therefore there can be no soil for germs or worms or morbid growths. (§§7, 11, 12, 14, 70, 84, 89, 98, 107-9.)

On one side we have the laboratory to furnish a basis for prescribing; on the other hand is the ORGANON. One class of prescribers is demanding enormous expenditures for laboratory fixtures in our colleges, while giving no credit for our *Materia Medica* opportunities, though the latter are ten times greater than any found in the colleges of the former class. This clearly indicates the trend of traditional medicine and of the ignorant homoeopath following in this line. They should be permitted to have their enormous and surplus laboratories in peace; but we must demand that we have our full privileges in *Materia Medica* and therapeutic philosophy. This demand has never been made upon State Boards that stand over our colleges with uplifted hands. The requirement of our Hering College should be entirely different from that of Rush or the P. & S. The basis of our knowledge in practice is Philosophy and *Materia Medica*, while theirs is laboratory. Both must have clinical advantages the same in quantity, but differing in character and quality.

The reverse of all of these whims and imaginations are Hahnemann's substantial doctrines, based upon facts, and now confirmed by a century of experience, viz: *It is impossible to conceive of anything but symptoms that are to be removed or cured in order to establish health.* Look back upon our century of experience, and what we have cured. Nothing but symptoms. The results of disease disappear themselves when the symptoms are cured. When the symptoms are removed by a homoeopathic remedy, the patient is cured, and all that the symptoms represent in the patient is cured.

The physician must perceive when the symptoms represent a complete image of a sickness. When only a few symptoms are observed, Hahnemann calls it a one-sided case, and says that no great things should be expected of a remedy chosen on a few symptoms. (ORG. §§172-6, 185.) The homoeopathic physician clearly perceives when he has a *clearly defined image*, and then he knows how certain the remedy is to act curatively. (§§ 3, 104.) Defective education is often revealed by professed homoeopathic physicians bringing cases for advice with only a few clinical symptoms, or a few particulars, or the results of disease, all mental symptoms and generals being omitted. The physician who administers a remedy on such a one-sided case will have a high percentage of failures; but he often struts like a peacock over his lucky hits.

All curable sicknesses make themselves known to the intelligent physician in signs and symptoms. (ORG. §14.) Diseases are, therefore, incurable when they do not make themselves known in signs and symptoms. Whether the physician fails to find the symptoms, or whether there are no symptoms, as in malignant growths, or whether the patient conceals the symptoms, they are unknown to the prescriber.

2. MATERIA MEDICA.

Every effort is being put forth to re-establish the science of medicine upon a positive basis, yet these efforts are based upon pure theory. What can be more positive or matter-of-fact than the written declaration of the interested patient, or the prover? These are assertions of fact, and they are facts daily confirmed by thousands of experiences. How can a more substantial basis be expected?

The records of confirmed and verified provings stand as so many recorded facts.

The symptoms of the sick man are recorded as so many facts.

The similarity between these two is the only variable quality, and this is a matter of art; and art is always a variable quality.

Then all that remains is to find an artist - a physician - and all the questions are solved. Is this grade of intelligence too high for which to work? Can it be true that educated men and women wish to compete for a prize much lower in the scale of human accomplishments?

Whatever it is in medicine that heals the sick, nothing that represents the healing principle in each individual drug can ever be known but the symptoms obtained in healthy provers. The laboratory and microscope must ever fail, because these can discover only the ultimates, while the curative power is only a tendency, or *conatus*, of an invisible substance evolved into activities by circumstances. So long as men search in the laboratory for causes of disease, so long will they search in the laboratory for curative powers, which must always end in failure. (ORG. §§24-27, 108.)

The study of the homoeopathic pathogenesis, which is so extensive, requires so much time and perseverance that men who are given to carelessness, indolence and levity, can do very little to make a showing for professional glory; hence the stupid, the flippant and the "smart" must always seek the material method and make it the basis of his efforts, thereby associating with, or placing himself on the same level as, the mechanic. Of course, all liquid substances seek their own level.

3. USE OF POTENCIES. APPLICATION OF REMEDIES TO SICKNESS.

And lastly, the physician must know how to adjust the one to the other, in order to gain the ends of healing. (ORG. §§146 et seq.) Our pathogeneses have expanded into enormous proportions, so vast that no mind can encompass them, yet this once may be expanded very many times by a full knowledge of the uses of the various potencies. The physician who knows how to use the various potencies has ten times the advantage of the one that always uses one potency, no matter what that potency is.

After thirty years of careful observation and comparison with the use of the various potencies, it is possible to lay down the following rules:

Every physician should have at command the 30th, 200th, 1m, 10m, 50m, cm, dm and mm potencies, made carefully on the centesimal scale.

From the 30th to the 10m will be found those curative powers most useful in very sensitive women and children.

From the 10m to the mm all are useful for ordinary chronic diseases in persons not so sensitive.

In acute diseases the 1m and mm are most useful.

In the sensitive women and children, it is well to give the 30th or 200th at first, permitting it to act as long as it will cause the patient to improve in a general way, after which the 1m may be used in similar manner. After improvement with that ceases, the 10m may be required.

In persons suffering from chronic sickness and not so sensitive, the 10m may first be used, and continued without change so long as improvement lasts; then the 50m will act precisely in the same manner, and should be used so long as the patient makes progress toward health; then the cm may be used in the same manner, and the dm and mm in succession.

By this use of the series of potencies in a given case, the patient can be held under the influence of the simillimum, or a given remedy, until cured. *Whenever the simillimum is found, the remedy will act curatively in a series of potencies.* If the remedy is only partially similar, it will act in only one or two potencies; then the symptoms will change and a new remedy will be demanded.

Many chronic cases will require a series of carefully selected remedies to effect a cure, if the remedy is only partially similar; but the ideal in prescribing is to find that remedy similar enough to hold the case through a full series to the highest. Each time the patient will say that the new potency acted as did the first one received. The patient can feel the medicine when it is acting properly. Some have intimated that suggestion is a help to the action of the remedy; but it is wise to know that suggestion fails when the wrong remedy has been given.”

(James Tyler Kent, A.M., M.D., The President's Address, The Homoeopathician vol. 1, No. 2, February 1912, p. 62-65)

The Simillimum

"I had supposed that this question had been settled, but it seems I am not informed, as many are saying the only thing necessary is to find the name of an agent capable of causing similar symptoms on the healthy and the simillimum is that agent. I cannot accept that as the teaching of the master.

These perverters of truth claim that the self-same agent will cure in any dose or any potency. My statement is that the simillimum, the curative power or force, is not essentially the curative drug. The simillimum may be found in Aconite 200 where Aconite 3x has failed. Then Aconite is the curative agent but not the simillimum, but Aconite 200 is the simillimum. Where Aconite tincture cures, and cures permanently, I believe it does so because it is the simillimum. I have recently seen Arsenicum 200 fail in a case so clearly indicating Arsen. that a tyro could not fail to see it, and the same 200 is known to be genuine and has for years served well; the 8,000 of Jenichen cured promptly. The remedy was Arsenicum, but the simillimum was Arsenicum^{8m}. I have seen this same Ars.^{8m} cure when the 3x, 6x, 30, 60, and 200 had failed.

Then the simillimum must be the curative power and not the name of any given drug. I may conclude that Ars. is the remedy and the case is not cured! I must next choose a suitable potency and as suitably refrain from its repetition. The smallest part of the conclusion has been wrought when the name of the curative agent has been decided. I admit it is seldom necessary to be so exclusive in finding the curative power, but that it does sometimes occur I am more than convinced. A friendly doctor said to me a few days ago in my office that he was curing a case of psoriasis with Ars. 3x. He stated that the patient had been taking it off and on for a year, and that when he stopped the medicine the disease seemed to come back. Nothing can

be learned about such a case, as there was no clear statement of the facts in the case. But it is so much more satisfactory to use a very high attenuation of any drug believed to represent the curative power in a single dose. It is the safest and surest way to avoid a mistake. If the remedy acts, it is so permanent and almost sure to be the *simillimum*. If it does not act, there is no harm done and a lower potency may be selected. If a lower potency is selected and repeated, as often has to be, the overaction spoils the case and sometimes precludes the possibility of a cure. If the remedy is homoeopathic to a given totality, a single dose very high may cure the whole case; if, however, it seems necessary to repeat, and the disease only disappears while the remedy is being repeated the selection is a bad one and had better be changed.

This knowledge we gain while using a high potency if a given case leads us slowly but surely in the way of success.

It is a grand mistake to fly to a low power because a high has failed to act, yet it may be tried as a manner of convincing man of his own weakness.

The *simillimum* is the curative power that every true healer is in search of, and I take it for granted that every physician in his heart is searching for truth. Then it must appear to all unprejudiced minds that the name of a drug is no more the curative power than the name of a disease is the disease to be cured. As any given disease has an individuality in causes of varied intensity, so will its cure be in antagonism of varied intensity. One drop of Aconite root may cure the Aconite mental picture in one person and fail signally in many, and the 200 cure the case in a few hours. I would not say *may*, unless I had seen the work.

I had once under my care a patient whose symptoms were like those of Sulphur. As I had not advanced in knowledge beyond the 6x, I gave that remedy in the potency named with what seemed to me astonishing relief. Finally, Sulph. 6x failed to give the continued relief, although the agent (for it was not a remedy) was continuously repeated. I compared Sulph. with the patient, and Sulph. seemed still indicated, but it would not cure. I must change!

I changed and changed, and finally the patient changed. I spoiled my case, and felt like "cussing" somebody for it. Nobody to blame but myself. Some three years later this patient, finding nobody that could do any better than I had done, bad as it was, came back to me, and by the way I had changed I had opened my eyes; this patient had taken many crude drugs, but I then knew how to develop a ease and cure it. He took Nux. ^{2m} for a few weeks with improvement, but the same old burning on top of head and soles, the same 11 A. M. hungry stomach, the same itching, and the same "not very well myself" all there. These symptoms had never met the *simillimum*.

The famous Sulph. ^{55m} one single dose and S. L. made astounding changes that lasted for nearly two months, when the returning symptoms were the signal for another dose. Three doses cured the case permanently. Sulph. ^{55m} was the *simillimum*, Sulph. 6x was not, therefore Sulph. was not the *simillimum*. Sulph. was his remedy, but the attenuation was next to be chosen. Why is this not true of any agent in the *materia medica*? There is nothing new in these facts, but it seems so strange that there can be found a man with brain too small to comprehend it or too dishonest to own it or too sceptical to believe it.

The microcephalic panderers to the loud-mouthed ignoramuses are seeming to rule the world by their mighty majority, but pure Homoeopathy has continued to grow and will continue to grow, and the educated, thinking people of the world will support it just as rapidly as they are made acquainted with it. No man shall tie me down to the limits of a microscope or to his own narrow sphere of observation or accepted truth. The man that remains in the lower strata of potential *simillimums* and demands that everybody must worship with him is too narrow to be called a healer or a benefactor of man.

The simillimum may be found in the lowest attenuations, but is positively found for all curable diseases in the high and highest genuine potencies."

(J. T. Kent, A. M., M. D., St. Louis, The Simillimum, The Homoeopathic Physician vol. 4 (1884), p. 164-167)

Hahnemann's Chronic Miasms

„If these sources of chronic diseases are remembered in the teachings, literature, or practice of modern Homoeopathy, it is oftener than otherwise that a sneer or an attempt at unseemly ridicule may be passed on the first of this series, *psora*, while the second, being too often too apparent to the senses of even the most stolid observer, is allowed to pass in silence, and the third, less obtrusive to the senses, may be safely said to have been permitted to fall into forgetfulness. *Sycosis*, as a basic cause of chronic diseases, can hardly be supposed to have place in the thoughts of the average modern Homoeopathist, especially of those who have most to say of Hahnemann's "fallacies" and "errors."

The first natural inquiry, when one thinks of this neglect, is - Are those who thus sneer at and neglect these teachings of the great founder of our school of practice more successful in their endeavors to cure chronic diseases than was Hahnemann, or than have been those who have accepted them and made them the basis of their prescriptions for these so commonly fatal maladies? The conviction that these gentlemen have little or no success in this part of their practice is the ready answer that intrudes itself upon us. Indeed, it could hardly have been otherwise in any attempt to cure these maladies by homoeopathic means and methods, the fundamental principles of the homoeopathic philosophy of these diseases being so entirely discarded or ignored.

As to the discarded *psora*, Autenrieth - no homoeopath, but a *professor of pathology* in the Tübingen school - went even further than Hahnemann in his assertion that external repelled eruptions were transferred to internal organs and surfaces, and that *he had seen them there* in their original forms many times, though he protected himself from charge of heresy, from his fellows of the old school, by the assurance to them that this fact had nothing whatever to do with the genesis of chronic disease taught by the founder of Homoeopathy, and added that "this, like all else that had come from that source, was mere empty air." Notwithstanding this hedging assurance of the Professor, we think most intelligent minds, after acquaintance with Hahnemann's teachings of *psora* as a source of chronic disease, will at once agree that Autenrieth's discovery goes far in confirmation of those teachings. This discovery of the old-school Professor demonstrates, or he is mistaken, the actual presence in internal organs and on internal surfaces of the very translated eruptions which Hahnemann says are causes of so many of the important diseases with which we have to contend.

Those of our school who have been most successful healers of chronic diseases have accepted this view of the origin of a large class of those maladies which they have successfully treated, and the best of these were ready to ascribe their known successes to a recognition of this genesis, though the ignorant and the silly were at the same time so free with poor wit and mistimed sneers at the expense of this fundamental teaching of the master, and though others who had only partially come to a knowledge of homoeopathic truth were at the same time seemingly nervously careful to have it understood they "were not weighted down" with this or other elements of homoeopathic philosophy.

The third of Hahnemann's chronic miasms, *sycosis*, has been less considered and less opposed and perhaps less understood than *psora*. It was considered by Boenninghausen, probably the most successful prescriber for chronic diseases the world has known, to be but little, if any, less important than the first. This great master had studied this miasm in its origin and effects of the human organism as no other man has, and the result was he cured its ravages in the

organism as no other man has. His studies of the materia medica in its relations to this miasm and its effects were most profound and exhaustive. ⁽¹⁾ He recognized the fact that the most careful "scrutiny of page after page of symptoms" by the "experienced practitioner" will "not be able in all cases to make the most exactly fitting choice of a remedy" in absence of a just view of the anamnesis of the case in hand. This is often, as he regarded it, indispensable to a right selection of the curative agent.

(1) *Vide Am. Hom. Review*, vol. III, p. 241, *et seq.*

The following case beautifully and perfectly illustrates this fact:

The writer was called to a consultation in the case of C. S., aged five months, June 15th, 1859. The child was large, plump in form; indeed, as to figure might be taken as a model. She was perfectly healthy at birth, as were her parents then and before. Her first complaint was developed immediately after her *vaccination*. This showed itself in the form of eczema in folds of her fat limbs and neck. These were all red and raw, oozing a colorless, thick, slightly sticky and slightly offensive fluid. This eruption was followed by an attack of croup after two or three months, and this by "Miller's asthma" immediately after, the croup seeming to pass into this last, sometimes so troublesome a malady. The parents, having, a year or two before, lost a little boy by this disease, became alarmed, and I was consequently called in consultation on the case. The spasmodic disease was soon controlled and there remained visible only the eczema. But there was much more which was not visible, as was shown the first time she took a cold, to which she seemed more than commonly inclined. She had a return of the croup, and this passed into Miller's asthma, as before, showing she had not been cured radically. As before, the attack was apparently overcome and the child was well again, except her eczema. This, in the attack of croup and asthma, became dry, and the oozing only returned when the spasmodic affection was relieved. The third attack of this kind followed, again from cold, and the child now became my patient.

Notwithstanding the best prescriptions of remedies and hygiene I could make, the child would take cold and repeat the experiences above mentioned till she was near two years old, when it was suggested that change of air, scene, and circumstances might be of service in healing the child of this chronic disposition to taking cold. The suggestion was accepted, and she was taken to Newburgh, N. Y., and placed under the care of my friend, the late Dr. Dunham. She took her cold there and went through her former troubles, as she had at home. Dr. D. treated her spasms with Chlorine water ⁽²⁾ successfully, and she returned to her city home at the close of the summer, as it was hoped, cured. It was not so. She soon took cold, had croup and asthma as before. The spasms were relieved by Chlorine water, and were seemingly cured, but the attacks were repeated at intervals, and not less severely, till she had grown to the age when she ran about the nursery on her feet.

(2) *Vide Am. Hom. Review*, vol. III, p. 370.

One day, when I called at the house, the mother said, "Doctor, what makes Lottie walk so?" She put the child on the floor, and as she walked she limped when she stepped on her right foot. She complained of pain in the hip-joint if the head of the femur were pressed into the socket or rotated, or if pressure were made on the great trochanter. The child was stripped, and the buttock of the affected side was flattened very perceptibly by atrophy of the great gluteal muscles - there was no doubt of having serious disease of the hip-joint to deal with. This was prescribed for as well as I could in the still imperfect knowledge of the case - for it was imperfectly understood, though it had been so long under my care. The prescription was hardly better than a failure.

Now there was one fact in the case which, as it turned out, had received less attention from both Dr. Dunham and myself than it should. This was a thin, green, closely adherent scab on the right temple. The mother was told to have this removed at our next morning visit. This

was done, and the key to the whole case was disclosed by a nipple-like wart, something more than an eighth of an inch in length, oozing the same sticky fluid as the eczema had been all this time discharging. This *oozing wart* was at once recognized as the representative of the original cause of all the troubles the poor child had endured. With this view a new study of the case was made, and the remedy found which had all the symptoms of the case, *including this oozing wart*. A powder in which were a few pellets of that remedy was dissolved in half a goblet of water, and of this a teaspoonful was given every six hours. The cure of the case was so prompt and perfect, including the hip disease and the eczema, that no second powder was required for its completion. ^[1]

For a proper understanding of this case, Boenninghausen and Wolf's observations of the vaccine disease should be remembered; that each, after a forty years' observation, had come to the same conclusion - that the vaccine virus was the concrete sycotic cause; that introduced into the human organism it had the power to produce all the fearful train of diseases expressed by the term *Sycosis*; that the *wart* is the external specific representative of the internal sycotic condition. It will be further remembered that this child was perfectly healthy, even more than commonly strong and robust, up to the time of its vaccination; then began the long train of evils which caused her so much of suffering and her parents anxiety and her doctor of study and perplexity; that when her recurring attacks were apparently cured, the *child* was only partially cured by remedies only like a part of her sick condition, one most essential part being omitted in gathering the symptoms, and, of course, in selection of the remedies employed in treating these paroxysms; that as a result of this omission the unrecognized element progressed in its invasion of the organism, making deeper inroads upon it till destruction so important as that of the hip-joint was threatened, which had already become much diseased. The sycotic cause and condition were singularly overlooked by Dr. Dunham and myself, and it was only when this was apprehended that the true remedy was found and the cure was made promptly and perfectly. It appears, on looking at the history of the case and its partially successful treatment before this condition was apprehended, that if this had not happened the joint would have been destroyed, if not even the life of the child, after great and long suffering.

The above is a true picture of a case taken from life. The existence, importance, potency, and origin of this third chronic miasm could hardly be more clearly demonstrated than it was in this case; its origin from vaccination (*vide* Boenninghausen and Wolf); its potency in the often inveterate and always troublesome eczema, in the croup, laryngismus stridulus, and the disease of the hip-joint; its importance in the sufferings and threatened life of the little patient. We say this case demonstrates these facts and also the powers of the truly antisycotic remedy, when found and administered in accord with the requirements of homoeopathic law.

If one is disposed still to deny the antisycotic element in the ultimate remedy prescribed, and to say the partial results which followed prescriptions in the croup and spasmodic attacks were owing to careless prescribing, and that the cure would have been effected in the beginning if the truly homoeopathic remedy had been given irrespective of the sycotic element of the case, let him remember Dunham did his best, without considering this element, and Dunham was neither a weak man nor a careless prescriber; let such an objector show a better or a more careful, and then find all the fault with him and the other prescribers for the case he feels compelled to.

The result of the last prescription demonstrates the verity of the miasm, sycosis, and the power of the antisycotic remedy. It will not, I think, be doubted by any candid and intelligent homoeopathist, in view of the partial results of prescriptions from one so truly a master in prescribing as Dunham, that, wanting the antisycotic given at last, the case would have terminated fatally. This, when given, wrought a prompt and perfect cure.

In view of such evidence as this case presents, is it not pitiful that there are those who claim to be recognized as representatives of homoeopathic philosophy and practice, and yet talk of Hahnemann's chronic miasms as "errors," "fancies," and "fallacies," and publicly boast they are not "weighted down," by these or kindred elements of our philosophy, but seem to rejoice in such freedom as ignorance and conceit can give them? They even affect to look down on the venerable old master and the glories of his discoveries as matters far beneath their standpoint of professional philosophy - these men, whose only professional importance is derived from a name they have misappropriated from him. Is it not pitiful?"

(P. P. Wells, M.D, Brooklyn, Hahnemann's Chronic Miasms, The Homoeopathic Physician vol. 3 (1883), p. 174-179)

[1] Note: The remedy was Hepar sulphuris - *vide* The Homoeopathic Physician vol. 5 (1885), p. 75

Who is our guide?

"Who is our guide, and where shall we find him?" - The Homoeopathic Physician Vol. V, p. 74.

"The embarrassment felt by the writer of the above quotation has been more or less the experience of us all, at some time in our professional career, when before bewildering examples of sickness we have been called on to relieve. Which of the many drugs showing symptoms in their pathogenesis like those of our case shall we give for the cure? How shall we decide? And for an answer we have turned to what this, that, and the other have written, and perhaps, after all, we have been left, like him who wrote the above, to the unsatisfactory inquiry - "Who is our guide, and where shall we find him?"

The first answer we have to this query is, if by this "who" you mean to ask for the man who is to relieve you of your difficulty, *there is no such man*, and therefore he is to be found *nowhere*. In a little different phrase the inquiry may be better expressed, perhaps, and thus: Where and who is the man who will do this, work, for me? Don't ask any more, for he can never be found. This world is so made up, and especially this homoeopathic world of ours, that each man in it must do his own work, or it is likely to be left undone. If for this he yields to the impulse and incurs the habit of running to his neighbor to do it for him, he may escape a present embarrassment, but he has gained no more, but rather has less, strength with which to encounter the next. This path is only a direct way to personal and professional imbecility.

There is a guide, but it is not found as a man, but only in the form of a law, and is found, if at all, only in the *Organon of Homoeopathic Medicine*. The most perfect acquaintance with this law, and the most loyal and constant obedience to it in all clinical duties, is our most perfect emancipation from the embarrassment which seems to have pressed so heavily on our searcher for a "guide." Let him be assured that with proper patience and perseverance he can find this, and find it equal to all his needs. In order to realize this result, he is never to resort to methods outside of law which may tempt by promise of "short and easy" ways to relief and cure, or to any departure from the instructions of this law. This resort to spurious means (palliatives), because apparently their use is to be less a trouble than to find the true specific under the guidance of law, if practiced, is the most perfect hindrance to finding the "guide" this embarrassed one is seeking. Law so disregarded and transgressed, the finding of the "guide" is simply impossible. The transgressor is sure, in the end, to find himself not only "almost lost," but utterly so.

The last embarrassment which oppressed this seeker he gives in this manner:

"The patient complained of cold heels, which sweat offensively and profusely in summer. I looked in my guides in vain for the thread. * * * I received my *Medical Advance* * * * and Dr. H. N. Guernsey gave Bar. c, Graph., Kali c. Nit. ac, Sep., Thuja, and Selen., with offensive and profuse sweat of the feet, while Lippe gives Sil. only, and Allen Sil. and Graph."

Now, surely, if one takes repertories as "guides," and stops at them, there is enough to puzzle any man. Repertories are only indices pointing, not necessarily to the specific remedy, but rather to portions of the *Materia Medica* which are to be consulted and studied that this may be found. And then if, under the guidance of law, he has been taught by this not to stop at the facts of cold heels and sweating feet, etc., but with these to gather all the aberrations in the functions of his patient's life from that standard balance we call health, and then to see whether either of these drugs named, or some other, has greatest likeness to this *whole*, he is safe, when he has found this, to accept it as the specific for his case. Anything less than this is only leaving clinical duties partially performed, and this can only often end in disappointment and failure. A practice based on repertories is always weak, uncertain, and unsafe. The practical habit of always referring the repertorial mention of drugs to the *Materia Medica* record for verification should always be cultivated and never be permitted to fall into neglect. It gives strength to duty, and crowns duty with success. Don't stop on the repertory, and don't be discouraged if on going from the repertory to the *Materia Medica* you sometimes fail to find in this last any justification of the mention of the drug for the needs of your present work. This happens oftener than it should, and oftener in large works which have been too hastily prepared, and in this is a chief reason why search for a specific remedy should never stop at them.

But this inquirer has other difficulties, which he expresses thus:

"Now, it seems to me that it is not an eliminated *Materia Medica* that we want, but one containing just this class of symptoms which enables just such men as Guernsey, Lippe, Kent, Bayard, etc., to master their knotty cases. A repertory and *Materia Medica* with this class of information would be an acquisition.

Take the case of Dr. Kent, in which he cured the spasms of the face. My armamentarium is silent upon such fine discriminations. If anyone in the profession can put those who are novices in possession of just this class of information it will be a star in their crown. The work accepted by Drs. Dake and Hughes may be useful to some, but I cannot see how it would be useful in such cases as those referred to."

This difficulty has come from a mistaken view of the facts in the case. We do not suppose the gentlemen named use different repertories or *Materia Medica* from those in possession of this writer. It is not a difference of books, but a different use, probably, of the same books which enables these prescribers to deal successfully with cases which to this writer are perhaps sometimes "knotty." The information by which they are guided to their successes, and which this writer so earnestly desires, is, no doubt, all in his own possession. The difference is, these gentlemen know where and how to find it. This the writer has not yet learned. He need not be discouraged therefore. These gentlemen had to *learn* the lesson before they knew it. This knowledge comes to no one "by nature," except to the Dogberrys, and they do not make the best practitioners of specific medicine. This knowledge only comes as a result of hard work, and much of it. And this, persevered in, will bring it. This work, and not new books, is what is wanted.

"* * * * is a writer I love to read after, and yet he so frequently leaves out the key to his case, etc., * * * * do not forget we need clear-cut work, showing out like Dr. Kent's reports."

"Clear-cut work " is good, and the more of it the better. But the mistake of this writer is in his desire that someone else shall do this work for him. The successful prescribers whom he names have each done this for himself, and hence their successes. No man could have done it for them, and therefore they stand with us to-day with their present acknowledged ability as specific prescribers. If it could have been done for them by another, the result would have been to leave them afterward the same needy weaklings they were before they were helped, no stronger for the next difficulty by reason of strength acquired by using their own powers in overcoming that just passed. The conclusion of this is a principle of universal application and importance, viz.: No one can do another's man's work for him and not at the same time do him a fundamental injury.

As to the Doctor who “leaves out the key to his case,” we think we know something of his motives and plans when he writes, and it has been no part of these to do, in carrying these out, this other man's work. It has been more his object in what he has written of practical Homoeopathy to show what *can be done* under its guidance in the first place; and, in the second, to show *how it is to be done* by the other man himself. In the case referred to by this inquirer for a "guide," the object was to demonstrate an important principle in pathology - the fact of the sycotic miasm, and the necessary recognition of this and of the means adapted to its removal before the hitherto partial successes in the treatment of this case could be followed by a complete cure, and also to show how this sycosis was introduced into the life of this child. ^[1]

[1] *vide* P. P. Wells, Hahnemann's Chronic Miasms, The Homoeopathic Physician vol. 3 (1883), p. 174-179

These were the objects of this paper, and on reading it again we do not perceive anything is wanted or “left out” which could have made the showing more complete. If the inquirer had found his "guide," he would very likely have shown the "key to the case" was not the drug which cured it, but the *oozing wart* which disclosed a knowledge of the relationship of the drug to the cure, and also the sycotic nature of the case cured. The *key* was not left out, it was only not recognized by our seeker of a "guide." It was no part of his intent to give, in the report of this case, a model to be imitated by others in treating cases they may regard as similar to this. This idea of advantage to anyone from reporting cases as models for imitation is wholly misleading and mischievous. It was a consciousness of this which dictated withholding the name of the drug which cured the case so satisfactorily. This was to this inquirer, apparently, "*the key to the case*" he missed. It was a matter of no importance as to the objects of the paper.

We are under obligation to this inquirer for the opportunity he has given us to express our views thus briefly of the relative duties of teacher and pupil. It is no part of the duty of the teacher, either by the pen or from the rostrum, to do the work of the learner for him. He has done his utmost and the best possible when he has shown the neophyte how to do it for himself. To set the pupil to observe and compare facts with his own powers, and show him how this is to be done, and then by the same powers how to select for himself the required curative, under the guidance of these facts and laws - here, in a nutshell, is the whole duty of the true teacher, and herein is all of good the pupil can receive from him. Of course, this is said of the teacher of practical Homoeopathy and of the pupil who is seeking a knowledge of its philosophy and the art of its application in practical healing.”

(P. P. Wells, M.D., Pursuit of Knowledge under Difficulties, The Homoeopathic Physician vol. 5 (1885), p. 117-121)

The single remedy

„Except in the rediscovery of homoeopathy, its rehabilitation and practical application therapeutically, no one thing has been more beneficial to the practice of medicine than Hahnemann's advocating the single remedy. His activity as a proponent for *one drug* with his active hostility to the polypharmacy obtaining at that particular time, is more to be admired when we realize the chaotic state in which empirical medicine then was.

Prescriptions, which have been handed down to us, show a wonderful, not to say fearful range of selection, anything and everything which someone might have found, or might have thought, to be useful were combined into one hodge-podge. For him to stand up against such an avalanche required courage, and more than courage: conviction upheld by more than theory.

With the proving of the remedy, singly, on human beings the muddy course of physic was immediately changed and it naturally followed that if the remedies were proved singly, they

must be exhibited singly; and what a storm of invective and opposition arose, with attendant results which were far-reaching and are lasting to this day.

Unfortunately, the familiarity in the use of our high-powered rifle *similia*, is difficult to acquire. The ability to make a “hit” with a high potency in the minimum dose is one that is not being taught; so we find the would-be marksman resorting to “shotgun” prescriptions; and our pharmacies, yielding to the pressure of popular demand, putting up tablets containing from three to ten ingredients some of which, unfortunately, are incompatibles. Is it any wonder that our old-school friends sneer at the man who says he is a homoeopath and practices such polypharmacy?

Our homoeopathic neophytes are not entirely to be blamed. Sometimes their preceptors, not having been classically trained or thoroughly grounded in homoeopathic principles, through ignorance or perhaps more often laziness, “alternate” even if they do not practice polypharmacy; and so the budding medico gets a wrong start. Then, on going to college he finds a strong tendency on the part of the professors to sneer at the application of the homoeopathic remedy as laid down by that “old fogy Hahnemann, who is long since out of date;” surgery and suppression advocated; and too often the Professor of Materia Medica and Practice using two or three remedies in combination, and teaching homoeopathy (*sic*.)

To some readers that may be overdrawn; but from personal experience the writer knows it to be a fact. He remembers picking up a professor’s pocket-case and finding the bottles containing two or three remedies, as indicated by the labels, some of the ingredients being incompatibles!

Lately it was his experience to be called in consultation in a case of “flu” with bronchial involvement. There were four glasses on the dresser containing Aconite, Causticum, Phosphorus and Rhus to be taken in rotation, at hour intervals; with aspirin and a proprietary cathartic, also to be alternated t. i. d. Arsenicum proved to be the similimum and finally, after days of suffering by the victim and of anxiety to the family and physicians, brought about reaction and cure.

Now, what is to be done about it? We must instruct our students and also our patients that since the remedies were proved singly, *they must be given singly*; and that anyone who advocates or uses any other method is either an ignoramus, an imposter or a charlatan. There will be no restriction in the use of any substance that has been proved in the laboratory of human reaction; the stigma of mongrelism will be wiped out, and the patient will be cured *tuto, cito et jucunde.*”

(George H. Thacher, M.D., Philadelphia, Pa., The Single Remedy, The Homoeopathic Recorder vol. 43 (1928), p. 199-200)

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 dirotic 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)

The Second Prescription

“I am well aware that I can give you nothing that is new on this subject. The method of making the homeopathic prescription was fully worked out by SAMUEL HAHNEMANN and was elaborated by his immediate followers. And such was the remarkable skill and insight with which it was done that now with the great strides which in many ways have been made in medicine, no improvement upon their method has been made. Consequently I can only give you what I have found in HAHNEMANN'S *Organon* and *Chronic Diseases* and in the writings

of BOENNINGHAUSEN.

As the subject, "THE SECOND PRESCRIPTION", has not been written about in medical journals nor discussed in medical societies enough to become hackneyed, a review of it here will not be amiss. We are conversant with what constitutes the essentials for the homeopathic prescription: with the painstaking study of the patient; his idiosyncrasies; environment; occupation; habits of life; and of everything which may be the cause of, or contribute to, his ailment and must be eliminated as the first step towards restoring him to health. And, finally, of the careful summing up of every abnormal thing which his case presents as the "*totality of the symptoms*".

After all of this has been mastered comes the selection of the curative homeopathic remedy, based upon the knowledge of the effects of drugs upon the healthy system and applied by selecting for administration the drug whose action on the healthy is most like the diseased condition of the patient. When all of this is done we are perhaps, apt to feel that we have mastered the essentials of the case, and have got it well started on the way to cure. But it is a fact that then, often the treatment has only just begun. The second prescription is no whit less important, calls for no less study, critical analysis and discerning judgment than the first : and upon it depends no less the perfect cure. The making of the second prescription is often more difficult, even, than the first. The first is made, usually with the clear image of the patient and his disease for guidance. In the second, all of that plus the effect of the first must be considered. Before the second comes, there must be the watching of the effect of the first, the development of the case under treatment, and the determining of *when* the second shall be given, as well as *what* it shall be. It would seem that all that would be necessary to do would be to follow the rule and, noting all of the symptoms presented, apply the simillimum. But to carry these rules out in practice requires an understanding and interpretation which is somewhat complex.

The first consideration is that of time. When shall the second prescription be given? HAHNEMANN'S rule regarding that is very explicit and a century of experience has proved its value. The time for considering the second prescription is when it is clear that the first has done all for the patient that it is capable, in any potency, of doing.

HAHNEMANN mentions three great mistakes which the homeopathic physician cannot too carefully avoid. These precautions should be printed and posted in every physician's office. They are, first, to suppose that the doses that his experience and observation induced him to adopt are too small. Second, is the improper use of a remedy. And the third consists in not letting the remedy act a sufficient length of time. This he considered a *great* mistake : and he emphatically asserts that the homeopathic physician cannot too carefully avoid the too hasty repetition of the remedy.

Particularly in chronic diseases, giving the remedy in the proper potency in the first prescription, and the cessation of its administration when improvement has surely begun, is as essential to the accuracy of the second prescription as any feature of the case. The first prescription *must not* confuse the case. It cannot fail to do so if it is given in such strength as to produce drug symptoms, or if its administration is continued after improvement has become established. It is very evident that, if the patient's symptoms are mixed and confused with drug symptoms, the physician lacks the information upon which to base a new prescription. Such a case presents an almost hopeless problem to the prescriber. And such a course has spoiled many a brilliant cure.

In chronic cases, if the remedy has acted favorably within the first eight or ten days, it is a sure indication that it is the right remedy. But, because it has done so, it must not be supposed that it can act no more without repetition. It often takes forty or even fifty days for some of

the great antipsoric remedies to complete their action, and it would be the greatest unwisdom to give another remedy before the lapse of that time. And even then it is not always, nor even often, that another remedy must be given immediately. The surest and safest way is to let the remedy act as long as the improvement of the patient continues, even if it be an indefinite time. Many times such improvement continues to the complete restoration to health. He who observes this rule with the greatest care will be the most successful homeopathic prescriber.

The whole case fails if the antipsoric remedy which has been prescribed is not permitted to act uninterruptedly to the end. The failure to do this is the principle reason why so many patients are benefitted when first going to a physician, and afterward fail to improve.

Another thing to keep in mind to avoid confusing the second prescription is the fact that a remedy which is not strictly homeopathic, to the case may change the symptoms of the patient. So the prescriber must be careful to note whether any new symptoms belong particularly to the medicine given. That point, of all the rules laid down for guidance to the second prescription, is the most difficult to discern. For if a remedy is given which is homeopathic to the case, all of the new symptoms arising in its development are likely to resemble the remedy. In noting the effects of medicines and the changes of symptoms under prescription, it is an aid to prognosis to remember that if the more troublesome symptoms of the patient are aggravated, and there is also a general improvement, the prescription is probably correct, and cure will follow. But if with aggravation of the more superficial symptoms the patient becomes generally worse and declines, either the remedy is not strictly homeopathic or the patient cannot recover. And so with the amelioration of symptoms. If with it there is a general improvement and sense of general well-being, the prescription is correct and the patient will undoubtedly recover. I have many times found it to be the case that if my most careful prescribing would simply relieve the most distressing symptoms, they being followed by others which in turn might be relieved, and the patient not improve generally. I could safely give an unfavorable prognosis.

When the first prescription was the simillimum, and yet was not capable in the form given of completing the cure, the same original symptoms will return and will call for the same remedy for the second prescription. In such a case it will usually be best to give it in a higher potency. But, if the symptoms change and new ones appear, and the first prescription was not incorrect nor too strong, nor continued too long, then another remedy must be considered. But here haste must be avoided. It is better to wait until the new symptoms have developed so as to make the prescription sure: then the rule to be followed must be the same as for the first prescription. It is very necessary in making the second prescription that the physician should know what the symptom-picture of the case was before the first prescription was given, and what the first prescription was. If the first one was not the proper one, and is doing harm, it must be antidoted, and the physician must wait until the original picture of the disease returns. Only thus can an intelligent prescription be made.

The character of the case in regard to acuteness must be considered in determining the time for giving a new remedy. As a rule acute diseases call for short-acting remedies and chronic diseases for those which act longer and which are capable of affecting the system in the most profound manner. But the action of even the antipsoric remedies is proportionate to the acute or chronic character of the disease. Consequently the character of the disease determines the time for the second prescription, rather than the possibilities of the action of the remedy.

One other important thing must not be neglected : that is, the relationship the proposed new remedy bears to the one already given. It must be complementary to it; or one which follows it well. That is more important than is always appreciated. Early in my practice, one who knew the work of CONSTANTINE HERING well told me that the first question he asked when seeing a case in consultation was, "What medicine has the patient been taking?" His first req-

uisite for a new prescription was a knowledge of what had gone before. The subject of drug relationship was very fully worked out and given in BOENNINGHAUSEN'S *Therapeutic Pocket-book*. It is given more conveniently accessible in KNERR'S *Repertory to Hering's Guiding Symptoms*. There it is grouped under six heads : - ANTIDOTES : COLLATERAL :

COMPATIBLE: COMPLEMENTARY: INIMICALS : SIMILAR.

ANTIDOTES. To the effects of molecular and massive doses: chemical antidotes to poisoning; to the lasting or chronic effects superinduced by the drug.

COLLATERAL. Side relations (congenors) belonging to the same or allied botanical family or chemical groups.

COMPATIBLE. Drugs following well.

COMPLEMENTARY. Supplying the part of another drug.

INIMICAL. Drugs disagreeing; incompatible;. do not follow well.

SIMILAR. Drugs suggested for comparison by reason of their similarity; usually compatible, unless too similar; like nux vomica and ignatia.

I think that what I have related will not lessen your appreciation of the difficulty of making a homeopathic prescription. But, as one of our great teachers aptly says. "Homeopathy is nothing if not true; and, if true, the greatest accuracy of detail and method should be followed."

I have heard it questioned whether a method that requires and involves so much is really worthwhile. The answer to that is short if one aims to fulfill his mission and heal the sick. But there are many things working against the adoption of homeopathy to the extent it deserves. It is not within the province of this paper to enumerate them: but I may be excused if I mention a potent one. That is the demand of the age for speed. Everywhere, even where it is not necessary, is the mad spirit of haste. The demand is for short cuts - too often at the expense of permanent welfare. But nature's processes are what they are; not hastening when the end to be desired requires time. The effort of those who are enlightened as the therapeutic law must ultimately, if slowly, illuminate the medical world."

(E. P. Hussey, M. D., Buffalo, N. Y., The Second Prescription, Transactions of the Medical Homoeopathic Society of the State of New York, vol. 47 (1912), p. 268-272)

How not to do it

"Dr. Kent, Dr. Gibson Miller, and others, can tell you, from long years of successful work and experience, how to do it. I feel that I am equally well qualified, from some years of poor prescribing and much failure, to tell you how not to do it.

I used to get brilliant flashes of light and joy - when I hit the drug - and that was just often enough to keep up the enthusiasm of an optimist like myself; but, take it all round, it was failure; and, because it may help some of you, I will try to tell you why.

Homoeopathy, as you and I know, would work, and did work. But I had not properly mastered it; my ideas were too crude, my methods too lawless and untrained, for it would work only fitfully for me. The Power was there, right enough, for the illuminating flash testified to its presence; but I could not draw on it with confidence at all times, or make it work quietly and surely - as power will work for those who understand the forces they harness, and can recognize their laws and limitations, and the peculiarities of their manifestations.

In short, I had not learned my Philosophy. To tell you the truth, I did not know that there was any Philosophy to learn. And, without its Philosophy, one may use homoeopathic medicines,

even homoeopathically, but one is no homoeopath, and one will never get uniform nor satisfactory results. One will never even recognize the significance of the results one does get, nor know how to deal with them.

TO MASTER, THE FIRST THING IS TO OBEY

Remember that the one thing that Power exacts is obedience. Electricity is a great power; no man has doubted its existence; for the roar that has followed the flash since the dawn of time has proved too much for the stoutest skeptic. But, to utilize this power, man must court it in its own way, obediently, guiding it through its own chosen channels, conforming to its idiosyncrasies one by one, as he makes its better acquaintance and discovers them. It is only by faithful obedience to the Master-power that it may be bent to work for man, obediently, as his slave. So with Homoeopathy. There are no rough-and-ready methods. A child can stroke a cat's back and get sparks; but for a steady, useful current, to drive engines, or light a city, or girdle the earth, requires rigid conformance to all the known laws.

No great power works without definite laws and limitations; and with these we have to reckon, or fail.

And in Homoeopathy, as in electricity, you have either something or - nothing! Both are giddily intangible - only to be recognized by results. And in both there are no half-measures. All has to be in order with your methods if the steady current of healing is to flow. A spark here and there - even devastating - is not business. It is convincing in its way, and may even hold a promise of better things if you can better your methods of dealing with it.

PRESCRIBING FOR THE DISEASE

For a homoeopath, I suppose the first often-fatal step is to label diseases, and then to label drugs to match;

To ticket Rhus and Bryonia "rheumatic remedies," and practically make your choice between them, and to fling it in the teeth of Homoeopathy when they fail to cure a case that required Sulphur or Tuberculinum, or - the dentist;

To regard Sulphur and Graphites as "skin medicines," and utterly fail in the cases (and they are not a few) that demand Pulsatilla;

To set Sepia aside as "a remedy for women's complaints," and scorn the person who dares to give it to babies. Whereas, if you are to work your Homoeopathy for all it is worth, you will have to cure individual cases

Of tubercular dactylitis with Sepia, of all medicines!

Of goitre, with a mass in the right lobe - not even the left - with Sepia (I showed such cases recently to the British Homoeopathic Society);

Constipation with Rhus, or Variolinum (as did Dr. Burnett);

Or (as did one of our men recently) a nocturnal gastralgia accompanied by wasting with a single dose of Syphilinum.

If you are to do it, and to do it often, you just have to let the disease alone and go for the patient. You have to say, not "This is a case of Rheumatism, and I might try Rhus, because Rhus is a very good medicine for rheumatism," but "This is a Sepia patient, and, whatever ails her, it is Sepia she needs, and no other medicine." My goodness! if I had known that from the beginning!

And, for your own sake, don't be too ready to say, "I tried Homoeopathy for such a case, and it failed." Remember, it was you who failed; and the very fact that you failed proves that, whatever it was, it was not Homoeopathy. The Power was there all the time, only you failed

to apply it. Say this to someone who knows, and he regards you - pensively. You have merely betrayed your own limitations.

TOO FREQUENT REPETITION

Now, the second fatal stumbling block is the cabalistic sign t.d.s. - *ter die sumendum* (which the knowing ones reserve for placebo). I suppose that that has blighted more brilliant homoeopaths in the bud than one can imagine. And next to that, in its self-stultifying mischief, comes the atrocious formula, of those who fondly imagine that they are doing very high-class Homoeopathy indeed, "once weekly." When I started on my career of failure and bad prescribing, I saw every one giving drugs t.d.s. - for chronic cases anyway; think of it! And, never having learned to prescribe, I fell headlong into the pit. In vain my mother protested, - she had learned good Homoeopathy in the early days of better work.

"It is quite wrong," she said, "to give medicines like that, and for weeks at a time. It is not Homoeopathy at all. Directly there is improvement, you must stop; and only repeat later, if the symptoms return unchanged."

But t.d.s. was everywhere the rule, on which I proceeded to improve. For, knowing that potencies worked, I gave 30s and 200s thrice daily - or once or three times a week, as the spirit moved me; not divining that, if one must play the t.d.s. game, it is well to employ the drug in its highest state of *im*-potency - perhaps about the 3x, where you have not enough quantity for crude effects, or enough penetrating power for deep and lasting mischief. Men do get excellent results, in some superficial cases, in this way.

Worse than all, I led others into the same error, inducing them to try the high potencies. I was always thrown back on myself to wonder why, when I had made a good prescription, the patient, after a few days' splendid betterment - "*Why, I thought I was cured for the first three days!*" - relapsed and came back worse than ever, or with new tales of woe, for which a new prescription went down - with like result. Always better - and then worse, perhaps in a new way; but never, never, never cured!

Gentlemen, you can go on in this way for years, curing your patients till they die. They will forgive you the relapse each time for the good hope of the first three days. In fact, that will go down to your credit, and the rest to the credit of the disease. You can ring the changes with a regular sequence of Amelioration; drug effect; new prescription: - Symptoms wiped out; new drug symptoms; new drug to meet them: - Fresh Amelioration; fresh mischief; and again another remedy of like symptoms which, like all its predecessors, Ameliorates promptly, and then proceeds (if persisted in in this idiotic way) to set up its own train of symptoms, for which you again drearly prescribe - while Homoeopathy sinks lower and lower in your estimation, and the younger men wonder that you have lost all enthusiasm for its cause. Even in those days of little knowledge, I could often have done quite brilliant work had I used my mother's words, and adjured the patient:

"Directly you are better you have to leave of your medicine, and never touch it again, unless you are really worse."

I am afraid I spoilt several men's work by inducing them to try the higher and highest potencies. I know that I am giving myself away badly, but perhaps that is necessary. For, gentlemen, every evil that I have done in my ignorant flounderings after better things lives on in some corner of the L.H.H., and I am always meeting my sins at odd moments and around unexpected corners - *hinc illae lachrymae!*

I have seen Calc. carb. cm. prescribed thrice daily for a month by a man who was, as he expressed it, "giving the high dilutions a trial." And my evil suggestions as to giving Tuberculinum weekly, while one gave, say, Silica 30 t.d.s. (Silica, that deep acting drug of 40-60 days'

action!), are still haunting the place like evil spirits, to lay which it will take more of the holy waters of repentance and confession than I can manage this afternoon.

USE OF REPERTORY

But it was not all imagination and daring experiment. I did try to work out my cases, believing that when I failed it was because I had the wrong drug, - which by no means follows. I did try to work out cases, with hours and hours of labor - generally in vain! For I had never been trained.

Till our first Scholars came back from America, no one had ever taught me how to recognize the few symptoms of inestimable value in the equation. No one had ever shown me how to eliminate drugs and minimize labor *by starting with certain general symptoms well marked in the patient*. I had no faintest idea how to work economically as regards labor.

I would start by writing down that terrific list of drugs producing constipation - if the patient complained of that trouble; and so on through all his symptoms, important or unimportant, even mechanical, and probably altogether misleading, giving to each drug its value according to type, and never once considering (what is most important) *whether the type coincided in patient and drug*; then rounding up with an arithmetical calculation. Sometimes the drug came out; but the labor was hideous, monotonous, and not even remunerative in results.

I was not easily beaten; if there was anything in repertorizing, I was determined to master it, and more! to make it practical with a minimum of labor; for I went so far as to devise a card-trick system, every card a symptom, and all the drugs that produced that symptom punched out. I deafened myself punching one thousand such cards. I have them still, a great cabinet full. But even this could not help, because the system was wrong.

When one knows how to repertorize, a choice from some 80 cards of "general" symptoms in a small portfolio is all that is needed to start a case - often to work it out in five minutes with a glance at the *Materia Medica* - had I known! But I have learned one thing from all this, and that I am competent to teach anyone, viz., how not to do it.

Another way to insure failure, in some cases, is to start your repertorizing (by way of weeding out use less drugs and lightening labor) not with Generals, but with some list of drugs that has the patient's ailment. Say it was my case of goitre, Where Sepia cured - one dose of Sepia.

In my days of fruitless repertorizing, I should have begun work on a case like that by writing down all the drugs that have been found useful in goitre; then, as there was a mass in the right lobe, I should have eliminated all the drugs, by the help of another list, that did not affect the right side of the body, or neck. And I should have failed - absolutely and inevitably have failed; because Sepia is in no list of drugs known to affect the thyroid gland. And again, though Sepia is among the drugs that pick out one side of the body, it happens to choose the left side for its operations, in the general way; so, again, I should inevitably have missed it. She received Sepia because she looked, and was, a typical Sepia patient, with Sepia symptoms, and because I simply could not give her anything else - then; my absurd intention being to cure her first and then to tackle her goitre.

But if (and it is a large if) you cure your patient, the odds are that there will not be anything left to cure. Your business is to cure her; the rest is her affair. Make her normal, and she will have no further use for acquired abnormalities. Healthy nature makes short work with superfluous details; for she can waste, as well as develop. Given the irritant, and she will sprout "ultimates," and in vain you prune them away. Put her right, and she starts clearing them off and setting her house in order.

Be well assured that nothing continues to exist without a cause! And learn a lesson from the tadpole's tail; it has taught me much. I used to think that it dropped off! We have a great deal to learn about absorption!

HASTY PRESCRIBING

Another way not to do it is to be too ready with your prescription. If you take a lot of trouble with a case (when you know how), it will give you very little trouble afterward. Conversely, if you take a very little trouble to begin with, it will give you endless trouble, many times repeated. You have fouled the clear waters with a wrong prescription, and how are you going to peer into the depths? You have no longer a true disease-picture to match. One bad prescription leads to several, perhaps to a hopeless mixing-up of the case. "Curses and chickens (and bad prescriptions) come home to roost." If you are not sure, give a placebo and wait. Hahnemann says, "a week's placebo to start with, anyway!"

PRESCRIBING DURING AMELIORATION

And when you have worked it out, and actually found your drug, there are still several ways of how not to do it. One of the most catastrophic and heart-breaking is to repeat while amelioration holds. Two cases have bitten into my memory, though hardly understood at first; and yet I go on doing the same thing again and again, for it is the hardest lesson in the world to learn, to hold your hand and do nothing. One catches at the excuse of any little recurrence of symptoms to repeat, and often spoils the case - *pro tem.*, anyway.

A glaring instance, which in those early days I did not even understand, was a chronic typical Aloes-diarrhoea. (I have hunted in vain for the notes, so speak from vivid memory only.) He got Aloes cm. (either one dose, or two at a week's interval). He came back so much better, practically cured, that I hugged myself, and hugged Homoeopathy as a very wonderful thing. I had found his remedy right enough, and I would keep him on it for a bit, lest he should relapse! Of course, he came back less well. Then I gave it more often (it was the right remedy, for the first dose had been magic). I piled it on, and - Homoeopathy was a less wonderful thing (my Homoeopathy, that is, which ought to have been written in inverted commas); and presently he came no more.

That case has rankled ever since. I came to the conclusion, at that time, that the first prescription was a comparatively easy matter; but what to do with patients when they came back better was beyond me! The very obvious "*do nothing*" was also beyond me for ages.

That is where the Philosophy comes in. That is where, in Homoeopathy, we perish for lack of knowledge. That is where the young men, who have been trained, score. They will never know so much about "how not to do it;" but they have been taught when not to do it! For there is one rule, and one only, that meets the case:

So long as amelioration holds, let it be; and only repeat, or reconsider the case, when you are sure that it is quite at an end.

Why, Wright has proved that recently, under the microscope, for tuberculinum; though Hahnemann laid down the law more than a hundred years ago. And we who call ourselves his followers sneer at "the eternal Hahnemann," and do not even take the trouble to master his teachings.

Never repeat while amelioration holds. It will be from minutes to hours (Hahnemann says so) in acute cases, and from days to weeks or months, according to drug and case, in chronic diseases. But, unless you want to see your work always going back on you, unless you want to be one of those who have "tried Homoeopathy and failed," let your ameliorations severally alone, and keep your enthusiasm for Scientific Medicine.

The other sharp lesson was a case of heart failure in a woman of 29, mitral incompetence, etc., that I got permission to treat after admission to the L.H.H. Here I have the House Physician's notes and measurements. She worked out Arsenicum, and I gave a dose of Ars. cm. two days running (as she had been given a dose of Spig. low in the intervening night, and it might have interrupted). The effect was magical. Three days later (only four days after admission),

The heart had contracted, and was now only one inch, instead of two, to right of the sternal margin.

The liver had also contracted, and now, in the nipple line, measured 6% ins. instead of 8% ins.

One hundred heart beats out of one hundred and forty-four now reached the wrist, instead of sixty-two out of one hundred and sixty.

She was sleeping quietly at night, instead of the suffocating spells when she dozed, and the frequent vomitings all night that had been a feature of the case.

She felt very much better. Everyone was amazed at the improvement, and, in my joy and desire to hasten matters yet more, I gave her, a week later, another close of Ars. cm. And that ended the case - in all senses! She grew worse. Lyc. was given, and failed to relieve. All her fearful restlessness returned; she could stay nowhere. She demanded to go home, where she died very soon after.

You who know realize that it was risky ever to give a cm. to such a case, but that it was madness to repeat it while the patient was doing so well. You see that it is not enough to spot your drug; it is not enough to make a successful prescription, even. You need all the Philosophy if you are to carry your work through every time, if you are to get nearly all there is to be got out of Homoeopathy. I was like an electrician who, having proper wires and a lamp of just sufficient resistance to glow its brightest, wantonly doubles the current, fuses the filament, and earns darkness. The greater the power, the more carefully must it be handled, to avoid disaster.

HIGH POTENCIES IN ADVANCED CASES

Another way not to do it, a case that emphasized the fearful risk of giving a high potency of the indicated remedy to advanced disease, was a case of malignant tumor of breast. The woman had been doing well on unit doses of Scrof. nod., had lost pain and swelling of arm, and all inconveniences of her disease, though it was steadily progressing. She was a healthy-looking, robust old woman of masculine appearance.

I worked her out and gave Lach. 200, and then a dose of Lach. cm. This was promptly followed by alarming collapse, hemorrhage, rapid greenish fungations, and intolerable odor (all relieved, by the way, by a dose of Ornithogalum a few weeks before she died). This Lach. cm. aggravation pleased me, rather than otherwise - showed that I had hit the drug. A second dose, later, was followed in half an hour by collapse; and, again, a horrible aggravation of all symptoms. But I still fondly hoped that the reaction might carry her a long way toward clearing up the case. It never came. And I have learned my lesson now.

In advanced disease, malignant or tuberculous, with much tissue change or lowered vitality, Philosophy teaches that the most terrible thing that you can give your patient is the indicated remedy in high potency. Give her anything but that!

Some of you are fidgeting with impatience, not believing this, or vowing that if you did believe it you would "quit" Homoeopathy. But others in the discussion, by and by, will more than confirm it from their own experience. You will find that it is the men who know their work, and can handle their Power, and get results, who are not only the most keen and enthusiastic, but who develop at times a positive terror of their drugs - in the potencies; for they

know how potent they may be for evil as well as for good; that when the disease mass is large, or the reaction poor, the most harmful drug you can give to a patient is the Simillimum, unless very cautiously and low.

INTERFERENCE

Another brilliant way not to do it (you see that I have tried them all) is to have your cases in common, and to work with someone who knows little, and cares less, for the Philosophy of prescribing. It is late; there are a heap of patients to be got away in a short time. He sees a case on which you have expended much labor and thought; hears a tale of woe - a medicinal aggravation perhaps (your poor subscriber does not believe in aggravations, for in the nature of things he gets few, and never spots one when he does get it!); or old symptoms returned; or a diarrhoea or rash or excessive sweating that may be critical, and mean a sharp leap toward the cure of some serious condition, if left alone; or even *symptoms worse and patient better* (if he inquired), which should call a halt. But, at the first word, down goes a new drug; and the case is off at a tangent - perhaps beyond recovery.

This is how not to do it, with a vengeance! For this is to throw your very life, your energy, and your success, to the moles and the bats - and without compensation. You and your patient have both suffered for the victory that has been snatched from you, and suffered in vain! We all have plenty of chances, unless we walk warily, of spoiling one another's work!

But enough of how not to do it! There has been plenty of that in the past; but the past is beyond our reach. Old things are passing away, rapidly! Our concern is with the Present; and the Future, living or dying, is ours! Let us only diligently train the younger men, and the great Cause is safe enough in their hands. Those who can wield Power can be trusted never to betray it.

And you who have learned your Homoeopathy under a Master; who know its Philosophy by heart; who have been trained to work out your cases, to respect and fear your potentized drugs and to use them only safely; who have learned to recognize and understand and deal with results - to you I would say:

Be patient, be gentle and courteous, be tolerant and forbearing. You have no idea how those who have not had your advantages have struggled and do struggle, in a heart sickening way, and without your results to buoy them up and reward their labors. They can look back, many of them, to the time when their enthusiasm was as great as yours; when they knew their drugs, from diligent study, as well as you do, and with far more labor than you have bestowed, who have had them presented to you in an attractive way - who have been taught.

And, above all, be good stewards of the gift that was given to you, and be ready to impart. Each one of us, working by himself and for himself, has only a limited lifework, a limited fund of hours and energy, and then comes the "whisper out of the darkness" that says, "*the end is forbidden,*" that says, "*Thy use is fulfilled*" - and then, silence. But think how enormously we can multiply our life-work, our influence, the sphere of our energy and usefulness, by helping and inspiring others. What an enormous mass of work may at the last be laid to our account. Think of the work that Dr. Kent is doing in the world today, through his scholars, through the men he has kindled, and inspired, and taught, and the men that they, in their turn, have taught and are teaching. Believe it, there is no greatness in the world but through service.

He that would be great among you, let him serve. Teach! help! strengthen! hearten! inspire! Freely ye have received, freely give - and of the best that is in you."

(Margaret Tyler, M.D., London, England, How Not To Do It, The Homoeopathician vol. 1, No. 2, February 1912, p. 67-73. Paper read at the International Congress, 1911, and published by the permission of the Congress Council.)

The Materia Medica

“The especial branches of the Materia Medica are pharmacognosis, the knowledge of the natural history and physical property of drugs; pharmacology, the knowledge of the collection, preparation and preservation of medicines; pharmacodynamics, the knowledge of examining the virtues and effects of medicines; to which we particularly add, pathognomony, the science and art of discerning the characteristics of groups of symptoms.

We will not, at present, treat at length of the history of Materia Medica, from Hippocrates and Dioscorides down to the present day; we can learn but little by looking back at the continuous changes, giving evidence that uncertainty prevailed, that darkness was followed by darkness; we shall leave the perusal of these former changeable and irrelevant attempts at a Materia Medica to those who find it amusing to dwell on the dark pages of antiquity.

The Homoeopathic Materia Medica contains within itself its primary facts of fundamental principles, its laws of development and practical application, in a word, the reason of its own existence.

Hahnemann found while translating Cullen's Materia Medica, then one of the standard works, that *China officinalis*, Peruvian bark, was claimed to be a specific for intermittent fever. Hahnemann, who had always been a clear and reflecting observer of facts, knew that Peruvian bark did cure some cases of intermittent fever but not others; he also knew that it caused the patient who was subjected to repeated doses of this medicine only to suffer other pangs, which he had not before the treatment, without curing the original disease; he had noticed the symptoms of cases in which Peruvian bark had cured intermittent fever. He then first reflected on the mode which would bring light into this darkness of uncertainties, and resolved to solve the plain question, "What determines a Cinchona fever?" He then himself took a few drops of the pure alcoholic tincture of Peruvian bark while in a perfect state of health, and behold, he experienced symptoms very similar to those he had had years ago, when suffering from intermittent fever, commonly called ague. These symptoms he noted down, and on comparing them with such cases as he had cured before by Cinchona, he discovered a great similarity. The Cinchona proving was the first Hahnemann made on himself, and the results of this proving led him to draw deductions which he would never have arrived at without this experiment. He did not experience, nor did Cinchona cause intermittent fever, but it caused symptoms only resembling this form of disease, and from this observation he drew the only possible and correct conclusion, that, if medicines when taken in a state of health, were able to create symptoms similar to a form of disease which they were also known to cure at times, these symptoms so produced on the well, and the results of a voluntary proving, would in future indicate the condition under which this medicine might be administered for the cure of the disease presenting the same symptoms, with a certainty never known before.

Here Hahnemann obtained the knowledge of the dynamic actions of the various medicines, by which he was enabled to establish the only law of cure, and this accumulated knowledge enabled him to give to the world a reliable and truthful Materia Medica. This knowledge was obtained by collecting the symptoms which had occurred from involuntary provings, poisonings, and by voluntary provings; at first, proving the crude drugs in comparatively small doses on the healthy, and by further collecting the symptoms cured, so verifying the first provings; he further collected the new symptoms which appeared, and which were not present before administering a medicine, as also the symptoms which disappeared simultaneously under the curative action of medicine and not known to have been produced by it while proving it on the healthy; of this latter class, but few were incorporated in the Materia Medica, and only after repeated experiments had verified their reliability. During the progressive provings, it was discovered that some substances, as *Carbo vegetabilis*, *Natrum muriaticum*, *Lycopodium* and *Silicea* developed but few, if any, symptoms when proved in the crude state. It was known of

Carbo vegetabilis, that this substance, when administered for its known chemical power in destroying putrid odors, as, for instance, when applied to old putrid ulcers or putrid breath, the relief in both cases was instantaneous, and also when taken internally in larger quantities, it at once corrected the putrid smell of the dysenteric evacuations; the effect being only a chemical one, the putrid-smelling ulcers resumed the bad odor as soon as the application ceased; the putrid-smelling breath returned, when the mouth was no longer cleansed by the charcoal powder, the dysenteric evacuations were only momentarily deprived of the offensive smell; it was, therefore, no cure. Charcoal in this form, could only act chemically, and when taken internally, in the shape of crude powder, in large quantities, it can, and does not produce any alteration in the sensations; it has no curative or medicinal effect and produces no symptoms. But if Charcoal is triturated with a non-medicinal substance, as sugar of milk, and carried to the third or a higher potency, that potency will cause a change in the sensations, and the symptoms obtained by proving these potencies now guide us in the administration of this valuable remedy. The provings of Charcoal in a potency were followed by provings of other medicines in potencies, and the symptoms so obtained were also incorporated into the *Materia Medica* by Hahnemann. More cures were made, more certainty was obtained of the correctness of all the provings, and all these observations were collected, and Hahnemann eventually gave us six volumes of his *Materia Medica Pura* and five volumes of his *Chronic Diseases*. Subsequent provings by the followers of Hahnemann were published and verified in separate smaller works and in the medical journals of the day; they were collected and published by Jahr and by Noack and Trinks; later they were given in translation to the English reading Homoeopathician in *Jahr's Manual or Symptomen Codex*, by Dr. Hempel, which might be a very valuable work, were it not that this translation is entirely unreliable, full of inaccuracies, omissions and mistranslations. Later, we had our *Materia Medica* augmented by a volume of *American Provings*, by Dr. C. Hering, and this work is preeminent on account of its thoroughness; it is the most elaborate work of its kind, and it is only much to be regretted that it has not yet been translated into the English language, the only remedy Aloes is now given to us in the REVIEW. During the past few months, we have received new provings by Dr. Hale. He publishes in one volume forty-four remedies. This work also while enlarging our knowledge of *Materia Medica*, is an indispensable work to the practitioner; it still retains the originalities of the Eclectic School who have introduced most of the new remedies into the practice of medicine.

The first impression of the uninitiated, who first takes in hand our voluminous works on *Materia Medica*, is to perceive no difference between the recorded provings of the many medicines. He thinks on glancing over the pages of the *Materia Medica*, that every medicine has caused some giddiness, some headache, some fever, some cough; all and every one of them. He remains unavoidably puzzled on the subject, until he begins to compare the records more closely and accurately, he then sees clearly the differences that exist between the various medicines and the manner in which they are similar and differ. He will first try to ascertain what kind of pain a remedy generally produces, and on what part of the body, on what organ or part of an organ it is most apt to act. He will find under what conditions the changed sensations in the organism are produced, and these conditions he will subdivide first as to the time, at what time of the day, month, or year, periodically and so forth; under what change of position at rest or in motion, by what kind of food or drink, and by what mental emotions the condition is either aggravated or ameliorated, and lastly in what connection the various changes appear, and their accompanying symptoms. In this manner the progressive student will obtain the characteristic symptoms of each medicine; he will find by so studying each medicine, that various medicines have in some respects great similarities, but that in other respects they differ, in various ways, much from each other; he then makes comparisons as to similarities and differences, and he so finds out their relationship. By comparisons alone, can we obtain a

proper and lasting knowledge of each single medicine. We compare first single symptoms with similar symptoms of other medicines, and so we proceed, until later we compare medicines belonging to the same natural class or family or groups of medicines which by their similarity of action form a relationship with other similar classes or groups of medicines.

When I say that I will give you the characteristic symptoms of each medicine, the first question arises; what is characteristic? Characteristics consist in such symptoms, altered sensations and effects of medicines on the human organism, by which we discern our medicine from all other medicines, and while this may be ascertained by comparisons made between the various medicines, the proof of the correctness of this discernment is obtained by the experiment; that is to say, that when, in the most varied diseases, the presence of one or more of this or these characteristic symptoms lead to the choice of a remedy, a cure follows; and that in similar diseases without the presence of this or these characteristic symptoms no cure follows the application of the same remedy. For the sake of facilitating the finding and remembering the characteristic symptoms, we divide them systematically in four different kinds, each of which kind may, in a given case, characterize the medicine. We have at first, the kind of pain or altered sensation, as, for instance, the soreness or sensation as from a bruise, under Arnica, which has few other kinds of altered sensations, or the burning-stinging pain under Apis. Many medicines have burning pain, as Arsenic, Carbo veg., Phos., and many others have stinging, pricking pains, but few have burning-stinging so characteristic as Apis, and there is only Bell, and Ignatia which have in that respect a similarity to Apis. The sensation as if the parts were made of wood, under Nitrum. We have secondly, the locality, as under Lachesis the left ovary, and under Apis the right; under Clematis erecta, the right testicle, and under Rhododendron the left testicle; we have the sides of the body, and find collectively, the left side more affected by the electro-negative remedies, while the electro-positive medicines, affect the right side more; again, have we the direction in which the pains and altered sensations attack the organism; we know, for instance, that when the rheumatic pains first attack the feet and extend upwards it is characteristic of Ledum, but that if similar pains begin on the upper part of the body and extend downwards, then it is characteristic of Rhododendron. In angina, we know that if the left side of the throat is first attacked, and the inflammation or ulceration extends to the right side, it is characteristic of Lachesis, but if the affection begins on the right side and later extends to the left side, then it is characteristic of Lycopodium.

Thirdly, we have the conditions, and they form by far the most important characteristic symptoms. The time of the day when the diseased condition is aggravated or ameliorated comes first to be considered. Some medicines are known to possess this condition in an eminent degree; as for instance, Nux vom. and Sulphuric acid in the morning, Natrum mur. at ten, a. m., Argent, at noon, Lycopod. at four, p. m., Puls, at sunset, Phos. before midnight, Ars. after midnight, Kali carb. at three, a. m., etc. The position of the body, rest or motion, standing or sitting, or rising from a seat, are very important conditions. We find an aggravation from rest, under Rhus, and aggravation by motion under Bryonia, although these two medicines are very similar in other respects. Standing aggravates under Sulphur, sitting aggravates under Lycopodium and ameliorates under Colchicum, while rising from a seat is aggravated under Rhus and Lycopodium, but the condition is ameliorated *after* rising from a seat and when beginning to move, by the same two medicines. Aggravation after sleep is under Lachesis and Lachesis will never be indicated if the reverse is present; amelioration after sleep is under Phos. Under the conditions also belong the effects of the various articles of food and drink. The aggravations from coffee, tobacco and spirituous drinks we find under Nux vom. Bad effects, especially headache, from small quantities of wine, are under Zinc, the bad effects from continuous over-indulgence in beer, are under Kali bichrom., the aggravations from lemonade under Selenium, of the ill effects caused upon a diseased condition by oysters, under Lycopodium,

of bad results from pastry and pork under Pulsatilla. The amelioration from eating fruit we find under Lachesis, or from drinking tea under Ferrum.

Fourthly and lastly, we have the concomitant symptoms which although yet few, form strong characteristic indications. For instance, toothache with a swollen face, we find under Chamomilla and Mercurius, and while the swollen face under Chamomilla is red and hot, that under Mercurius is hard and pale. Toothache with paleness of the face we find under Pulsatilla. Fever with thirstlessness under Pulsatilla and Sabadilla, or with much unquenchable thirst, under Natrum mur.

The knowledge of the characteristic symptoms of medicines is indispensable if we wish to be successful in the practice of Homoeopathy, because it is one of our fundamental practical rules, that the characteristic symptoms of the only truly curative remedy must correspond with the characteristic symptoms of the patient. This, as one of the most important rules of our school, enters also largely into the study of the Materia Medica, and for this reason we must deprecate the arrangement of medicines according to groups of pathological conditions sought after and supposed to exist in groups of symptoms recorded in the provings. Before we seek the characteristic symptoms of the remedy, we must possess the characteristic symptoms of the patient, or what is falsely termed the disease. The truly characteristic symptoms of the patient exist exclusively outside of the pathological groups of symptoms of the discerned disease; nay more, they are symptoms which never necessarily belong to the disease or any form of it, but which appear absolutely accidental. The symptoms present and necessarily constituting and belonging to the disease, we may term essential symptoms; characteristic, we term those symptoms which are found on the diseased individual besides the essential symptoms, either on account of his constitution or from other accidental and unaccountable causes. If it is so, and if the experiment has established this rule to be correct, we would gain nothing by classifying the provings of our medicines in such a manner as to press them into pathological livery. If then the extraordinary and apparently accidental, often seemingly trifling symptoms of the patient, guide us in the selection of the sole truly curative remedy and constitute the characteristic symptoms, no preconceived notion based on the pathological classification of remedies can be of the least assistance to us in our efforts to cure, and all such garbling attempts must be rejected.

The thorough knowledge of the Materia Medica, so essentially necessary for success in practice and in curing the sick, can only be obtained by diligent study, but we may in a great degree facilitate this study by proving medicines ourselves. During a proving, we are compelled first to observe our own sensations and our alterations of them and to arrange them according to some system, thereby cultivating our faculties of observation and of systematizing these observations. Each symptom which we record as having occurred as the effect of a new medicine, will necessarily call back to our memory a similar or opposite symptom known to us as belonging to some previously proved medicine. By making these comparisons, our memory receives the new symptoms of the new medicine as having a relationship with other medicines. By provings, we learn how necessary it is to observe what are generally termed trifles, for even by these apparently small differences do we know one medicine from another or discern one symptom of one medicine from a similar symptom of another medicine, and these accurate observations of what were formerly considered and termed insignificant and unimportant symptoms, constitute the great difference between a skillful, and therefore a successful physician, and a routine practitioner.

As illustrating this proposition we will take a patient who complains of diarrhoea. The Allopathist is satisfied that the disease is diarrhoea, that it should be checked, and at his first prescription he orders his usual panacea, Opium, in some form or other. We seek to know more than the meagre knowledge that the patient has a diarrhoea, we examine him as Hahnemann

has taught us and as it behooves every true Homoeopathician; we elicit at our first question, as to when his diarrhoea began, that he was first attacked in the morning, or had for some days always been worse in the morning. We know one condition, that of time, and know that Bryonia, Sulphur, Podophyllum and Thuja, besides other medicines, pre-eminently produce and cure morning diarrhoea. We know that Bryonia has morning diarrhoea which takes place as soon as the person has risen from the bed and begins to move about; we know that the Podophyllum evacuations are generally green, that the diarrhoea characteristic of Sulphur drives the patient out of bed; the call is imperative; and let me here remark, that we owe this knowledge verified by many cures to one single symptom of one prover: this symptom is on record in Hahnemann's Chronic Diseases, and we find it observed by Frederick Hahnemann, the son, under No. 868, where it reads, "the stool is discharged suddenly and almost involuntarily, he cannot rise from his bed sufficiently fast." So much for one single, well-observed and recorded symptom. The Thuja morning diarrhoea comes on after breakfast, and this symptom, although it is not often met with, we owe to Dr. Wolf who gives it in his high potency proving, of Thuja under No. 483; thus, "Diarrhoea every day after breakfast;" this observation has also been verified by experience. We now continue the examination of the patient, and he tells us that he had to rise quickly and then had a painless, watery, yellow diarrhoea, which continued during the forenoon and was better in the afternoon. We need not choose long, but administer at once one dose of Sulphur, for not only the time and condition are characteristics of the remedy, but also the quality of the discharges, and if we continue our examination of the patient, we will undoubtedly obtain further symptoms all indicating Sulphur.

It is not only advisable, but absolutely necessary, that the provings of medicines should be made by ourselves on ourselves. The observations on others, although indispensable to a perfect knowledge of the effects of medicines which we seek to obtain, may leave us continually in the fear of not exactly expressing in a proper manner what has been felt; we must therefore continually remain in doubt, or at least partly so, as to whether the proving is a deception or not. This obstacle to a knowledge of the truth, which cannot be entirely obviated when in search after the morbid symptoms excited on another person by the action of the remedy, does not exist when the trial is made on our own person. The individual who undergoes the experiment knows precisely what he feels, and every fresh attempt that he makes is an additional motive for him to extend his researches still further by directing them towards other remedies. It renders him more expert in pursuing further trials, while at the same time his zeal is redoubled, because he thereby acquires a true knowledge of the resources of the art which can be considered ably increased.

The proving of medicines, first on yourselves then on others, will further give you such an insight into the Materia Medica as you could not obtain in any other manner. With every new step you take, you will learn to appreciate and admire the great works of the masters who have presented you with complete, well-arranged provings, and by following their example you will become masters yourselves, not only in the art of proving, but in obtaining a mastery over the master-provings, which you desire, to become enabled to apply for practical purposes."

(Adolph Lippe, M.D., Philadelphia, Pa., The Materia Medica, The American Homoeopathic Review vol. 5 (1865), p. 433-443. Extract from Dr. Lippe's Introductory lecture on the Materia Medica, delivered before the Homoeopathic Medical College of Pennsylvania, Oct. 11th, 1864.)

Miracles with homoeopathic medicines

"I was led to write on the subject of this paper by a casual remark made by one of the ardent members of our Society. He stated that he "had never witnessed any of these miraculous 'one minute' cures reported by homoeopaths." That was a very frank statement. It certainly was an admission that he had never made such cures.

Without going into the psychology of such individuals, who are ardent homoeopaths and who have fought the legal battles of homoeopathy for years. but who, nevertheless, rage at miracles and high potencies, I will present a few cases from my own practice - personal testimony that would be accepted in any court, and I am sure no member will challenge my veracity when I attest to these facts that I am about to set forth.

But first let me remind you that our literature is filled with records of miraculous cures, some of them rivalling the master's cures. I will not burden you with a bibliography, for such a record would require more than a day's time to read. I will take time for only one quotation and that from my former teacher, the late James Tyler Kent, in his lecture on *Ipecac*, recorded in the second edition of his *Materia Medica*, page 576, as follows: "A single dose of any of these medicines (*Acon.*, *Bell.*, *Ipecac.*, *Phos.*, *Secale*, etc.) when indicated and placed on the tongue will check a haemorrhage... The haemorrhage will be checked so speedily that in your earlier experience you will be surprised. You will wonder if it is not possible that it stopped itself." That is pretty strong language.

I can testify from my own experience to that statement. A patient with uterine haemorrhage who has a sickening faintness with every gush of blood with perhaps a severe backache, will respond almost instantly to a high potency of *Ipecac* 30th, 200th, 500, 5M, 10M or 10MM. The 3x will act but not as quickly, because it is on the low, food plane.

I will digress for a moment to explain the fact. Man is a *trinity*; a *physical*, *mental* and *spiritual* concatenation. He is fed and nourished on the *physical plane* by all articles of diet, which are digested, prepared for entrance into the blood stream, and then distributed by the system of arteries, capillaries and veins. So too the *nervous system* is one of circulation but not of liquid, but a form of energy. That is why we require the potentization of medicines. They do not act so readily through the blood stream but, likewise electrical energy, through the nervous system. Even crude medicines have some of this dynamis. No other explanation could account for the instantaneous action of hydrocyanic acid, and the venom of the coral snake. A fraction of a drop of hydrocyanic acid placed on the tongue is fatal almost instantly. Perhaps that is why vitamins and hormones are so essential - they are necessary to feed the vital dynamis required of the nerve circulation. So too the *spirit man* needs food and is nourished not by blood nor by dynamic forces, but *by the Word*.

Getting back to miracles with homoeopathic medicine. I was called one evening to a patient in the country, with a ten-mile horseback ride before me through muddy black gumbo roads. Therefore it was late when I arrived, 11 p.m. The priest had already been there and departed, having given the unconscious man the last sacrament. A dead child lay on a pallet on the floor. Another child about twelve was still breathing - diphtheria. The mother sat on a chair in the corner dazed and helpless. It was the saddest picture in my experience - all living in a two-room prairie shack, a remnant of early days. They were Bohemians and I could not understand the language. I had no one to interpret for me. The man who came to my office asking me to go on this visit said, "In two days they all get sick and die". Symptoms were scarce. Sudden rapid prostration - I made a guess of *Arsenicum*, giving both patients the 500 (B. & T.) in water, and by pointing to the clock made the mother understand to give a teaspoonful every fifteen minutes, leaving just enough for eight doses.

The next morning I returned to find quite a commotion. The neighbors were there from miles

around, for the priest had been there again, and one of my patients, the husband, greeted him at the door. The good Father "threw up his hands", so I was told, and exploded, "A miracle, a miracle has been performed!" when they told him what had happened, that the "sugar doctor" was there the night before. Of course the neighbors all wanted to see the miracle.

The dead child had been given antitoxin. *If you know your materia medica* you will despise antitoxin. If you don't know your materia medica you *may* save your patient with antitoxin - that is, he *may* get well. It is also a fact that you may kill your patient with the so-called antitoxin; (it is not *anti* but toxin).

But let me assure you that when I am hunting big game I want a high power rifle and not a shotgun. And I also want to warn the hunter of dangerous game that if he is not a crack shot he had better stay out of the bush, at least until he has mastered the use of his weapon.

An emergency prescriber must be a "crack shot". He has not time to change weapons. Don't "shoot" until you are sure of your remedy when treating diphtheria. Better wait twenty-four of thirty-six hours until the symptoms are clear rather than spoil your case and lose your patient. If there is not vitality enough for the symptoms to be manifested there is not vitality enough to cure anyway and you have the consolation at least that you have not destroyed the last chance of curing by spoiling the case. The late Georg Thacher was up against that problem with his own and only child. But he waited and waited, until some of his people were "up in arms" to "do something" (even if it kills, but do something, is the cry). He answered them, "It is my boy and I alone bear the responsibility." It was thirty-six hours or longer before he finally saw the remedy unfold, and then it was only a matter of minutes until his boy showed rapid improvement and got well. The doctor told me he was sure the boy would have died had he not remained firm. We lost one of our best prescribers, friend and credit to our profession, when Georg Thacher was called.

I once asked Dr. Kent what results he had treating diphtheria, and he replied with a smile on his face, and how his countenance lighted up when anyone hungry was seeking information, "Why, Schwartz, I have not even seen a case in person for possibly twenty-five years. *I have prescribed for most of them over the telephone*, and I have not lost one although I have treated many". Is that not miraculous?

But to perform miracles with homoeopathic medicine one must know disease! Which means ITS NATURE; its onset, pace, velocity, periodicity and the trend in ultimates - its pathology. Then one must know his medicines; their nature; their pace, velocity, violence, periodicity and physiological correspondence to the patient and the organs involved; remittent, intermittent or continued; is it septic; what is its periodicity or cycle; what is the thermal state (is the patient chilly from uncovering, worse from hot or cold); what are the physical desires and dislikes; is he restless or quiet and why; do the pains ache, burn, sting, throb, stick, etc.; what is the color and odor of the discharge? If the symptoms are mental are they of the intellect or will? If you know the organs affected it may help you to find your remedy among the corresponding organ rubrics in the repertory. Symptoms are an orderly cross-indexed puzzle from which the remedy may be worked out from many angles of attack, and sometimes by short-cut key-notes, but the technique of Kent, working from the generals down through the particulars with their modalities is the sure method of procedure.

No one is fit to doctor unless he understands these basic principles of homoeopathy and is well grounded in them. That can scarcely be achieved without expert training. If he does not doctor that way it is little wonder that he has never seen miracles nor one minute case. No wonder he must vaccinate and ease his conscience with antitoxin.

Who has not seen instantaneous cures?

The other evening while sitting at dinner we were alarmed by the terrible and repeated outcry of one who proved to be a Mexican laborer living in one of the outhouses to the rear of my residence. Someone was in pain. I was about to investigate when the wife of the patient came begging me to come at once as her husband was in great distress. I found him throwing himself all over the bed, in too great distress even to answer my questions. He was in a copious cold perspiration crying out with every contortion of his body. Having had a similar case the preceding day due to drinking copious draughts of ice water, and knowing the laborers were served with ice cold water, as the weather was extremely hot, I gave the man a dose of *Arsenicum* 10M (Kent). *Instantly* the man was relieved and did not utter another cry. He needed no second dose and received no more. Morphine could not have been prepared as quickly, nor would it have relieved so quickly as did the *Arsenicum*.

As a student I took care of an "old school" doctor's practice for two weeks during his vacation. He was a graduate of Yale and a neighbor of mine. When he asked me to help him out I told him I would have to rely on my "sugar powders" and he said, "I expect you to."

Among the patients was a young lad I judged to be about ten years of age who came in the drug store asking for something for pink eye, with classic symptoms calling for *Belladonna*, and I gave him a dose of the 50M (Skinner's potency, I believe it was), on his tongue, and several more doses in powder form to be taken half an hour apart. In less than an hour he was back again with the two remaining powders and said, "My mother said, 'What kind of a fool doctor are you giving medicine on your tongue for pink eye?'" He demanded that I should give him some medicine for his eye, not his tongue. I replied, "Son, do you remember that when your first came the light hurt your eyes and they were watering so that you would hold a handkerchief to them? In fact you could hardly see out of them, and now you come back and have been reading that magazine on the counter?" "Why, yes," he said laughing, "they feel much better". Then I explained that the medicine was for his eyes and that it worked through the blood, an incorrect statement, but even doctors can't understand how medicines work through the channel of nerves, much less the laity, so I sometimes use their language and just say "through the blood". It raises no issue and saves talk.

My daughter was suffering from a cold; finally after more than a day of sneezing and fluent discharge of the nose she said, "Daddy, why don't you give me something for my cold?" "Because we have no medicine for colds, but if you have any symptoms tell me and then perhaps I can give you the remedy." "Well, my throat is terribly dry and the teeth on my left side ache." I gave her one dose of my favorite potency of *Lachesis* (200 B. & T.). The next morning she exclaimed in rapture, "Daddy, my cold is entirely gone; why did you not give me that medicine two days ago?" I answered, "Why did you not give me your symptoms two days ago?" For two years she had been under the influence of *Natrum mur.*, twice going through the series from 200 to CM. This was her first call for an acute remedy, and *Lachesis* was indicated. Will you pardon me for saying that she is a B. A. graduate from Rice Institute with honors in history at 19, selected as one of the prettiest five girls in college - another miracle of homoeopathy: health, beauty, brawn and brain. Health makes for beauty. And a healthy brain functions.

For three successive nights one of my children suffered from a nagging toothache. I first gave him *Aconite* 200 without much relief, but the child finally dozed off to sleep. Next night the pain returned. I then gave him *Cham.* 1M as he was rather cross and irritable, and for the second time he again dozed off to sleep after an hour of the grumbling tooth. "Daddy, you must take this child to the dentist tomorrow." "But he saw the dentist just two weeks ago", I replied. The third night he was worse than ever. Lower left bicuspid, better from warmth; worse early part of the night. Why, *Mercurius iodatus ruber*, of course; and in five minutes he was asleep with an end to his ache.

Mrs. E. called me to her residence where I found her in great distress and humility. "Doctor, I have been suffering now for three days and I can stand it no longer, so I sent for you. Can you give me some morphine to put me to sleep?" "Perhaps you won't need morphine. Tell me your troubles", I said, "I have a large abscess that feels as large as an egg" (on what I noted as the left labia majora). "And oh! How it pains! It even hurts my left thigh and left arm." She received a dose of *Lachesis* 200 and in perhaps a minute she said, "Dr Schwartz, do you think your medicine could work this quickly?" "Why, what makes you ask?" I replied. "My arm and leg are easy and I don't suffer any more." It was amusing to see her bewildered expression. So I left her, saying that she would need no more medicine, but that if the abscess did not break by morning I would lance it. She told me the following day that the abscess broke within an hour. With that experience with *Lachesis* for abscess I was ready for another *Lachesis* patient suffering from abscess of the lower part of the left breast that was terribly sensitive, blue and accompanied with severe lumbar backache which gave her no peace for nearly a week of suffering. So they brought her to Houston, a distance of sixty miles, for treatment. I gave her *Lachesis* 200, one dose, with instructions to call me if she got worse. I received no call the night but the next morning she came to my office all smiles - and no more backache. The abscess broke about two hours after the *Lachesis* was administered. I am glad that I have another lance besides *Silica*.

I do not agree that "a miracle is a violation of all the laws of Nature". I agree with the dictionary view that a miracle is "something wonderful; anything which excites wonder, surprise, astonishment; a marvel". Food performs miracles. Homoeopathic medicines work miracles; and I believe (after much research through Swedenborg; psychology; Hindoo philosophy first hand through the medium of highly developed Yogi teachers; and the science of the emotions by Bhagavan Das; and the Holy Bible) and I am satisfied that Christ was right when He said that "even greater things than these shall ye do". How? By treatment on the *spirit plane* of man's trinity. That does not include hypnotism and hysteria. It does not mean Christian Science nor Unity, but by a special science of occult development, *i.e.*, development by scientific procedure of the hidden, latent forces inherent in all of us. The centre is, of course, in the brain, but it has its correspondence in the endocrine glands. The Holy Bible is a scientific textbook on the physical, mental and moral regeneration of the whole race. I am of the opinion there is enough literature extant to outline a course of study and training to enable the doctor to so build up and develop himself that he can within himself generate healing powers as Christ said he could. This truth has, almost, made a Christian out of me - with a few falls, and some hurdles yet to take.

As yet, not all sickness can be cured by homoeopathy instantly. The time required to cure depends on the duration of illness. Chronic cases usually take from two to five years, if curable. That depends on heredity, environment, vitality and degree of tissue change. To cure I mean taking the chronic case backward through its present life history; bringing back the old symptoms in orderly form, the original symptoms being the last ones to again come into view, and therefore the last ones to respond to the remedy. For you cannot get the spoiled potatoes out of the bottom of the barrel until you take off the top first layer, then the second layer, and then the third layer; and so on down to the bottom layer of the barrel.

There are many diseases that cannot be cured instantly. Symptoms that come on suddenly can be cured suddenly. Cramp conditions, spasms, sudden pains, vaso-motor disturbances, all respond instantly to the *simillimum*. Typhoid can usually be aborted in ten days; intermittents in from twelve to twenty-four or forty-eight hours; diphtheria within twenty-four hours, etc. That does not imply that it takes that long for relief. Relief is a matter of minutes usually in all sickness, providing the right remedy has been administered and in suitable potency; but it is not so much a matter of potency as the proper remedy. However, the potency must be sufficiently attenuated to reach the plane of disease. Sugar or salt must first dissolve before it will

be diffused in liquid.

I have many times wired to the late Dr. Kent for consultation in my earlier days of practice in desperate cases; and if we had the time it would be profitably spent in listening to some of these experiences - miraculous results by a master who understood disease and understood the nature of his medicines, and the results were often uncanny, savoring of Divine guidance. I can't recall a single failure in cases both acute and chronic; so-called surgical cases when surgeons refused to operate, so you know they were bad cases; typhoid, diphtheria; impacted gall bladder; gall stones; kidney stones; abscesses of vital organs; chills and fever; every case consulted *recovered!* Dr. Kent would see the remedy from my telegram when I could not see the remedy with the patient before me. Can you deny that such results are miraculous? It is beyond human belief to those who have not seen for themselves.

I will rest my case with you, my professional colleagues, with one more personal experience that is of such import that I feel it should be placed on record as it is official.

Scene: Washington, D. C.. The week of presidential election in 1916. Case: United States Postal Department vs. the Ensign Remedy Company, Battle Creek, Mich. Dr. Ensign was cited to appear before the postal department to show reason why a fraud order should not be issued against him barring him from using the mails on two charges. 1st, that homoeopathic medicine, or rather his medicines, contained no medicine; and secondly, that no medicine can cure. (The Ensign literature, some of which circulated through the mails, claimed that his homoeopathic medicines cured sick folks, to which the government took issue maintaining that no medicine ever cured. That being the position of alloepathy).

The trial of the case took five days of very bitter fighting. Indeed, a biased government attorney was so incensed during the trial one day that he had a very severe attack of acute indigestion on his return to court after eating dinner in that angry state of mind. They were about to adjourn court, when, having my pocket case of 60x (B. & T.) with me, I offered to prescribe, which assistance the lawyer very graciously accepted while the dozen or more government physicians and other physicians called to testify from Washington and elsewhere, looked on in amazement. For several days I had been of the opinion that this lawyer needed a dose of *Nux vomica* for his disposition and now I knew he needed it, so I gave it to him on his tongue, and so certain was I of the result that I stated aloud so that everyone could hear that that one powder would relieve him within five minutes. One of our defense witnesses (an ex-president of the American Institute of Homoeopathy), arose from his seat and exploded, "Dr. Schwartz, I would not say that". "Why not?" I asked in reply. "It cannot always be done", he answered, "Oh yes", said I, "when you give the right medicine."

I had hardly more than reached my seat when the government prosecuting attorney called across the court room, "Dr. Schwartz, I am entirely relieved." It is needless to say that homoeopathy itself won her own case although the statutes still forbid the word "cure" on bottles of medicine or advertising matter sent through the mail. And the government chemist from the Department of Agriculture is still wondering why he could not find any medicine in Ensign's homoeopathic sugar. "Believe it or not", it is a matter of record."

(William H. Schwartz, M.D., Houston, Texas, Miracles with Homoeopathic Medicine, The Homoeopathic Recorder vol.45 (1930), p.879-888. Read before the 47th session of the Texas Homoeopathic Medical Association.)

Problems confronting one when first attempting to prescribe homoeopathically

“Before discussing the problems of actual homoeopathic practice, let me describe some of the difficulties in the ordinary practice of medicine which led me to an interest in homoeopathy. When I was student at Columbia Medical School, I was much disappointed at the paucity of therapeutic information. There was pathology and bacteriology galore, and fascinating drill in diagnosis, but being a woman, and therefore a practical soul, I hankered after the means of cure. Most of what we were taught in therapeutics was hygiene, nursing procedures, diet, hydrotherapy, etc. A large proportion of my class, who had intended to go into general medicine, took up surgery or other specialities because in those fields there was something definite to do for the patients. From medical school I went the Bellevue Hospital for two years’ rotating internship, and there again I met the prevailing therapeutic nihilism. Our chief of service was a wizard at diagnosis, but I always felt that an autopsy was fully as acceptable as a cure, and much more frequent.

One class of patients in the hospital particularly distressed me - those who had abundant subjective symptoms and on whom the diagnostic and laboratory pronouncement was, ‘There is nothing wrong with you.’ I remember one patient saying, ‘Well, doctor, I may be perfectly well, but *I* know I am sick.’ And then there were the chronics, not only those with marked pathology, but lifelong sufferers from ‘indigestion’ or migraine who had been passed around from doctor to doctor with nothing but temporary relief.

Two other problems puzzled me particularly, besides the apparently functional cases and the chronics. One of these was the patient with a classically recognizable disease who did not respond to the usual ‘specific’ treatment for that disease. For instance, a young sailor with a severe malaria which no amount of quinine influenced in the least, to the consternation of all. The other matter which set me thinking was the wide variety of types of a single disease. I used to wonder why the pneumonia in one bed, who was such a strapping specimen and who had come down suddenly at midnight on the date of admission, was in such mortal terror of dying by noon the next day (which I may add, he did, to the surprise of all of us); and why the besotted-looking fellow in the next bed lay on the affected side with his hand under his chest, motionless, gulping two or three glasses of water at long intervals, complaining of the light and snapping your head off when spoken to; and why the pneumonia on the other side of the ward thrashed about so incessantly, especially in the evening, calling for cold milk. Now I know that although these three had the same disease, and received the same treatment, each would have responded to a different remedy - one to Aconite, one to Bryonia and the last to Rhus Tox. My puzzles, then, were the apparently functional cases, the chronics, the patients who did not respond to the classical treatment of a clearly-marked disease, and the varied types classified and treated according to one diagnosis.

My initiation into homoeopathy began in Vienna. After working at the Allgemeine Krankenhaus in the usual way, I was apprenticed for nine months to a homoeopathic physician in Geneva where I studied, literally, from twelve to sixteen hours a day. Before he was willing to take me as a pupil he gave me a stiff examination in ordinary medicine, including anatomy, fractures, surgical diagnosis, pathology, bacteriology and chemistry, and gave me slides to diagnose under the microscope. He then asked certain questions as to what I thought life was about, why I went into practice of medicine, what were the chief duties of a physician and so on. These questions perplexed me, as I did not then understand their bearing on the philosophy of homoeopathy. He then asked a leading question to see if I already had any background of homoeopathy: ‘What do homoeopaths give for rheumatism?’ Having read somewhat in homoeopathic literature I answered that homoeopaths do not give a remedy for rheumatism or for any disease name or diagnosis, although, of course, that certain remedies were more frequently indicated in rheumatic conditions. I said that they give a remedy on the symptoms of

the patient who has the disease, in other words on the reaction of the individual to any given entity. This indeed defines one of the fundamental differences between the homoeopathic approach and that of conventional medicine.

Until the physician's mind has encompassed the differences between the viewpoints of ordinary medical training and homoeopathy, he cannot even begin to prescribe homoeopathically. Let me enumerate for clarity wherein these differences lie. First, he must grasp the principle of *individualization*. Modern medicine lays a good foundation for this through its interest in endocrinology and psychiatry, but except for obvious glandular imbalances, it offers as yet no therapy commensurate with the refinements of differentiation. What does individualization mean to the homoeopath and how does he arrive at it? It involves a subsidiary and new method of case-taking.

After you have the classical medical history, elicited largely by asking questions, you can often make a diagnosis but rarely can you make a homoeopathic prescription. For the latter you need to know the mental state of your patient, and what the homoeopaths call his 'generals'. These are the things which apply to the patient as a whole - his reaction to heat and cold, wet and dry weather and storms, motion, position, food, etc. You need to know how these same factors affect the specific complaints of your patient, in other words the 'modalities' of his particular symptoms - whether his headache is better from hot or cold applications, from motion or rest, from lying or walking, from pressure, or food, and at what time of day it is worse. 'Modalities', in other words, mean aggravations or ameliorations of specific symptoms, just as 'generals' mean aggravations and ameliorations of the patient as a whole.

There is a fourth type of thing you must know about your patient in order to prescribe homoeopathically, and that is his rare, peculiar or characteristic *particular* symptoms. These often appear trivial idiosyncrasies to the patient, things that he has always had, or that no doctor to whom he has told them has ever been interested in. These often serve as keynotes to guide you to a remedy. But of what use is all this additional information about your patient? How does this picture of his personality aid you? You have individualized, but of what use is such differentiation, if you have only a standard treatment for the condition that you have diagnosed?

This leads to the second great difference between homoeopathy and conventional medicine. The law on which homoeopathy is based, or if you prefer, the hypothesis, is to be found in the statement of Hippocrates, '*similia similibus curentur*', which Hahnemann revived and amplified. Hahnemann came to apply this law and made the first so-called 'proving' of quinine. A 'proving', in the homoeopathic sense, is experimenting with a drug in minute doses on a relatively healthy human being. The record of symptoms so produced, on a large number of provers of different ages and sexes, constitutes the basis of our homoeopathic materia medica. The object of proving a remedy is to delineate the remedy personality.

Each of our remedies is to us a living individual, like a friend whom one recognizes whenever seen, not only by his grand characteristics but also by his mannerisms and tricks. We now have on the one hand the remedy personalities, and on the other hand the picture of our patient in his present state. It follows, if like cures, that we must match pictures and fit the personality of a remedy to our patient, administer it, and watch the results. After one has grasped this ingenious theory and learned to put it into practice, it remains only to see it work. Being a natural sceptic, I was slow to believe the evidence of my senses. Could the astonishing improvements and cures have been coincidence, or suggestion, or faulty diagnosis?

There are certain controls which one can use. Put the patient on the proper regimen, including diet, etc., and see what that alone does for his condition. Then give placebo, with your best

manner. In my experience, in nine cases out of ten, the patient will report no progress. When they are discouraged by this unsuccessful first prescription, give them the remedy you have chosen the simillimum. If you feel reasonably certain that the remedy picture fit your patient, and you have the simillimum, in most cases you will see a swift and beautiful result.

But these are not the only possible methods of control. There are laws of remedy action which are contrary to anything you could expect in an untreated case. When you see these, you know that your remedy is taking hold. There were formulated by Constantine Hering, one of the pioneers of homoeopathy in the United States, and are as follows: The curative remedy acts from *within outward*, from *above downward*, and *in the reverse order of the appearance of the symptoms*. Take as an illustration a case of rheumatic fever in which, after the customary salicylate dosing, the joints appear to have cleared up but a heart condition develops. Give such a patient the similar remedy and he will complain that his joints are worse again, but *he himself* feels better, and you find that his heart is clearing up. You explain to him that the remedy is working *from within outward*; the more vital organ, the heart, is getting well first, and the peripheral organs, the joints, are again involved. Give him nothing but placebo. Shortly he will tell you that his shoulders and wrists are clearing up but that the pain is now in his knees or ankles. Again you see the law of cure in action, *from above downward*, and you wait. You observe that his symptoms are disappearing *in the reverse order of their appearance*, the heart condition, which came last, going first. If you trust your remedy under these conditions, your patient will make a real recovery without the annoying recurrences. If, on the contrary, you found that the joints in the upper extremities became involved, you would know you were on the wrong track and had not found the simillimum.

One of the knottiest problems for the beginner is the different concept of pathology and bacteriology. Homoeopaths accept the facts of these branches of medicine. The difference lies in the interpretation. Pathology is an end result of some morbid process. The homoeopath is not nearly as interested in the diseased tonsil, the haemorrhoid, the ovarian cyst, the cancer, the tapeworm or the psoriasis, as he is in the constitutional dyscrasia behind these. He is not eager to remove the ultimates of disease at once, but rather to cure the underlying cause. In the course of this cure the ultimate will often disappear, as in the case of diseased cervical glands or fibroids. If not, it can be removed when it has become merely a foreign body, and when the constitution is so changed that it will not ultimate itself in further pathology in a more deep-seated organ.

Similarly, one is taught to consider that bacteria cause disease. The homoeopath is more interested in the individual's susceptibility than in the bacteria themselves. Instead of poisoning the invading organism, the homoeopath prefers to stimulate the body to make itself uninhabitable for that organism, and he does this by means of the similar remedy. To give another instance, instead of killing off head lice with delphinium and leaving the patient susceptible to further invasions, the homoeopath gives a chronic constitutional remedy which removes the susceptibility, and the lice seek better pasturage.

A fourth stumbling-block for the medical mind is the question of suppression. Discharges and eruptions are ordinarily classed with pathology as something to be eliminated by local measures, using chemical applications to stop any discharge from nose, cervix or bowel, or any skin eruption. The homoeopath holds that this is suppression, and not cure, that these outward manifestations are not primarily local but an expression of deep disease, in other words that the body is trying to throw off impurities. They have watched the incidence of more deep-seated troubles following such 'suppression'. The chronic constitutional homoeopathic remedy, given to a case which has been treated in this way, will often bring back the original eruption or discharge; with this there is concomitant relief of recent grave symptoms and an ultimate clearing up from *within* of the original discharge or eruption.

Let me illustrate with a case from my practice. A woman of forty-five came to me for suicidal depression, for which she could give no emotional cause. She dated her mental symptoms definitely from the time when she had had a foul, lumpy, green leucorrhoea 'cured' by local vaginal applications, a few months before. I gave her a dose of Sepia, a remedy made from cuttlefish ink, on her mental symptoms. A week later she returned exuberant, all the depression for which she had been doctored being gone, and said, 'By the way, doctor, I have that awful discharge back again just as it was before.' I was delighted, warned her against suppressing it a second time, and gave placebo. The discharge then lessened and improved in character and she continued, as her husband said, a changed woman. So much for the fundamental differences.

Another problem which confronted me was whether the homoeopathic remedy could influence definite chronic pathology. A girl of nineteen came to me for severe intermenstrual bleeding. On examination I found a nodular fibroid bigger than my fist. A well-known New York specialist had diagnosed it and advised merely general health measures, as he did not want to X-ray so young a girl. Her chronic case worked out on mental and general symptoms to Phosphorus, which happens to be one of the main remedies useful in fibroids. Three months after I gave her this, I sent her to be checked up by the same specialist. He was amazed at the decrease in size of the fibroid and asked her what she had been doing. Six months later he pronounced her normal and sanctioned her marrying.

A further difficulty I experienced was in believing the current statement that homoeopathic remedies can do no harm. *They can!*

Another problem one meets frequently in general practice is that of prophylaxis. Strict homoeopaths believe that vaccines and inoculations are harmful. It took considerable experience for me to be convinced that the chronic constitutional remedy is the best prophylaxis. The whole subject of the chronic constitutional remedy is a fascinating one, but beyond the scope of this paper.

As a last problem comes the practical one which is such a stumbling-block to students, as to whether one can make a living on homoeopathic general practice. Certainly more than half of my patients were not believers in homoeopathy, many of them dead against it, but I have found that by up-to-date examination and laboratory procedures, by the actual accomplishment of the remedies, and by adroitly 'selling' to the patient the principles of homoeopathy without the name, they are intrigued, send you their friends, and become staunch believers in the method.

To all the puzzling problems outlined above, a satisfactory solution can be found, if one is willing to do the hard work involved in learning enough to get results. I am completely 'sold' to homoeopathy. When I fail, I know that the failure is *mine* and not homoeopathy's, and when I can see a similar remedy for a case, I have, even before giving it, a perfect certainty that good results will be forthcoming.

(Elizabeth Wright Hubbard, M.D., Problems confronting one when first attempting to prescribe homoeopathically, *The Homoeopathic Recorder* vol.44 (1929), p.318-325)

The dangers of homoeopathic prescribing

The greatest danger for any homoeopath is that he or she shall not be truly Hahnemannian. Mongrelism defeats not only the doctor and the patient but also the cause of homoeopathy. The specific pitfalls most frequently met are as follows:

- 1) The physician does not bear in his mind his homoeopathic philosophy.
- 2) He fails to take a complete enough case from which to deduce the true remedy. He omits the mentals, or the profoundly important generals, or fails to elicit the modalities of the particular symptoms.
- 3) He lacks patience. Having given the remedy, he forgets that he must *wait and watch*. He repeats the remedy, in unwise zeal, before the definite slump comes after the improvement which has followed his remedy - more of a good thing does not mean a better thing in homoeopathic prescribing.
- 4) He fails to look for the action of Hering's three Laws of Cure: that the remedy works *from within outward, from above downward, and in the reverse order of the occurrence of the symptoms*. (This never happens except under the action of the curative remedy).
- 5) He omits to make use of the 'second-best remedy' - Sac. Lac. Thereby he sometimes loses the patient's confidence, especially in those who are accustomed to taking much medicine.
- 6) He fails to make sure that the patient has actually taken the remedy. (Whenever possible, always administer the dose yourself.) Or he fails to find out what other remedies the patient may be taking, or what dietic interferences there are. The physician must be cognizant of the substances which interfere with the action of our different remedies, such as coffee with Nux Vomica or acids with Aconite.
- 7) He does not search out the psychological and sociological deterrents to cure, and teach the patient how to evade and overcome these.
- 8) He sometimes does not recognize soon enough when the remedy is *not* working, and is then often too busy to revise the case and try again to find the most similar remedy.
- 9) He permits himself to give minor remedies for trivial or temporary ailments incident to chronic treatment, when Sac. Lac. or sensible adjuvants such as hydrotherapy would suffice.
- 10) He changes the remedy because of the outcropping of other symptoms without discriminating between: (i) aggravation symptoms; (ii) symptoms due to idiosyncrasy; (iii) symptoms returning under the chronic remedy (symptoms which the patient may not recall ever having had before); (iv) actual new symptoms which occur because the remedy was only partially similar; and finally (v) symptoms of some discharge - such as coryza, leucorrhoea or perspiration - which represent a curative vent and are due to the action of the remedy.
- 11) He gives the wrong potency of the right remedy. (If you are sure of the remedy, it is well to try another potency, or, first, three doses of the original potency at two or four hour intervals.) Always instruct the patient to stop taking the remedy as soon as appreciable amelioration sets in, and to switch to the 'second' remedy, i.e. Sac. Lac.
- 12) He give too high a potency in an incurable case, or in one with marked pathological changes, and so induces an aggravation with which the vital force cannot cope. (If he has done this and the patient is going downhill, he must antidote.)
- 13) He gives a profound constitutional remedy to a case which is too sick to stand it and which should merely have a related palliative remedy. For instance, in incipient tuberculosis it is dangerous to give Sulphur, Silica or Phosphorus, at least in high potency. A single dose of the 30th is as high as he should venture. If the case is far gone in tuberculosis these remedies

must not be given, but rather a palliative for the most distressing symptoms, such as Rumex, Sanguinaria, Pulsatilla or Senega.

14) He must remember that certain remedies are dangerous to mishandle. For instance: Kali Carb., especially in cases of advanced arthritis; Silica, where an abscess, if suppuration were brought on, would break out in a dangerous location such as in the lungs; some of the nosodes, like Psorinum in deeply psoric cases, say of asthma, may induce a terrific aggravation; Lachesis, whose improper repetition may engraft a permanent unfavourable mental state on the patient. Arsenicum Album is another dangerous remedy. When apparently indicated in the last stages of an acute disease, say pneumonia, it may hasten demise (although it will make the death tranquil), but it will not rally the patient as one might expect. In the terminal stages of chronic disease, where cure is impossible, it will sometimes bring the patient back long enough to sign a will or see the family, and will ultimately induce a peaceful death.

15) He will often be surprised to find that certain symptoms or groups of symptoms are relieved by his remedy, and yet the patient feels worse or develops more deep-seated trouble. In this case, the prescribing has been superficial and suppressive. Suppression is perhaps the greatest danger of ordinary medicine from the point of view of homoeopathic philosophy, and the deep homoeopath must be constantly on his guard not to produce suppression with his remedies. If he has given an acute remedy for an apparently superficial trouble, which is relieved but where the patient also feels badly, he should do the chronic case at once, and the deep-acting remedy will put the matter right.

16) He may give remedies in the wrong order, or inimical remedies in succession, thereby aggravating the patient and mixing up the case.

Throughout his practice the physician must sell the idea of homoeopathy with brief but helpful explanations to the patient in order to ensure his or her co-operation. He must have the character to sit tight when he knows what he is doing, and not spoil the case by unnecessary and harmful prescribing. Above all, he must consider each patient as an opportunity for service not only to the individual and the community, but also to homoeopathy and the human race.

(Elizabeth Wright Hubbard, M.D., The dangers of homoeopathic prescribing, The Homoeopathic Recorder vol.46 (1931), p.265-267)

Homoeopathy as an instrument of precision

“Modern medicine is proud of its instruments of precision; but as with many inventions, these often supplant the use of our natural faculties. An instrument, according to the dictionary, is a furtherance, an agency, a means to an end, and comes from the Latin *instruere*, meaning *to prepare*, from the same root as instruct. A secondary meaning is that of tool, which is really an extension of the human hand. The old-fashioned physicians could smell diphtheria or scarlet fever or typhoid upon entering the house, and even today many of us know the odour of cancer and of approaching death. But even those doctors whose senses are keenly alive, and who combine vivid perceptions with the assiduous use of modern scientific technique, are at a loss for a large part of the time, and feel that their work in therapeutics is vague and only partially satisfactory.

Conventional medicine (and much of so-called homoeopathy) give drugs on the basis of diagnosis or pathology or organs affected, or at best on what we call common symptoms, such as vomiting, purging and so on. Its practitioners are oblivious to the fine distinctions between the cases of similar classification. The secret of precision is in *individualization* and not in trying to put the parts in place of the whole. The homoeopath who is worthy of the name knows that only by being an artist can you arrive at exactitude. To give Bryonia for pneumonia, Rhus

Tox. for rheumatism, Sulphur for eczema or Nux Vomica for indigestion, is not real homoeopathy. The more exact the similarity between the patient's symptoms and the single remedy given, the fuller and more salient the totality of the symptoms elicited, the more swift and brilliant the cure, because of the precision of the prescription.

Over and above all usual medical lore, the homoeopathic specialist has unusual and specific knowledge: of general symptoms pertaining to the patient himself as a whole; of aggravations and ameliorations as applied to each complaint; of discharges, those most revealing vents of the inner man; of repercussing suppressions and their devious sequelae. In chronic work he elicits the health trends from childhood, and even in the parents. From this welter of detail he arrives at a totality of the symptoms. This does not mean that he retains for final analysis every least item, although in confused cases a careful compilation is needed as a background. Then follows elimination and emphasis - the evaluation of symptoms. The final choice of remedy may be based on a mere five or six striking points which characterize the person in different spheres, in somewhat the way that a caricaturist, in half a dozen lines, shows up the inner and outer nature of his subject. Many fine prescribers claim that their grasp of a similar remedy is intuitive, but probably in addition to a sixth sense, they are using a vast unconscious store of wisdom, information and experience. The editing of our case-taking is perhaps the most important point in homoeopathy - to be able to sense what is germane, what is primordial and what is poignant in a case.

Doctors need to study botany, zoology and mineralogy, learning to enter into a substance, take on its life, pulse with its currents, read the signatures and correspondences, and keep unsealed the eye of an ancient knowledge. The signs are there that he who runs may read, but he must run, not halt or stumble. As an illustration, let us take the octopus in the aquarium with its apparent apathy, its swift rages making murky the whole ambience with its ink; its womb-like shape; its flabby, sucking tentacles. What a compelling entity of Sepia!

The true homoeopath may not merely be accurate with the most common hundred or so remedies, but must enlarge his knowledge systematically by daily study of the materia medica in myriad books and magazines. He must search into remedy relationships and let his mind play of the free association principle. How revealing to realize that Opium, Chelidonium and Sanguinaria are of the same family, or that Apis is the animal counterpart of Natrum Muriaticum!

It must be remembered that where medicine depends upon mechanical aids, whose perfection is fallible in direct ratio to the fallibility of the interpreter of the data, precision is impossible. The best instrument of precision that I have ever encountered is true homoeopathy in skilful and devoted hands. Consider the following examples:

Miss X., fifty-ish, with double pneumonia when first seen, lying rigidly still, rusty sputum, temperature of 40° C, marked herpes on the lips and below the nose, stitching pain in the chest on breathing, hard cough, thirst for great quantities of ice water. Bryonia 10M, one dose followed by placebo. Temperature descends by lysis on the third day, but the patient complained of a lumbosacral backache which bothered her much more than the pneumonia. No characteristic symptoms were forthcoming. Aesculus and Kali Carb. were tried in succession, with temporary but not lasting relief.

Finally she said how strange it was that the backache was much more severe after urinating (urine negative). On repertorizing in Kent only one remedy had this peculiar symptom: Syphilinum. In looking for corroborative symptoms I noticed corneal scars, and the patient said she had had keratitis and iritis for some years before. She had certain characteristics of the syphilitic miasm and the backache was troubling her most from dark to dawn. Syphilinum 1M, one dose, produced a two-hour violent aggravation followed by swift and permanent relief.

Mrs Y., also at the mid-century. A history of mucous colitis and liver trouble; complained of spasmodic abdominal colic or gripes. Worse on the left side, preferred heat to cold, and liked pressure through did not double up. Colocynth was of no avail. Mag. Phos. relieved temporarily but the attacks returned. No diarrhoea, very few symptoms. Finally she said, "In these attacks I feel as though my stomach hits my backbone." I asked her to try stretching during the pain and she found it agreeable. Wassermann and blood count negative. Stools tended to be in little black balls. Plumbum 1M, one dose, produced rapid improvement and the colics, which had been coming every day or two for four months, did not recur within five weeks.

Mrs. Z., senile dementia, healthy-looking, rosy cheeks, blonde, terribly restless and loquacious, singing, scolding, alternating with laughing and hilarity, incontinence of urine and faeces, marked destructiveness, would tear up sheets and towels; family said she had been a spoiled beauty all her life. Cuprum 50M, one dose, greatly improved both the mental and excretory phases.

These are simple, everyday instances of the power of precision in homoeopathy, but the results could certainly not be achieved without sedatives in regular medicine. Homoeopathy is arduous, but its rewards can be reaped for both the patient and the prescriber, especially if he or she will remember the sentence by the French aviator Saint-Exupéry: 'Perfection in its finality is not when nothing can be added, but when nothing can be taken away.' "
(Elizabeth Wright Hubbard, M.D., Homoeopathy as in Instrument of Precision, The Homoeopathic Recorder vol. 55 (1940), p. 33-37)

A few conditions of success in chronic treatment

"This short paper is without formal plan or method. It is simply random thoughts from experience, set together to refresh our memories and perhaps aid some who have not had long acquaintance with homoeopathy.

First: Let us emphasize the value of knowing a patient's constitutional remedy. This often enables one to choose the correct acute remedy. For instance, a *Calc. c.* patient needs *Bell.* and not *Acon.* The *Sepia* patient needs *Nux v.* if the symptoms are doubtful between that and some similar remedy. The *Nat. m.* patient is likely to show *Ignatia* symptoms, and so on with many more chronic remedies and their acute cases.

It helps to abort an epidemic attack.

In the influenza epidemic those patients who were actively under treatment for chronic ills did not take the "Flu" as a rule, or if they did take it, the case was mild and short.

It shortens convalescence.

For instance, a patient who had a typical attack of grippe with high fever, severe aching, vertigo, faintness, nausea, great weakness, was helped over all the acute symptoms with *Gels.* so that convalescence was established in twenty-four hours but the prostration remained; a dose of *Sulph.* which was her basic remedy, put her in condition to superintend moving and take an active part in it two days later.

It establishes convalescence in a critical time when remedies apparently indicated, do not act.

As an instance for this, an old lady had a severe attack of "Flu" and went into active delirium, with such weakness that she slid down in bed, bent her head backward to breath, jaw dropped, unconscious part of the time, cold all over. *Stram.* which seemed to be indicated by the mental condition, would hold only for some hours; a few other remedies were tried without relief and she seemed in a dying condition. A few years before she had a severe cystitis for which *Nit. ac.* made a remarkable cure, and she had none of this remedy since. Without any definite indi-

cations for *Nit. ac.* in this illness, it was given and the rapid convalescence seemed marvelous.

It helps in deciding the deep remedy for some near relative.

A young man had the "Flu"; the choice of remedy seemed to lie between *Phos.* and *Nat. m.* The latter was given and the case wavered back and forth for a few days without permanent gain. Then it flashed into my mind that his mother had been improving satisfactorily on *Phos.* This was given with a prompt recovery.

Sometimes one member of a family will show one group of symptoms of a deep remedy and other members other dissimilar groups of the same remedy.

It shows what basic miasm lies behind the family.

If several members are benefitted with the *Sulph., Calc. c., Lyc.* group or by one or another of these three, we feel fairly sure that the family is psoric. If *Calc. c.* and then *Nit. ac.* show up, we say there is syphilis mixed with psora. If *Thuj.* is indicated for one and *Tuberc.* for another, we think it must be sycosis.

So it is a distinct advantage, in order to learn the constitutional remedies of our patients, to practice long in one place and a place with a stable population.

Second: There is great value in prescribing the proper sequence of remedies related to each other.

Many cases present a composite picture instead of one pointing to a single remedy; then to see the group called for is a comfort after trying to cover the whole with a single prescription.

For example: *Sulph., Calc. c., Lyc.; Ars., Lyc.; Ars., Sulph., Psorinum; Phos, Sulph., Tuberc.; Sep., Nat. m.; Lach., Lyc.*

Complex cases may be cured layer after layer by the different remedies in a group, given in the right series.

Carefully written records, frequently consulted, prevent the busy doctor from prescribing hurriedly on the symptom group last reported and thereby spoiling the effect of the series which had been benefitting the patient through several weeks and months.

Third: There is a distinct value in definite series of potencies over prescribing any, one happens to have on hand, in a haphazard series: that is, the 2c., 1m., 10m., 50m., cm., mm. carries the patient along far better than such potencies as 3c., 11m., 42m., 77m., etc. There seems to be a rhythm about it like chords in music.

Fourth: A knowledge of miasms and the remedies prominent in the cure of each is helpful. In trying to get the symptoms of the miasm there is much overlapping, but the characteristic picture appears slowly as one becomes familiar with many patients and many remedies. The same thing happens when trying to see the epidemic remedy.

It is of value, in choosing a remedy, to know which miasm is most prominent. There are mixed miasms and mixed remedies; one remedy removes certain phases, then another miasm comes to the front and this leads the way to the next remedy.

Fifth: We should endeavor to learn the length of action of different remedies, their place of action and plane of action so as to suit these to the susceptibility and pace of patients. Some patients need quick acting remedies; some need slow ones; some need long intervals between doses; others use up the effect of the remedy in a short time.

The interval is *shorter* in *old* people and in *incurable* cases.

The susceptibility to the action of medicines is most various in different people; some are provers of the medicines given them and need the smallest bit to get the reaction; others seem phlegmatic and need more to get them started.

Therefore, we should have a care with high potencies.

Some of the effects shown in susceptible patients are: diarrhoea, a long refreshing sleep, a mucous discharge of some kind, sudden vertigo or faintness.

Sixth: A study of the place of the nosodes in medicine is most important and interesting. Their provings furnish a symptom list which corresponds closely to the pictures of the three chronic miasms of Hahnemann. If the student can get so thoroughly familiar with these groups that they become separate entities instead of a heterogenous mixture of unrelated symptoms, he can then see in each puzzling case which refuses to yield to the best prescription he can make, the nosode which suits it. Marvellous cures can be made with nosodes in this way. If tuberculosis is of sycotic origin as seems probable, then in some cases, when *Tuberculinum* has helped much and been outgrown, *Medorrhinum* will follow with great benefit, possibly preparing the way for Tuberc. again to take hold.

When a series of remedies following each other well, like *Sulph.*, *Calc. c.*, *Lyc.*, has made a fundamental improvement but cannot finish the case, the suitable nosode will cure or else act as an intercurrent, enabling the original series to take up the work again.

The same is true of curable cases for which a single remedy has acted well for a long time and then loses its hold, leaving no clear picture of another remedy. The nosode will complete the cure or reveal the remedy to follow. Sometimes one of the acute remedies will do the same thing.

Probably other uses for these wonderful nosode remedies will be found.

Seventh: Some of the signs of success in chronic treatment are:

Disappearance of symptoms in the right order, that is from *within outward* and from *above downward*; also the *disappearance of recent symptoms* and *reappearance of earlier ones*.

Increase of endurance and resistance even though most symptoms persist. Long curative action of the remedy which denotes plenty of vital force.

In incurable patients:

Mitigation of all symptoms.

Upholding the strength in spite of the progress of the disease until within a few days or weeks of death.

Swift ebbing of vitality with a minimum of suffering or evidences diagnostic of the disease; for instance, cancer in which disease homoeopathy is an angel of comfort.

Many other points will occur to you to add to this group; there is nothing new in these mentioned, but if we could act on them all, all the time, we should succeed better in spreading homoeopathy through the world."

(Julia M. Green, D. C., Washington, D. C., A few conditions of success in chronic treatment. Read before the annual convention of the International Hahnemannian Association, Cleveland, Ohio, June, 1920. The Homoeopathic Recorder vol. 35 (1920), p. 399-402)

The reestablishment of order in spoiled or masked cases

A confused image of two or more miasms, brought about by a wrong prescription after order had been established by a first prescription, *can* again be brought to order. It may be done by the homoeopath even after repeated order and disorder. This also applies to cases spoiled by the more recent drugs, alkaloids, coal tar derivatives, and nosodes of serum therapy. As the same law and rule govern all spoiled, masked or centripetalized cases, we shall attempt to answer the question in a general way but with frequent references to particular miasms, and personal experiences.

The reestablishment of order in spoiled or masked cases depends on three main factors - time, vital or reactive power of the patient, and the homoeopathic remedy. (Taking for granted that the patient has received a potency of the remedy sufficiently attenuated to reach the plane of his disturbed vital force. Today we cure cases that Hahnemann could not cure for he lacked the essential higher and higher potencies necessary to permeate the higher and higher planes of vital disturbance).

As to the first element, *time*: Nature herself, unaided by medicine, often establishes order by centrifugalizing the disease, thus clarifying the internal and vital organs, throwing to their corresponding externals as ultimates, the disturbing humor. If this were not so few children would develop past infancy. In fact, all disease, both acute and chronic, is simply a *manifestation* of Nature in her effort to purge herself. Sometimes when she cannot purge herself of the miasm she adapts her house to the new tenant and fashions new structure, however prone it is to break down. Nevertheless it is *an effort of nature to save her life*. Given time Nature would fashion tumors and devils and monsters when she cannot purge herself of the humor or miasm. Theoretically Nature would always restore order if given time enough and not check-mated. Just how many generations it would take Nature alone, unaided, to purge the race of disease would depend on environment, food, climate and social factors.

But just as that hygienic Utopia is as impossible as universal brotherhood without the advent of a Christ, so the physical sanctification of humanity can be made possible only through its saviour, homoeopathy. And it is quite possible that spiritual regeneration of the race will, in fact, ultimately depend on the moral results of the homoeopathic remedy *on the mind* by the universal use of homoeopathic medicines. As proof I ask you to witness the cure of the kill desire of the tubercular child by *Silica*; the liver ultimates of hate cured in childhood by such remedies as *Chamomilla*; the cardiac ultimates of selfishness cured by a host of remedies such as *Calcarea carbonica*, *Natrum muriaticum*, *Pulsatilla*, etc. You ask for proof. Why every good homoeopath has hundreds of children that he has purged of their inherited miasms so that they will never die from cancer, tuberculosis, diabetes, Bright's disease or any other chronic miasm. And such children have proven to be prettier than other children for health develops beauty. They excel in school for a healthy brain can function and they have been made healthy.

As to the second element, *vital force or reactive power of the patient*: Reestablishment of order in a spoiled case, and in all cases, depends on the vital reactive powers of the patient, as well as time, and the homoeopathic remedy. A devitalized seed may fail to germinate and grow, and sometimes it takes months and months to manifest itself. One must always wait and wait. Give Nature a chance to interfere. Even after the symptoms develop one must wait to see if they persist. (See *The Second Prescription* in Kent's *Lectures on Homoeopathic Philosophy*).

The reaction is sometimes a confusion of miasms. If the symptoms persist the prescription sometimes must include the totality of symptoms to find the remedy that will create order. Sometimes the last group of symptoms, if they persist, will guide one to the remedy. Then

again a sort of sixth sense of accumulated subconscious knowledge or experience will guide one to the remedy. An experienced physician sees people as pictures of remedies. Such remedies will arouse reaction if there is sufficient vital force remaining in the patient. This can hardly be advised as a scientific homoeopathy, but perhaps it is a high form of knowledge of what might be called spiritual perception. At any rate, there are cases of apparent inertia without apparent symptoms that need a remedy. It seems as though the vital force was entirely lacking or had ceased to circulate. Perhaps an internal struggle is going on between the centripetal suppressive and centrifugal purgative forces, neither one of which has yet overwhelmed the other. There are no symptoms that the novice can see at all. It is then that a dose of the master's prescription, for it requires a master, will come to the aid of the centrifugal force and throw out the symptoms in an orderly fashion with relief to the patient.

This is what probably occurs when *Opium* arouses reaction in inertia due to shell-shock, and fright. And again in syphilitics, when inertia follows the curative use of repeated doses of *Mercury*, a dose of *Opium* will arouse the reaction as Hahnemann advised. Sometimes the action of *Kalmia* in spoiled cases of syphilis bring on an *Arsenical* group of symptoms, perhaps appearing as a severe coryza, or even as a bronchitis. *Kalmia* has a tubercular picture in syphilitic cardiac cases with expectoration of bloody purulent matter due to passive congestion of lungs. *Calcareo carbonica* has the same picture in suppressed psoric cardiac cases.

The inertia produced by the shock of typhoid inoculation, and even its centripetal activity, is met with *Tuberculinum*, showing the relation of typhoid as an acute manifestation of a tubercular diathesis, i.e. I have frequently seen spoiled typhoids go into a tubercular state. It is true that tubercular families have much typhoid and members of such families, when properly treated by homoeopathy, become well and never get tuberculosis. In other words there is a relation between acute and chronic disease. The acute manifestations are simply Nature's effort to clarify itself of the chronic miasm. But sow the seed of acute disease by serum and vaccine therapy in fallow ground and you will reap a harvest of chronic ultimates.

I have saved a number of Gorgas' victims of typhoid inoculation with *Tuberculinum* 10M (Kent). I was living here at the time the sales campaign was manufactured at a Texas city when they put over the campaign. Just as they duplicated the same stunt when they put over toxin-anti-toxin for diphtheria at Dallas with such disaster - thirteen killed and scored injured for life. It was a great success - financially. So in dealing with the vital force homoeopaths must consider the miasmatic diseases of serum therapy.

Inherited sycotic cases of good vitality, confused by error of the physicians, will, if given time, (three to five months) develop an acute or sub-acute miasm calling for *Arsenicum*. Then in from four months to a year they may run into a state calling for *Thuja* or *Natrum sulph.*, etc. When *Thuja* is needed warts will become extremely sore. When *Nat. sulph.* is needed the patient will develop liver or bronchial affections.

Acute gonorrhoea is seldom cured with one medicine. I cured one case which finally came to me after a month of fright, (too scared to see a doctor), having had no treatment but cleanliness. It was cured in less than a week with one dose of *Pulsatilla* 10M. We frequently meet spoiled cases. But from the lack of clinical reports in our societies and medical journals I judge that the homoeopathic treatment of gonorrhoea has become a lost art.

Masked cases respond to the indicated remedy. Masked is a relative term when thus used. What may appear masked to one is an open countenance to another. Does a master ever have a masked case, or a case so spoiled that he cannot see the remedy? Yes, for man is fallible. In the case of suppressed gonorrhoea, patients do not always react alike. When rheumatism arises from its suppression it is generally cured with either *Medorrhinum* or *Thuja*. The *Medorrhinum* case will have inflammatory rheumatism, better from hot applications, with such

swelling and inflammation of joints which cannot be touched, (*Lach.* and *Arnica*) and the skin sometimes becomes discolored with dappled brown spots. *Medorrhinum* will establish order in such a patient no matter how many previous mistakes were made. Old, apparently masked cases, if unmasked, will show a fat, old, robust sinner of years of debauching. I have seen several of them mystified by a dose of *Capsicum* that brought back a suppressed discharge with was then properly cured with *Clematis*. In acute gonorrhoea *Cannabis sativa* cases often run into *Cantharis*; *Thuja* into *Nitricum acidum*; *Arsenicum* into *Thuja*; *Gelsemium* into *Pulsatilla*. A symposium of homoeopathic experience in gonorrhoea would, I believe, be much appreciated by readers of the *Recorder*.

We have much to learn but, thanks to Hahnemann, we have not much to forget or unlearn. Homoeopathy grows by accretions not by change of fashion. In homoeopathy humanity has a refuge. The law is inviolate but subject to fallible doctor's abuse. Nature is merciful and patient. She will react to much abuse, even wrong prescriptions, coming back, as it were, for more punishment at the hands of man. She is as merciful as Divinity. To say that a confusing, second prescription would make a case incurable would be like saying the Master is unforgiving. It would suggest that homoeopathy is self-limited, which I am unwilling to admit. The patient may be found wanting in vital force sufficient to react, but that is no fault of *similia similibus curantur*. Then again, if I fail to find the remedy that will arouse reaction, I am not willing to admit the *self-limitation* to a weak point of our law especially when the blindness is due to ostrichlike behaviour.

Our law is infallible. One exception would disprove the law. No one yet has found an exception. The trouble, to me, seems to lie in finding the master locksmith who is able to fashion a homoeopathic key for this intricate lock, and it is no school boy's job."

(William H. Schwartz, Separating the Miasms, The Homoeopathic Recorder vol.45 (1930), p.443-447)

The Origin of Morbid Growths

"In they days gone by as well as at the present time pathologists have striven and still strive to point out *the* case of morbid growths, all seeking a material origin, a blood clot for example or a renewed activity in quiescent embryonic structures, anything or everything to which it might be traced with any show of reason.

There stands forth one notable exception, Samuel Hahnemann, who demonstrated instead a miasm psora. Further investigation of this now evident fact has only succeeded in adding to his conclusions that there are other miasms, correlative or underlying, from which such growths may spring, viz., sycosis and chancreoid.

We have also learned that certain drugs can produce these manifestations by perverting the life force, especially those from the mineral kingdom, and that this taint is transmissible by heredity and cannot be thrown off by the life force when once acquired, except by the aid of homoeopathic treatment.

The fundamental cause and origin of morbid growths, excluding those produced by drugs, may be stated as one or more of these miasms. In three cases in my own practice I have seen gonorrhoea, sycotic warts, and chancre present at the same time. At first this puzzled me. I did not understand Hahnemann, though I thought I did. I believed I was obliged according to his teachings to attack them all together and give something to cover every symptom even if it required rotation to do it. I almost concluded Hahnemann was wrong until I saw that he plainly knew the true way when he said we must attack the strongest miasm first, and following that principle I have demonstrated to myself the truth of every article of the Organon.

The miasms may lie dormant throughout life if the surrounding conditions of mind and body

are hygienic. Everyone afflicted with these miasms does not have a morbid growth, and the absurdity of local treatment will be readily perceived if you consider that it should be used where there is no local development as well as where such is found if you want to be consistent.

I tried the knife, excising inches beyond the formation, but could not effect a *cure*. Seeing that those who used local applications were far more successful than I with my knife, I studied the homoeopathic therapeutics of the drugs they used and found that those which produced beneficial results were invariably antipsorics, antisycotics, or antichancroidal. I have never known the worst form of primary syphilis, when uncombined with other miasms, to be followed by a cancer, but chancroid frequently is.

When these elements are present in the system any irritation may start them into activity, a blow, the cutting of a mole when shaving. If the life-force is depressed by unhygienic conditions, the rapidity of growth is increased, so that we might have a series of phenomena of progressing severity; as an example of which you may take the following sequence: an itching; a scaly epidermis; a scab, which drops off, exposing a raw sore, whose edges become indurated and everted; forming in its last stage a typical carcinoma, a condition which under "scientific" treatment, may lead to sudden dissolution. This was just as surely a cancer when the first irritation was noticed as after it had, under favorable conditions, characteristically developed.

We know that each of these miasms have three stages in their expression, psora showing primarily and characteristically as scabies; secondarily, as erysipelas, and in the third step, a morbid growth, generally scirrhus. Under proper treatment they disappear, just as our master said, in reverse order of their appearance. Patients may say to you: "That last medicine did the business, doctor; why didn't you give it to me at the start?" You know you can't build a barn by putting up the ridge-pole before you have something to support it. Perfect cures are not made that way.

A word as to therapeutics. Your remedy must come from those curative to the underlying miasm. Study those which are known to be antipsoric if you have psora, antisycotic, or antichancroidal remedies, if these miasms are present. Select a remedy which combines these qualities if more than one is found. In every case give the similitimum, and if you cannot find a single remedy covering all the conditions, be sure you attack the greater miasm first."

(The Origin of Morbid Growths. From a lecture to the Senior Class of Dunham Medical College, by Professor E. W. Sawyer. From Notes taken by Dr. J. E. Fitzsimons. The American Homoeopathist vol. 21 (1896), p. 367)

Cancer

"The surgical treatment of cancer, especially when it is perceived early and can be removed, is matter of technique, and does not alter the organic processes of the body, which, retaining the same constitutional condition that existed before the operation, favor the development of the same sort of sickness again. This fact is evident in even a moderate experience with such cases. Internal medical treatment, on the other hand, administered before the cancer is touched, tends to preserve the coordinated activities under the vital force of the organism, and the disorder which develops the sarcoma is eradicated by the internal change, and a cure results. This is the practical idea to be foreseen by the practitioner of Homoeopathy.

For the past thirty years, I have used every opportunity to note the experiences and collect evidence of the course of these cases following operation, and that following internal treatment. I am satisfied of the superiority of the latter treatment for the majority of cases. Whenever my efforts have been directed to bring possible relief or cure to the sufferer from cancer,

I have invariably relied on the internal treatment, selecting the medicine indicated by the constitutional symptoms.

Naturally, I looked for evidence from the cases of my professional brethren in this line; but they were, for the most part, cautious and the evidence rather meager. Yet two names have stood out prominently to encourage me, because these two men took the same independent course, with the same aim. In 1893, in my "Internal Cures," I tried to bring out this principle for Internal Treatment of Cancer, and in the same year the venerable Burnett published "The Curability of Cancer," and in 1889 appeared the work of the genial Cooper, entitled "Cancer and Cancer Symptoms." To these two stars I am indebted for much encouragement and stimulus, from their methods and their publications. In later times, my position has been further fortified by the work of our honored John H. Clarke ("The Cure of Tumors," 1908) and the publications of Le Hunt Cooper.

Everywhere I see difficult cancer cases cured or relieved and life extended many years. Many cases have been reported also in American literature, and not the least among them all am I indebted for the contributions from my own native land. I desire to present, briefly, the account of the theory and practical results of my studies.

First, I would note that from isolated cases but slight evidence is advanced, and scarcely more from larger statistics. Each case presents dubious points for attack, as do also the statistics. Whether a physician treats cancer internally or not depends on his freedom, his courage, and his conviction of its feasibility. A man must take into consideration the courage necessary to undertake the investigation, and the joy and pleasure of such cures. These require a comprehension of the principles, which is increased by the investigation and the results themselves. These appear frequently, not just where you would expect to find them, but, on the other hand, often fall, as does ripe fruit, unexpectedly into your lap.

If you ask if I have had uniformly good results, I must answer: "Pretty good; good enough to encourage to further zeal, and poor enough to stimulate me to strive for increased light and improved methods."

Technically, the point of departure in cancer investigation is what is known as "the cell." I refer to the malignant sarcoma, and include, therefore, not only the atypical epithelial form, but also the connective tissue and bone-tissue formations, or osteo-sarcoma.

The original, purely histological differentiation proved, in relation to time, unsatisfactory, as the chemical differences in the tumor cells and normal tissue cells were easily noted, and it was found that true carcinoma, after several generations, develops into sarcoma, and these prove equally fatal. We must recognize, then, that biologically both forms are important.

It has also been proved that these two forms of atypical epithelial cell have a peculiar variable significance; in one case proving rapidly fatal, and, in another case, slowly degenerating during a lingering life period, though the tumor nucleus presents histologically the same formation. This is the clinical evidence. It is also clear that the clinical history of many tumors varies distinctly, in defiance of their histological agreement. As the events and risks to human life depend so much upon these clinical phases, in the light of this knowledge, definite conclusions in the carcinoma problem have been necessarily postponed.

No longer can the essential factor be determined by the histological character, but must be sought further back in the relation of tumor and the entire organism. That such relation exists facts have long since proved, and it has more recently been emphasized in directing attention to the changes that appear in the lactation period. The tissue of the glands increased during this period is reabsorbed when the original form is restored, after the cessation of lactation.

The local character of the tumor, under these circumstances, also loses significance, biologically considered.

When such facts are proved, the path is freely open for the internal treatment of cancer.

We observe that, under the influence of Arsenic, Carbo an., and other chemical poisons, cancerous enlargements develop after poisonous doses have had their effect in the organism. These also promote the disappearance of cancer forms, when the organisms correspond to the entire image.

There are also to be considered those outside influences favoring the development of cancer. We must not be surprised when, by such influences, the cancer disposition is again eradicated. Here is the basis for a comprehension of the homoeopathic treatment.

The medicine is the cause of disturbances and, again, the means of cure. Thus we observe that disorder (disease) is no longer accidental, but has a basis in law: is governed by law.

Here let us recognize a combination of influences. In medical science, we find that disorder has a two-fold cause. For instance, in toothache, the cause of the disturbance is not only in the tooth but also in the organism, which suffers from the changes of pregnancy or from injurious effects of cold. The cause of consumption is not only the bacilli, but also in the detrimental habits of the patient, or deterioration in the respiratory tract, or the ingestion of unwholesome food.

The cause of cancer lies in the advanced age of the sufferer, or in a weakness of the organism through previous syphilis or tubercular infection. It may also be from an injury to the skin due to too-strong light attraction, or through the use of Roentgen rays, or through some previously prepared naevus pigmentosus.

The occasions of disorder are often from various influences, and the organism contributes a necessary predisposition in its various tissues and organs where the disorder is manifested. When such conditions are perceived, it is the duty of the physician to investigate, remove the causes, and thereby prevent the development of disorder. In phthisis, we correct all life conditions of the patient, and the bacilli thereby become inactive. It is simply common sense to attend to hygiene, and through that much is accomplished.

In cancer, we certainly could obtain many cures if we could only rejuvenate the organism. I have recently read reports published in the *Berliner Zeitschrift*, which demonstrate that excessive exercise, consumption of strength and light baths favor cancer, and have since had some new experiences in this particular. It is clear that the organism that, in the course of a lifetime, can expend a certain amount of energies and make use of them, can do this in slower or faster tempo. Time is only a form in which cures are effected. Time alone does not make age, but age is effected through that which is happening through time. If very much should happen, then aging ensues more rapidly. I think that in our times much more happens than formerly, as concerns mankind.

The attraction of light is one of the foremost and strongest life attractions, and in the cities especially is it very largely increased. According to Dr. Duesing, the effect of light in the pigment cells of the skin accumulates energies which operate largely upon the cell plasma, and by superficial, unprotected exposure of the pigment to light, an ugly tumor can be relieved. Also, in the eye, absorption of light is not a small factor, and a strong attraction is exerted by the pigment.

So, loaded cells in the tissues can occasion a serious stimulation, when once the susceptible age is reached and other predisposing causes cooperate.

According to Schuecking, the nature of cancer consists in the interference in the balanced relation of nucleus and plasm in the cells. The nucleus takes the attraction of the outer world. It is the carrier of the animal susceptibility. The plasm is the conservative element, and this we must strengthen. The animal consumption and its attraction we must diminish, to avoid cancer. The attraction of the light permits a very essential expenditure of animal force. I think that such a theory might explain the increasing death-rate from cancer at the present time. Cancer death-rate has increased about in proportion to the influence of light attraction upon mankind.

At the same time, this theory has furnished some important explanations of medicinal results. Cancer appears as the definite result of the condition of the organism, a manifestation of its disorder. Medicines also affect the entire organism, affecting its various systems as revealed by their influence on the life force, when proved according to Hahnemann's directions.

Hence, though there may be many cooperative influences acknowledged as predisposing to cancerous formation, there may be said to be undoubtedly one special cause in true cancer cases, distinguished from all others, even though it be a parasite, though there is slight claim for this in cancer.

In the case of cancer, we have a practical problem to be solved: a natural organism, whose every process and all symptoms develop in conformance to law: The life force, here in conflict with a foreign power. The divergence from normal life reveals the influence of a foreign poison manifested by numerous symptoms. All noxious influences are manifested to the perception in the symptom image, these symptoms indicating the character and force of the disorder.

To the medical art, the problem of eradicating these disturbers of the life force and restoring order resembles the siege of a fortress, to be overpowered and won by *superior force*. The simile includes the use of the remedies selected according to the law of similars. Their *superiority of power* consists in their dynamization by our attenuation.

Our simile would be incomplete did we not take cognizance of the friendly power held prisoner within the fortress by the hostile power besieged. When the besieging power approaches, the organism, previously under the control of the disorder influence, acts promptly, and the enemy thus is between two fires.

This is the theory, in general, of the action in homoeopathic treatment: The strong lines of disorder are opposed by the dynamis of the drug, parallel but superior to it in action - a modern explanation of the Law of Similars. The poison of the remedy annihilates the disease force and life proceeds untrammelled. Nature herself imposes this necessity.

Everywhere are the opposing forces, represented by soldiers, armies, ships and, as Paracelsus has said, "cunning against cunning;" both fiend against fiend in the harness; both hot, and using similar weapons. Thus, also, must the victory over cancer be won. Nature's powers are measured against each other, in accordance with Nature's laws, and each case is a separate, individual problem presented to the physician's skill.

It is not to be expected that it will be possible to cure with the same manifold phases appearing in cancer cases without some injury, when the various characteristics are so varied. Not power, but skill, caution and Providence must guide us, and the natural phenomena must be given due consideration, and the prescription not based upon the abstract, i.e., the bare diagnosis.

It is not probable that the treatment could be outlined for the complete cure of a disorder such as cancer, which is the outcome of long continued disorder in the system, as Nature's symp-

toms would probably change in the course of time, with the development of the case, and probably new and different characteristics appear.

But it is possible to recognize that certain single remedies, relating in nature to the cancer constitution will, in large measure, prove curative or remove the troublesome symptoms, e.g. Argentum nitricum, Arsenic, Carbo an., Condurango, Conium, Ornithogalum, Phosphorus. So long as you can work with only one remedy, do so. It is possible that cancer may present occasionally symptoms that are less frequently met, for which Arnica, Calendula, Crocus, Graphites, Lycopodium, Mercury, Naja, Nitric Acid or Thuja may be needed.

A remedy that has proved useful in a single case is as valuable as though it had been useful in many cases. It is probable that the nosodes of such miasms as are known to favor the development of cancer may be beneficial, through their symptom similarity: Tuberculinum, Syphilinum, Cancroin and Carcinomin, these being warranted by their relation to the beginning of the disorder.

Cures can be expected from these various remedies when these conform to the laws, though at first they belonged only to a small circle of medical fellowship through their experimental labors. In the domain of cancer, we can do much service to make known these laws, and thus conquer the world.”

(Emil Schlegel, Physician of Tübingen, Germany, Cancer, The Homoeopathician vol. 1, No. 2, February 1912, p. 97-100. Presented at the London Congress for Homoeopathy, July, 1911.)

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 sampson," 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)

The Meeting of the State Homoeopathic Society in the Materia Medica Woods

"The State Homoeopathic Society being wearied by its annual repetition of city meetings, decided to celebrate its two hundredth anniversary by convening in the Materia Medica Woods.

When the day arrived, absent minded Dr. Rhus Tox. climbed upon a stone wall and immediately forgot why he climbed there. Dr. Ranunculus Bulbosus who could never stand changes of temperature, donned her yellow picture hat and sat protected in the grass at his feet. A little farther on at the edge of the woods stood the changeable Dr. Pulsatilla, guarded by Dr. Lycopodium, her knight good and true, while old Dr. Silicea, well wrapped to keep himself warm, leaned against the wall nearby and all awaited with different degrees of patience, the train which should bring their medical brethren to this their first convention in the Materia Medica Woods.

At length the whistle sounded. Dr. Rhus Tox. stiffly climbed from his elevated position, placed his hands upon his back and with a wry face, slowly assumed an erect posture and hobbled off toward the station. Dr. Ranunculus Bulbosus who hated to move and couldn't even bear to change her position, carefully readjusted her hat and sat still in the grass awaiting the appearance of the crowd. Dr. Pulsatilla started for the station, then changed her mind and went back, then changed her mind again and started on. Then she began to cry for no reason at all and didn't know what to do until Dr. Lycopodium took off his hat - Dr. Lycopodium always felt better from uncovering his head - and offered her his right arm and led her forward to meet the oncoming friends.

Dr. Silicea had been a stone cutter in his early days, but the work didn't agree with him so he studied medicine. He was a queer old fellow, always chilly and the changes of the weather always found him complaining. He had a habit, with reason, of washing his feet at every opportunity and he was noted for going into fits at the new of the moon. Dr. Silicea didn't care to move so remained with Dr. Ranunculus Bulbosus.

The train stopped and doctors by the hundred alighted. Dr. Rhus Tox. soon found his old classmate and chum, Dr. Bryonia and they walked together from the station. Dr. Rhus Tox. grew better every step of the way but with every step, Dr. Bryonia grew worse. Dr. Rhus Tox. gradually lost the stiffness from his lumbar region and Dr. Bryonia just as gradually developed a stiffness in the lumbar region until by the time they reached the woods, Dr. Bryonia could hardly move for the pain and stiffness and Dr. Rhus Tox. was as lively and limber as any young graduate. Dr. Rhus Tox. soon found a mossy bank for Dr. Bryonia to recline upon while he himself sat upon the swinging branch of a tree where he could keep himself in mo-

tion as he talked and so prevent the stiffness returning to his muscles.

The assembly having reached the woods, Dr. Rhododendron, the weather prophet, perched himself upon the highest crag he could find to watch for storms. Dr. Rhododendron considered himself authority upon the weather. He could predict the approach of a storm long before anyone else suspected it. Everyone was hungry by the time the woods were reached, so it was agreed to dine first and have the feast of reason afterward.

Dr. Plumbum was willing to assist in spreading the table but Dr. Sepia who had taken charge, noticed his wrist drop and was afraid he would break the dishes so ordered him to go and rest. Dr. Hydrophobinum was asked to take a bucket and go and hunt for a spring of water but such a look of horror came over his face at the thought of water that Dr. Natrum Muriaticum went instead. Dr. Natrum Muriaticum's extreme thirst would make him find water if anyone could. Hearing a blood curdling shriek as he was starting out with the bucket, Dr. Natrum Muriaticum followed the sound and found that Dr. Bufo's little boy had discovered the spring for him but had fallen in a fit.

Dr. Lachesis was so hungry she couldn't wait for dinner so offered to prepare the oysters thinking to help herself while so doing. Dr. Lachesis was such an inveterate talker that Dr. Sepia didn't want to be bothered with her so told her that handling oysters would ruin her dinner gown. Dr. Lachesis insisted that all of her gowns should be made décolleté for she could never understand why fashion should dictate those suffocating high collars. Dr. Sulphur was more hungry than Dr. Lachesis, so he said he would open the oysters, for nothing could hurt his clothes and Dr. Sepia agreed that his clothes were too dirty already to be injured by added dirt. Dr. Carbo Vegetabilis disliked work but even if she had enjoyed it, she was too timid to offer her assistance so she sat upon a pile of brushwood and fanned herself. Dr. Calcarea Carbonica, fair, fat and full of anxiety lest the dinner be delayed, hurried up to help, but her exertion immediately brought on palpitation, and a profuse perspiration started out all over her so that she had to stop and quiet herself.

Dr. Capsicum who was very fond of coffee even though it did nauseate him, took the mill and began to grind the coffee which Dr. Angustura had brought. Dr. Arsenicum, too restless to keep still and glad of a chance to get warm, hastened to build the fire. Dr. Nux Vomica, who never was quite happy unless he was angry about something, looked upon the coffee making with disapproval. He preferred brandy, but Drs. Hyoscyamus and Rhus Tox. belonging to the Temperance Fraternity were opposed to alcoholics of all kinds and insisted that none be allowed at the meeting. Dr. Calendula the specialist in lacerated wounds, thought they were paying altogether too much attention to the dinner. He was never hungry but things tasted all right when he did eat them.

The dinner was finally announced. It was in the nature of a collation, each bringing what food he most enjoyed and such a collection never appeared at table before. Dr. Calcarea had brought a basket of boiled eggs and raw potatoes and wheat. Dr. Calcarea was one of the originators of the raw vegetable diet fad. She even approved of chalk and coal at times. Dr. Meze-reum and Dr. Sanicula had brought a nice fat ham but insisted upon eating all of the fat themselves. Dr. Natrum Muriaticum contributed fish. Dr. Antimonium Crudum, he of "ecstatic love in the moon light" fame, brought pickled cucumbers. Dr. Allium Cepa brought onions and Dr. Hepar Sulphur furnished the vinegar and Dr. Natrum Muriaticum furnished the salt for them. Dr. Belladonna was exceedingly fond of lemonade and as Dr. Arsenicum had brought some lemons, he hunted up Dr. Argentum Nitricum who had the reputation of being such an inveterate sugar eater that he was always making himself sick by it. Sure enough, Dr. Argentum Nitricum had brought a bag of sugar so Dr. Belladonna made the lemonade. Dr. Alumina brought rice but didn't stop to cook it. She was one of the raw diet converts. Dr. Pulsatilla's appetite was so indistinct that she didn't quite know what she did want, so brought

nothing at all. Dr. Chamomilla brought sauerkraut and then lost his temper when someone told him he would have the colic if he ate of it. Dr. Magnesia Carbonica brought meat sandwiches and Dr. Ignatia brought cheese sandwiches. No one living outside of the Materia Medica world will ever know all that was upon that table. An outsider might even wonder why that pile of slate pencils lay beside Dr. Nitric Acid's plate. Just after everyone was seated at the table Drs. Calcarea and Phosphorus came bringing the cans of ice cream that had been forgotten.

It was amusing to note how in seating themselves at the table, like had attracted like. At the end of the table sat Dr. Symphytum the noted army surgeon. He really is not so warlike as his name sounds but he knows all about bruises, sprains, gunshot wounds and fractures, and he can make broken bones grow together when they don't want to. At his right, sat Little Dr. Calcarea Phosphorica. Dr. Calcarea Phosphorica had rachitis as a child which, being improperly treated, left her with a lateral curvature of the spine, in fact it left all of her bones curved also, but in spite of her deformity, she is a successful specialist in bone troubles. She can stop the suppuration of bones and joints and it is said that she can make fractures unite after everyone else has failed in the attempt. Next to Dr. Calcarea Phosphorica, were the noted surgeons Drs. Hepar and Silicea. It is said that they can remove foreign bodies from the patient without the use of the knife. Next to Dr. Phosphorus, the great necrosis specialist, were Drs. Arsenicum and Mercurius, who worked along the same line. Dr. Hypericum sat beside Dr. Ledum and discussed punctured wounds, though Dr. Hypericum's province was in wounds where the nerves had been lacerated. Dr. Sulphur, the philosopher, is consulting physician for almost everybody. If anyone has a case that doesn't improve as it should, Dr. Sulphur is called in to help. It is really wonderful how he can help almost everybody. He sat at the table with his grandson, Dr. Nux Vomica, on one side of him and his grand-father, Dr. Psorinum, on the other, forming quite a family party. These three were much interested in diseases that had been suppressed by drugs. Drs. Allium Cepa, Euphrasia and Merc. Cor. attracted much attention by their tears. Drs. Euphrasia and Mercurius Corrosivus's eyes were red from them but they were not tears of grief, for Drs. Allium Cepa, Euphrasia and Mercurius Corrosivus were only eye specialists who had taken cold. Drs. Lachesis, Lycopodium, Mercurius Jodatus Ruber and Mercurius Jodatus Flavus, the throat specialists sat together and discussed the merits of sore throats that began on the left side or on the right. Drs. Tellurium and Pulsatilla, ear specialists, talked about acrid and bland discharges from the ears. Over-worked Dr. Digitalis, the noted heart specialist, had been so extremely busy that he had feared until just before the train started that he would be unable to attend but there he was with his friends, Dr. Cactus, the grand and Dr. Kalmia Latifolia and Dr. Spigelia, and all the lesser heart specialists sat near and listened to the words of the big four. Dr. Rhus Tox. left his friend, Dr. Bryonia, for a while and engaged his enemies, Dr. Anacardium and Dr. Croton Tiglium, the skin specialists, in a heated discussion in regard to the proper treatment of vesicular eruptions. Dr. Agaricus and Dr. Actea Racemosa, nerve specialists, discussed chorea with Dr. Cicuta, who sometimes treated chorea, though he preferred epilepsy. The alienists, Drs. Stramonium, Hyoscyamus and Belladonna, knowing so well the success of homoeopathy in mental diseases, discussed the advisability of urging the society to demand of the state a few more homoeopathic insane asylums. Dr. Stannum and Dr. Tuberculinum, lung specialists, agreed that there was altogether too much emphasis placed upon the open air treatment for consumptives. Homoeopathy was the proper weapon with which to fight the great white plague and there was every reason why there should be homoeopathic hospitals for the consumptives. On either side of Drs. Sepia and Kreosotum were grouped the specialists in women's diseases and on either side of Drs. Cannabis Sativa, Nitric Acid and Thuja were the specialists in men's diseases and so on all down the tables, those in sympathy with each other were gathered together while here and there was a general practitioner, the good old family doctor, who listened to all the woes of all

of his patients and cured them whatever the trouble.

Just as all were seated, in rushed Dr. Aconite, full of feverish anxiety, and threw himself into a seat beside Dr. Spongia. He had just come from a violent case of croup and wanted to talk it over.

In the midst of the dinner, Dr. Colocynthis, who had been exceedingly angry about something a short time before, became doubled up with colic, and Dr. Cuprum assisted him from the table. Just as everything was quiet again, Dr. Drosera, who had difficulty in swallowing, was unfortunate enough to have some bread crumbs catch in his throat, after which he kept up an incessant hacking cough, which ended in vomiting.

When dinner was over, Dr. Phosphorus, the toastmaster, arose and called upon Dr. Lachesis to answer the toast "To the Ladies." Dr. Lachesis was a proud woman, but was fond of talking. She usually went from one subject to another with great rapidity, but for once she kept to her subject. She said she thought women should go into the professions, but they should never marry. If women never married, they would never have cause for jealousy, and much unnecessary sadness would be left out of their lives, etc. Dr. Phosphorus then called upon Dr. Chamomilla to answer the toast "To the Children." Dr. Chamomilla said he didn't agree with Dr. Lachesis, for if the women didn't marry there would be no dear little spunky babies that made you walk the floor all night with them, when they had the colic. The first sad chord was struck when Dr. Ignatia was called upon to answer for "The Absent Members." Dr. Ignatia was highly sensitive and conscientious and when she spoke of those who would never again meet with the State Society, Dr. Natrum Muriaticum, Dr. Pulsatilla and several others had to get their handkerchiefs to wipe away their tears.

I would like to tell you how Dr. Sulphur responded to the toast, "The Passing of the General Practitioner," and how Dr. Chininum Sulphuricum responded to "Homoeopathy." I would like to tell you about Dr. Malandrinum's paper on vaccination and the discussion it brought forth. I would like to tell about all the other papers that were read at that meeting, but time forbids. Therefore, I will leave you to meet again next year in the *Materia Medica Woods of Pennsylvania*."

(F. E. Gladwin, M. D. Philadelphia, Pa., *The Meeting of the State Homoeopathic Society in the Materia Medica Woods*, *The North American Journal of Homoeopathy* vol. 55 (1907), p. 680-685. Read before the Homoeopathic Medical Society of the State of Pennsylvania.)

Two successful homoeopathic operations

"CASE A. - Mrs. C, age fifty-one, large and fleshy, of a bilious temperament, subject to rheumatism, and catarrhal colds of the head and lungs; has family history of psora. Has always been treated homoeopathically. Six years ago I removed a large tumor from the left scapular region, from which she suffered much pain in using the arm. After the removal of the growth, which was a large one, the wound healed kindly and I discharged her in a few weeks apparently cured. I did not see nor hear from her until one year ago, when she presented herself for another operation, a tumor of a similar nature, which had for the past two years been growing on the left shoulder about three inches from the seat of the former growth, but more anterior, extending toward the neck. I made a diagnosis of the growth similar to the one I had operated upon. When I inquired why she had not applied for treatment sooner, she replied that she knew that nothing, but an operation would be of any benefit to her, and as long as she was suffering no inconvenience from it she thought it best not to interfere. It was now causing her considerable pain and annoyance and wished an operation. I should think it would weigh about five pounds. Within the last two months it has grown rapidly, and, in appearance, it looked as if it might become a large growth. I assured her that we would not have to operate

this time and prescribed Psorinum ^{10m}, Fincke, followed by no medicine for two months. I do not remember now the symptoms I prescribed it on, but at the end of this time there had developed the following symptoms:

Feet, hands, and face bloated in the morning. No pain in the tumor now, but can see no change in its size or shape. She perspires freely under the arms, which has a very offensive odor and which rots her clothing. The feet also perspire a great deal, the odor from which is horribly offensive. Has much rawness between the toes, and, for weeks at a time, the skin peels off them.

Silicea ^{cm} was given, and during the period of ninety days, when all the above symptoms disappeared together with the growth. The rapidity with which this growth disappeared under the profound action of this highly potentized Silicea was truly remarkable; it was as much of a surprise to myself as the patient.

What a pleasure it is to cure one of these cases without the aid of the knife. We have in this case a double cure; not only have we cured the abnormal growth, but we have removed that underlying principle that predisposed her from ever in the future being a tumor-producing patient.

CASE B. - Mrs. B., age twenty-seven, brunette, married eight years, has one child, age seven, family history good, father and mother living and well. She has had almost perfect health up to three years ago, when she began to suffer with severe pains in the uterus during the menses and almost constant neuralgia of the ovaries during inter-menstrual period. For the past year she suffered more or less with chills which were very severe, coming on early in the morning and lasting for an hour or more, followed by fever which lasted until about two o'clock in the morning, when she would break into a profuse sweat. She seldom slept until the sweating began. She has emaciated rapidly within the past six months of her illness. Her weight has decreased in the past two months thirty pounds. During the past two months she has been confined to her bed and treated for lung trouble, though she has neither cough, soreness, or any pain in the lungs, nor is there any history of a lung trouble in the family. But on a careful examination of her case I find a cancer of the uterus in an advanced stage and that of a sycotic nature. My opinion was confirmed by Dr. E. E. Sawyer, of Kokomo, Ind. The whole right anterior half of the body of uterus was involved, it also extended, in the form of a band, around the rectum, which had begun to ulcerate and is discharging at each stool bloody pus and mucus. The bladder is being infringed upon somewhat, which causes urination to be more frequent and painful. The chills come every day, followed by fever and profuse and debilitating sweats, for which China was prescribed. The menses have not made their appearance for three months. Previous to the suppression of the menses she had been treated for a profuse acrid leucorrhoea by medicated injections. The urethral orifice is very much swollen, vagina sensitive, ovaries somewhat enlarged and sensitive to pressure. There is a slight watery discharge from the uterus, which produces intense pruritus, and which is relieved by frequent bathing, and has an odor of decayed fish.

Medorrhinum was prescribed in the CM potency, followed by no medicine for two months. Marked improvement followed this prescription; in one week all her pains had ceased. The ovaries are less sensitive and the symptoms much better in every way. Menstruation came on at the end of the second week after this prescription - though painful, it seems quite normal otherwise. The pruritus has ceased, and she cannot detect that peculiar fishy odor nearly as plainly. Chills do not come on nearly as often; for the past four days has had none, which, is the first time they have remained away so long for six months. At the end, of the eighth week I gave another powder, as she was not as well. From that time on she rapidly grew better. The face grows less pinched and the color better. Her eyes have a less hollow look, and the dark

circles are leaving them. The sweats are much less, and she sleeps all night, feeling less exhausted in the morning. No more medicine was given for sixty days, when a severe diarrhoea set in calling for Podophyllum, which was given in water, followed by no medicine for one week, when Conium was prescribed, based upon the symptoms of the mammary gland during the menstrual period.

For the past two months she has done all her own housework and is improving every day. On examination I find the growth has disappeared and the hypertrophied walls of the uterus have almost resumed their normal condition. A slight thickening remains in the uterine walls, but the tenderness and soreness have all disappeared. I prescribed for her before I left for this meeting what I considered in her case a good prescription, NO MEDICINE.”

(John Henry Allen, M.D., Logansport, Indiana, Two successful homoeopathic operations, Proceedings of the Thirteenth Annual Session of the International Hahnemannian Association held at Narragansett Pier, R. I., June 21-24, 1892, p. 225-227)

A wonderful remedy in many respects

“I hesitate somewhat in introducing this wonderful remedy to the Indiana Institute of Homeopathy for a number of reasons: prominent among them are the following. The profession as a rule is prejudiced against the use of nosodes or diseased matter as remedial agents; also that it is thought by some to be drifting away from Hahnemann's inductive method as laid down in the Organon.

The first objection time will obliterate from your minds as it did from mine after I had used it a few years and saw the wonderfully gratifying results it brought. In answer to the second objection I will refer you to Organon Secs. 18-28-29, also to an article on Artificial Diseases and their Treatment to be read at the International Hahnemann Association to be held this year at Niagara Falls; to appear later in the MEDICAL ADVANCE and where I will give proof that I think will be fully convincing to most minds that the so called Isopathy is but the highest phase of *similia* in the highest sense.

Medorrhinum was discovered, as most of you know, by Dr. Samuel Swan, of New York, lately deceased; and further proven by Doctors Ren. Dell, Finch, Farrington, Cleveland, Higgins and Berridge, of England; besides, we have clinical provings of it without number.

I have been using this remedy nearly five years and have proven it to be a wonderful remedy in many respects. It is prepared from the gonorrhoeal virus taken in the acute or inflammatory stage and, of course, potentized very highly. I for my part, have not used it in any potency lower than the ^{cm} and higher; which works very satisfactorily. All provings, of course, have been made from very high potencies; and here is another reason for which I hesitate to introduce this remedy, as it must be used with care and good judgment. It is one in which it is dangerous to repeat, especially in cases where gonorrhoea has been previously suppressed by local means, as I have seen serious disturbances produced by repeating the dose the third time. I never give but one to two doses of a very high potency, and wait. I have seen abscesses form, followed with profuse hemorrhages from nose, rectum and penis in old chronic cases of suppressed gonorrhoea by repeating the dose frequently. It will, as a rule, restore a gonorrheal discharge that has not made its appearance for years. With me it seldom fails to confirm a diagnosis that has been made doubtful by either sex emphatically denying ever having had gonorrhoea.

The following symptoms may assist you in making sure that your patient is still suffering from this disease in a suppressed form: Often by that peculiar greyish, greasy appearance of the face or by the presence of blotches of a deep red color, but more frequently by a small red star-shaped spot, usually below the right eye or upper part of the face close to the eye, though

it may be found anywhere. It resembles somewhat a small naevis but the lines are more defined and not so diffused. Again, we may find the sycotic wart but more frequently we find little cherry-red spots known as a sycotic mole. They are to be found on any part of the body. This is very characteristic of a form of sycosis that is often cured by medorrhinum. There are many other symptoms, but these are a few that will call your attention to this remedy.

The mental symptoms are quite marked. I reported almost two pages of symptoms in the "Homeopathic Physician", in 1892, which are worthy your study. The mind symptoms are very characteristic: Forgetful - cannot remember the least thing. On giving the patient instructions with reference to taking the medicine he would invariably write it down, saying he could not remember anything any length of time: cannot trust himself to remember it: Great irritability and disgust for life. "Hering's Guiding Symptoms" give great weakness of memory in reading. He cannot remember even a previous line, so he gives it up in disgust; forgets names; has to think hard to recall his own name. He is always in a hurry but never accomplishes anything; time moves too slowly, (like lac caninum). He has a disgust for life, with a tendency to suicide, (like aurum). If these patients do commit suicide they generally do so by poisoning. I have frequently seen these patients so confused in their thoughts that after having almost completed telling their cases would begin over again or begin in the middle, or they will hesitate or commit themselves in many ways (like morphine). They have no fear of death. This horrible disgust for life makes death preferable to life.

In women, we have that wild, desperate feeling: a feeling as if they were going crazy. Everything is dark and clouded, (like actaea) always worse by weeping. Has a dread of something going to happen. A heavy cloud hangs over her similar to actaea. Feeling as if she had committed an unpardonable crime. She says her body is foul or smells foul or that she cannot wash herself clean (lac caninum has a similar symptom in insanity. "She stands with her fingers spread apart, as she cannot bear to have them touch each other-they are so unclean.")

In the head we have aches and pains without number: sudden attacks of vertigo with danger of falling. It is not a whirling vertigo like we find in many remedies, but a sensation of falling forward. There is also in this remedy a sensation of a band around the head. Both these symptoms are worse on moving and better on lying down. He walks like a drunken man; (like strychnine and alcohol;) differing from the latter in that he tries to or makes every effort to walk straight in. In medorrhinum he makes no effort. The headaches are worse in temples, especially the left; also at base of brain we have an intense cerebral headache, causing a boring or rubbing of the head into the pillows, similar to hellebore.

We have many eye symptoms of importance, which you will find in "Hering's Guiding Symptoms." The nose is stopped up; cannot breathe through it in the morning, soreness of nose, with intense itching on tip and in nostrils, with a desire to rub the nose constantly; snuffles in children often, having a history of gonorrhoea in the parents.

Face: Pallor very marked; greenish or grey color of face: brownish bands across forehead close to the hair: oily appearance of the face: profuse sweat about head, neck and face. It differs from Calc.c., that it is oily, greasy sweat, when in Calc.c. it is clear and in large drops, like water, and inodorous, generally. Acned of the face, blotches of a reddish color. Small boils break out during menses, especially in young girls; blood boils generally. Usually no itching and not very sensitive to touch. I have cured many cases of painful and often profuse menses in young girls from the face symptoms above. Quite frequently it is accompanied with a flow that excoriates or a leucorrhoea following the flow that is acrid. There is generally a history of gonorrhoea on the father's side; usually suppressed before marriage.

The teeth decay easily and very early, often as soon as they come through, (like creosote;) crumbly and soft. In the mouth we have canker sores, especially under the tongue; very sensi-

tive and painful; looking like small blisters. Throat: Back part filled with mucous coming from posterior noses. The sore throat is worse by swallowing saliva or empty swallowing (like Bell.)

The thirst in this remedy is very marked. Thirst for enormous quantities of cold water. Dreams she is drinking (like arsenic or phos); craves salt (like natrum); also craves beer and strong drinks, sour fruits, ice, etc.

In stomach, we have vomiting of a glary, frothy mucous, black bile tasting bitter and sour, often without any nausea. Gnawing sensation in stomach. Burning like coals of fire in pit of stomach. Severe cramps, with sensation of tightness.

We also have a great many liver symptoms in this remedy. Hardening of liver; burning heat around back, extending to the region of the liver. In the abdominal region we have a great many symptoms, but we will hasten on to more important symptoms found in the urinary and sexual sphere. Severe pain in region of kidneys, relieved by urination. Sensation of bubbles of water in the right kidney. Cold sensation in the renal region. Much prostration after urination. After urination we have burning or urgent desire to urinate - cannot wait a moment. Burning in the meatus. Dull, heavy aching in the region of the prostate gland. Sore feeling in prostate extending to rectum. Bed vesicles on gland penis that burn and itch; very irritable.

In the female, we have a desire to urinate frequently at the menstrual period especially, every half hour or oftener - cannot wait a moment. The menses are frequently every two or three weeks; too frequent; too profuse, and usually dark colored and clotted; and, what is peculiar, it is very offensive. No other remedy except Psorinum has such an offensive flow. It is carri-on-like and has the odor of dead fish or fish brine. No other remedy that I remember has this fishy or fish brine odor. Tellurium has an otorrhoea that has a fish brine odor, which comes nearest to it that I know of. The pains are usually pulling (like lil. tig.) Tearing, running from above down wards or from ovaries to uterus, or from uterus to rectum; uterus subinvolved; sensitive to slightest pressure. There is also a sensitive spot above and to the right of os uteri. Verified by myself in six cases. The flow is usually acrid and more or less excoriating, producing pruritus. The leucorrhoea is thin and acrid; excoriating, burning or blistering the parts that is touched (like the ammonias or creosote.) The pruritus is worse from rubbing (like coffee) and relieved by bathing in tepid water: verified many times: It also has the same fishy odor. Sycotic warts appear on the external genitals or often in vaginal canal.

In the rectum, we have sycosis in its worst form; characterized by intense itching of the anus; unendurable itching - drives the patient almost to distraction. When you find this symptom very marked you can think strongly of medorrhinum. You may require sulphur or thuja or some other remedy to complete the cure but medorrhinum will often cure the case alone. Frequently it will restore an old, suppressed sycotic gonorrhoeal discharge that has probably been suppressed for years, when all at once the itching stops; then cure your gonorrhoea with the homeopathic remedy and you have no more rectum trouble. Here is a fruitful source of cancer of the rectum or a frequent excuse for an operation on what is often mistaken for piles, or for Pratt's operation. But do not deceive yourselves and think you have removed the disease: you have only palliated and you will hear from it again, and it will present itself in some other form, either in lung trouble, heart trouble, rheumatism, enlargement of the joints, paralysis, insanity, hemiplegia, induration of the testicles, or in some other way. Do not operate on sycotic hemorrhoids or a sycotic rectum, whatever you do. Get down at the cause with similia. We also have a thin, dark colored, watery discharge from the rectum that produces this intense itching; usually the color of the integument around the rectum is dark red; often of a blistered appearance. Sometimes you will find it in newborn babes where there is a history of gonorrhoea in the family.

Often the same thing will be found in the urinary sphere. It produces scalding or a burnt and blistered appearance, and when the commoner remedies fail you will usually find medorrhinum the remedy, even if you cannot trace a venereal disease in the parents. The burning and itching prevents sleep and I have known patients to suffer so from this form of pruritus as to be compelled to use opium suppositories to induce sleep. Cured with this remedy.

In the ovarian region we have an admirable remedy in medorrhinum. The most characteristic pain is a pulling pain or sharp, shooting or knife-like pains; much soreness and tenderness to pressure; worse on the left side; or pains run from ovary to ovary or from ovary to uterus - better by pressing upon the abdomen (like lil. tig.); worse on moving limbs. The mammary glands are sore and sensitive to touch during the menstrual period.

Throat and lungs: complete aphonia, worse while reading. The cough is usually dry and produces a tearing sensation in the larynx. It begins with a tickling in the upper part of the trachea. As soon as she attempts to sleep this tickling begins. Coughing produces great pain in the chest. A medorrhinum patient takes cold on the slightest exposure (like hepar, psorinum, calc. c.). Begins in the head and goes down on the lungs. It has cured a severe burning sensation at the root of the tongue and extending into the bronchi, as if he had inhaled hot steam. We also have a raw feeling extending from the throat to the lungs: as if scraped with a knife: worse on breathing cold air. A sensation as if the lungs were stuffed with cotton. The expectoration is often greenish yellow, ropy; bitter taste. Acute catarrh of head, with burning of the septum and frequent sneezing. Hay fever that comes on almost the same day every year. Worse in the open air and better by warmth; with complete loss of taste and smell; cannot taste tobacco.

In the extremities we have all sorts of aches and pains, but it is especially adapted to gonorrhoeal rheumatism, especially of joints and more frequently in the small joints, dating sometimes from suppressed gonorrhoea. Here we find a wonderful remedy in medorrhinum. Enlargement of the joints in rheumatism, especially of fingers and toes and often knees, will call your attention to this remedy. Those cases, as a rule, usually have a sycotic history. This remedy has cured gouty concretions where they extended over the whole body. I reported a case in the *Homoeopathic Physician* in 1893, cured by this remedy that surpasses anything I have ever met. There is almost complete loss of power in the effected joints in these patients, similar to rhus in muscular forms.

The rheumatism in these patients is always worse in cold weather and better in warm; also worse in the winter or in damp weather. They complain of heaviness of the limbs when walking, with a giving-away sort of feeling. They lack the power to support the body. Often we have a burning pain, with a desire to or relief from fanning the part. Epilepsy or spasms in children that have a history of suppressed gonorrhoea in the parents. Nightmare, night-walking, dreadful dreams of ghosts and dead people. She dreads for night to come for that reason.

The neuralgic pains, or any pains, for that matter, are always worse from sunrise to sunset. This especially is true of sycosis; syphilis is just the reverse - worse at night.

In bowel troubles, dysenteries or summer complaints in children are also worse during the day. These children are prone to these diseases. They emaciate rapidly, are liable to enuresis. They assimilate nothing, not even water; are whiny, peevish, fretful; have colic from the time they are born. Their discharges are foul smelling and excoriating. Even their bodies smell sour or offensive. We find as pernicious a form of anemia in these children as we do under syphilis. We frequently find these children stunted in their growth and are prone to suffer from rheumatism.

Tumors and abnormal growths: Here is a wide field for medorrhinum. I never have had much

success in curing tumors until I began to use this remedy, and since using it have had marvelous results. Have stopped the growth of two large, cystic ovarian tumors, greatly reducing them in size, and cured a number of smaller ones entirely with this remedy. It will not often cure the case alone, but it will clear up the case and bring it to that point where some other remedy or remedies will complete the cure. With the use of medorrhinum, followed by iodine, I am curing a cancer of the left breast, that had been operated upon within a year, removing every vestige of the growth. It had reached the second stage of the disease - just beginning to break down. I have reported a number of cases of cancer cured where this remedy was the principal in the cure. Often you will find these cases depend on a history of sycosis or sycotic gonorrhoea which has not been treated homoeopathically, and when you restore the gleet or gonorrhoeal discharge the tumor will begin to disappear.

In conclusion, I want to mention one other sphere in which this remedy is to be thought of, and that is, in sterility. Women who have had gonorrhoea or have contracted the disease from their husbands, especially when it has been suppressed by local means, are prone to be sterile. They seldom have more than one child. This is, of course, in the sycotic form of gonorrhoea. The history of the case will invariably demonstrate that fact to you, and I am doubtful if you can cure these cases without the use of this remedy in some stage of the case. Of course, the husband will require treatment in every case in order to ensure success. A restored gleet or leucorrhoeal discharge will demonstrate the fact that you are on the right road toward a cure of these cases.

For the chill and fever symptoms we are indebted to Dr. Berridge, of England.

The chill begins promptly at 10:30 A. M. with chattering of the teeth and shivering; usually the chill begins in the lower limbs; there is no thirst during the chill. The fever is accompanied with thirst and a severe headache; usually during the fever we have a frequent desire to urinate. After fever we have profuse exhausting sweats, which begin as soon as he falls asleep.” (John H. Allen, M.D., Logansport, Indiana, Medorrhinum, The Nosode, The Medical Advance vol. 32 (1894), p. 59-66. Indiana Institute of Homoeopathy, Indianapolis, May, 1894)

Some sick children and a woman with carcinoma

CASE 1. A girl of five or six years, with golden hair, blue eyes, long lashes. As other doctors had failed to help, the child was taken to an osteopath. In working with the submaxillary and parotid glands, he had fanned a tubercular diathesis into a mighty flame. The mother was distressed and the Osteopath confessed himself intensely alarmed, saying, when speaking to me of the child, “For God’s sake, do something.” When the mother called me to the case, I found her with these symptoms:

Weak, mentally and physically.

Fear of dogs.

Croup, frequently, appeared to take cold with every breath.

Glands intensely swollen, hot and on the verge of bursting.

TUBERCULINUM 10m. 1 dose.

Relief was almost immediate, and in the four years since, a repetition of the remedy has not been necessary. She lost all tendency to croup, and only simple remedies, such as ACONITE, BELLADONNA, and BRYONIA, have since been used.

CASE 2. A child which much resembled the child just described, except that she appeared well nourished. She did not have croup.

Catarrhal discharge of yellow color from nostril and from the womb.

Repeated “colds.”

SULPHUR, CALCAREA CARB. and PULSATILLA failed to aid much, before.

TUBERCULINUM Cured. The discharge disappeared entirely.

CASE 3. The mother of this second child had been cured of tuberculosis some years previously by AMBRA GRISEA, commencing with 10m potency, and use of two doses on each plane at very long intervals. I took her to the two-hundred-thousand potency, in several years’ treatment. She has not had a “cold” for a year or more.

Mother and child are both gratified with the results. I have omitted the many pages of symptoms which the records contain, as you have not time nor desire to read them.

CASE 4. A girl of eight years, with dark blue eyes and dark hair. Her father died in the hospital of tuberculosis, evidently developed through dissipation. He was exceedingly cross when intoxicated, and this frightened the child.

Her mother contracted tuberculosis after her husband.

The child’s sister suffers retention of urine, so intense that the urine cannot be drawn off with a catheter because the parts are so swollen. PULSATILLA brings quick relief, each time.

Normal, apparently, until two years old, then

Had scarlet fever, measles and diphtheria, in succession. After recovery, she resembled a newborn babe, unable to speak. She appeared to comprehend what was spoken to her, but had to learn the art of speaking again. Walked as a one-year-old child.

Would not play with children, dolls or books; would tear the leaves out of books. Did not know how to play with children, and they did not care to play with her.

Timid. Realized that other children thought her queer, and if they made a motion or spoke crossly she fled as a deer.

Placed everything in rows; old sticks, cans, etc.

Insensible to coldness of weather. Would freeze if not brought into the house.

Loved old pieces of rags and cloths which she found and stuck in her pocket.

Large adenoids were twice removed by old-school surgeons.

TUBERCULINUM mm. at long intervals. Improved so she has been able to attend school and acquire her lessons, bringing joy to her mother and pleasure to her instructors.

CASE 5. A woman in whom carcinoma of the breast had been diagnosed by several able physicians was given just one week to live if a radical operation were not performed, including complete extirpation. As this woman’s husband had lost his first wife on the operating table, he would not listen to plans for an operation, nor did she desire it.

TUBERCULINUM held her for three years, then SULPHUR for two years, at six months’ intervals, led her to TUBERCULINUM again.

TUBERCULINUM is a wonderful remedy when the totality of symptoms asks for it, but it is a nosode which has been many times wrongly used as a cure-all.”

(A. Eugene Austin, M.D., H.M., New York, Tuberculinum, The Homoeopathician vol. 1 (1912), p. 116-117)

How hard it is to free oneself of the habit of thinking “disease” instead of “patient”

“We lost one of our best prescribers, friend and credit to our profession, when Georg Thacher was called.” (William H. Schwartz, 1930)

“How hard it is to free oneself of the habit of thinking “disease” instead of “patient;” in fact, it is almost impossible to do otherwise unless we hold in mind, and strictly heed, the injunction laid down in the eighteenth section of Hahnemann’s ORGANON:

... The totality of symptoms observed in each individual case of disease can be the only indication to guide us in the selection of the remedy.

Otherwise, how quickly we think of the nosode Psorinum for psora; Syphilinum for syphilis and Tuberculinum for tuberculosis. This immediately places us under the same false standards as the old-school blunderer, who injects Tuberculin in every case where “the sputum reacts positively,” using the product of the disease for the treatment of the disease itself and its results. This is not a new idea, dating back over 250 years, yet this crude isopathy has produced some cures, although its results are very uncertain and can obtain only *ab usu in morbis*.

In 1874, sixteen years before Koch announced his “discovery,” we find records of fragmentary provings, and the tentative use of Tuberculinum, in the Homoeopathic School. Burnett mentions proving the consumption virus on himself as far back as 1875-6. Since then, from time to time, clinical use has confirmed these fragmentary provings, added to their pathogeneses, and amplified their curative use when selected by the law of similia.

A complete proving of the nosode has never been made; but a number of clinical symptoms have been added from time to time, so now we possess the working pathogenesis of a remedy that will give brilliant results if used WHEN INDICATED.

CHARACTERISTIC SYMPTOMATOLOGY

The patient is always tired; motion causes intense fatigue.

Aggravated by the slightest exertion.

Entire muscular relaxation; wants to lie down all the time.

Has been losing flesh for some time.

Aversion to work.

Anxious restlessness, wants to be on the go, constantly.

Wants constant change, or to be traveling, or to be doing something different from what he is doing.

This is particularly marked in people whose forbears have had consumption - “Consumptiveness,” as Burnett so aptly expresses it. These things are noticeable long before there are any other physical (pathological) signs or any “reaction.”

Irritability, especially when awakening.

- Nothing pleases him.

- Trifles produce intense irritation which he is unable to shake off.

- Disposed to be positively ugly, although formerly good-tempered.

- Fretful, snappish, malevolent.

- Aggravation from music.

Depressed and melancholic, even to insanity.

It has been observed by the masters that phthisis and insanity are interchangeable; that is, patients relieved of insanity often develop consumption and die from it, indicating the deeply seated character of the two disorders.

People who have had intermittent fevers with continued relapses.

The apparently indicated remedy fails to hold.

Patients with other disorders, continually going downward.

In such cases TUBERCULINUM will start them off on the correct road *if the other differentiating symptoms* be present.

Fear of dogs, frequently noted.

Intense sleepiness.

Uneasiness.

Sensitive to every change of the weather, especially cold, damp weather.

Worse before a storm.

Complaints worse from standing, can walk better than stand, although

Motion is followed by intense fatigue.

Rheumatic conditions.

Sore, bruised sensations, ameliorated by motion.

- Cases in which Rhus tox. gave but temporary relief, because the remedy was not deep enough to eradicate the underlying cause.

Frequent change of remedy indications in other disorders, when the apparently indicated remedy has given but temporary relief and on the return of the conditions another remedy appears indicated.

In this vacillating condition of remedies, TUBERCULINUM gives brilliant results, provided other symptoms confirm it.

Bruised sensation all over body.

Aching in bones.

Perspiration easy, even from mental exertion.

- Stains a yellow color.

- Feet cold and clammy in bed.

- Heat and perspiration during sleep (as is so common in phthisis).

- Shivering when beginning sleep.

- Cold perspiration on the head.

In this phase it resembles Calcarea carb., which is a close relative. Clinical use has demonstrated that the two remedies are complementary, on the same plane of action. They may follow each other: that is, one being indicated for a while then the symptoms switch to the other's image. Calcarea has turned into order many of these cases heading for phthisis.

Locality. Left side predominantly involved, but clinically acts well on the right side if the general symptoms are present.

Left apex of the lung involved (often verified).

Laryngeal involvement.

Inflammatory swelling and ulceration.

Mouth and throat, hyperemia of mucous membrane.

- Strawberry tongue.

Headaches called constitutional.

- Periodic.

- Worse from 10 A.M. to 3 P.M.
- Irregular periodicity caused by anything that lowers the resistance of the vitality.

Under careful handling these headaches will be broken up, but the patient will begin to emaciate; becomes irritable, restless, weakened; a cough may appear. It is in such cases that TUBERCULINUM may prove most valuable.

Stomach, an all-gone, hungry sensation, with a gradual loss of flesh compelling him to eat, even though there be an aversion to food.

- Aversion particularly to meat.
- Strong desire for cold milk may be present.

This all-gone, hungry sensation is as marked as under Sulphur, and TUBERCULINUM will often cure *if the other symptoms agree*, when Sulphur has not been deep enough. The bowel symptoms also touch Sulphur closely. TUBERCULINUM will give brilliant results if other symptoms agree.

Constipation and diarrhoea alternate.

- Early morning diarrhoea, such as is present in phthisical patients.

Respiratory Organs.

- Cough, worse at night, usually.
- Exceptionally easy expectoration.
- Respiration difficult, suffocation in a warm room.
- Desire for deep inspiration.
- Longs for cold air.
- Respiratory symptoms ameliorated in cold air?
- Other conditions worse from cold air.

He may be covered with a cold perspiration, but wants the cold air, and has no relief except riding in the cold winds, resembling Argen. nit. Of course, he cannot endure the cold air, although having a strong desire for it, under the above conditions.

Skin.

- Eruptions on the skin, red or purplish in color.
- Tubercular eruptions (cured in many instances).
- Eruptions aggravated by cold air. Aggravated by scratching. Ameliorated before the fire. Changing place from scratching.

CLINICAL SYMPTOMS

Its clinical use has brought out quite a line of particular symptoms.

Glandular involvement, particularly of the neck.

Tubercular swellings here and there.

Cold abscesses.

Adenoids.

Kent says that TUBERCULINUM meets the underlying dyscrasia, and will, in the process of turning the patient into order, in a majority of cases, cause these vegetations to disappear.

There are a number of other clinical and particular symptoms which the writer will not take time nor space to transcribe, as they may readily be found in Hering's "Guiding Symptoms," Allen's "Nosodes," and Kent's "Materia Medica."

SPHERE AND ADMINISTRATION

From this résumé of the more marked symptoms of TUBERCULINUM, we can see what a striking remedy it is and how deep it may enter into the economy, being on the same plane as Psorinum, Thuja, Lachesis, Sepia, Natrum carb., Silicea, and the Calcareas. In fact, we might say it is a composite picture of these remedies.

Its most brilliant action is manifested in the early period, “before the conflagration breaks out.” This is confirmed by the clinical experience with TUBERCULINUM, as all experimenting with it are agreed that it is contra-indicated in fully developed, or advanced cases. With TUBERCULINUM, it is not how long has the case progressed, but how far?

How much more accurate and scientific is our use of it through our law of similars than obtains with the indiscriminate injection of TUBERCULINUM. On the one hand, we have a sure and certain guide for its selection; on the other, a haphazard guess, whose result is confirmed or refuted only by its clinical use. How fortunate it is for us of the Homoeopathic School, and for our patients, that we have this law to guide us; and it is the experience of those adhering to the law that results just as quick and brilliant will follow the application of this remedy (nosode though it may be) as in any other remedy in our *Materia Medica*; BUT IT MUST BE INDICATED.”

(George H. Thacher, M.D., H.M., Philadelphia, Pa., *Tuberculinum*, *The Homoeopathic Physician* vol. 1 (1912), p. 109-111)

Precision prescribing in acute cases

“Man of 72 with history of empyema and rib resection five years ago has a bronchial cold with fine moist râles in the left lower posterior chest. No fever. Slight cough. Shallow breathing. Boring pain in left side of the chest. Stitch catches him on breathing in.

Boring pain in side of chest (Kent, page 852): Bismuth, Bromium, Ferrum, Muriatic Acid, Senega. Left side (Kent, page 852): Mercurius Iod. Flavus, Senega. Stitching pain on inspiring (Kent, page 862): Muriatic Acid, Senega.

Prescription: Senega 1M, one dose.

Result: Pain and cough gone next day, chest clear of râles.

A lady of 68, depressed in morning, complained of stinging pain in the ankle and constriction of the right wrist.

Stinging pain in ankle (Kent, page 1096): Agaricus, Berberis, Euphrasia, Kreosotum, Laurocerasus, Mancinella, Natrum Carb., Platinum, Pulsatilla, Sulphur, Zinc.

Constriction of the right wrist (Kent, page 965): Cocculus, Mancinella, Silica.

Sadness in the morning (Kent, page 75): Mancinella.

Prescription: Mancinella 10M, one dose.

Result: Relief of pain by next day; felt surprisingly cheerful.

A young man of 20 has had neuralgia around the left ear daily for two years, so severe he gets drunk to stop it. Specialists in two major cities were unable to relieve him, even with strong sedation.

Suicidal (Kent, page 85). Thoughts of death (Kent, page 17). Desires company (Kent, page 12). Guilt feeling (Kent, page 6). Sensation of falling or sinking through bed (Kent, page 99-101). Aggravation dry weather (Kent, page 1357). Pain in left ear (Kent, page 303). Ailments

from anticipated pleasure (Kent, page 60). Cold foot sweat (Kent, page 1183). Ingrowing toenails (Kent, page 1019).

Discussion: Only one remedy runs through all twelve symptoms. The runner-up was Sulphur with 8 and the remedy given was Causticum 10M, one dose.

Note that 11 of the 12 symptoms apply to the man and not the ear; however in Hering, under Causticum, we read “non-suppurative seventh nerve pain in the ears.”

Result: Slight pain for two or three hours after the dose, none whatever for the next three months, at which time slight recurrence. Causticum 10M, one dose. No further pain to date (two months).

Woman of 48 has abdominal distension “like a drum”, cannot pass the gas. Cold knees in bed, tight spasm of the anus, arthritis of the right hand - finger.

Cold knees (Kent, page 961): Apis, Carbo Veg., China, Colchicum, Ignatia, Lachesis, Mercurius, Natrum Mur., Nitric Acid, Phosphorus, Pulsatilla, Selenium, Sepia, Silica, Veratrum Alb.

Spasm of the anus (Kent, page 632): Causticum, Colchicum, Serratia, Tabacum.

Tympanites of the abdomen (Kent, page 545): Carbo Veg., China, Colchicum, Lachesis, Mercurius, Phosphorus, Sepia, Silica.

Arthritis of the finger (Kent, page 1060): Colchicum, Nitric Acid, Sepia, Silica.

Prescription: Obviously Colchicum 1M, one dose.

Result: Rapid relief of distension, anal spasm and cold knees. Fingers painless in about a week.

Woman of 30 has intestinal virus. Abdominal cramps better doubling up, worse pressure. Diarrhoea brown, scanty, odour of bad meat, watery. Itching anus after stool. Vertigo worse motion. Nausea from odours. Boils on the buttocks. Temple headache. Hoarse. Exhausted and chilly.

Cramps better bending forward (Kent, page 575): Aconite, Causticum, China, Colchicum, Colocynth, Kali Carb., Lachesis, Mag. Phos., Plumbum, Rhus Tox., Stannum, Phosphorus.

Scanty diarrhoea (Kent, page 641): Aconite, China, Colchicum, Colocynth, Kali Carb., Plumbum, Stannum.

Itching anus (Kent, page 622): Kali Carb.

Vertigo worse motion (Kent, page 101): China, Phosphorus.

Nausea from odours (Kent, page 508): Colchicum.

Boils on the buttocks (Kent, page 168): China, Kali Carb., Plumbum, Rhus Tox., Stannum.

Diarrhoea, odour of meat (Kent, page 640): China, Rhus tox.

Diarrhoea, watery (Kent, page 643): China, Colchicum, Colocynth., Lachesis, Phosphorus.

Exhausted from diarrhoea (Kent, page 1416): China, Phosphorus.

Prescription: China Off. 200c, one dose every two hours for three doses.

Result: Diarrhoea stopped before the third dose, and the patient recovered brilliantly.

Lady of 74 has had hypertension for many years. Sudden loss of power of the right arm and leg, with thick speech. Face and tongue drawn, blood pressure 230/140. Pupils sluggish, fibrillating heart. History of having a bowel complex. Rectal condylomata. Terror of the night; anguish and anxiety from sunset on; inability to sleep; hot, not chilly.

Discussion: one symptom, the terror of the night, was so overwhelming that combined with

the sleeplessness and rectal difficulty, after trying two or three other remedies, without success, the repertory was thrown to the winds. The patient was given Syphilinum and peace reigned.”

(Elizabeth Wright Hubbard, M.D., Precision Prescribing in Acute Cases, The Homoeopathic Recorder vol. 72 (1957), p. 97-100)

A nosode saves the day

"An infant, 9 months old, "always healthy", suddenly developed fever of 103° F. and drowsiness; wouldn't eat, little response, lying quiet, color rosy, occasional strange cry (piercing, single, brief). Upper eyelids swollen almost closed and reddish. No thirst, refused liquids. No twitching eye movements or apparent pain. Bowels moved. Urine sufficient. No throat or ear abnormalities. Pupils sluggish, equal. No abdominal tenderness. No vomiting. Rx *Apis mellifica* 10M, 1 dose.

Six hours later, fever 101° F., lids less swollen, no cry, limbs flaccid, slight rigidity of nape of neck; no Kernig or other signs. Pediatrician called, who confirmed diagnosis of probable meningitis and rushed the baby to the hospital.

Parents finally recalled child had a sniffly cold three days before onset. Eye grounds negative. Lumbar puncture revealed typical haemorrhagic influenzal meningitis. Aureomycin and Chloromycetin given by pediatrician, oxygen tent, intravenous feeding and fluid by ankle vein. Child unconscious, didn't know the parents, went from bad to worse.

City Health Department meningitis specialist called in consultation, confirmed diagnosis and took very dim view of survival. Baby began to twitch on right arm and leg. Now restless legs. Vomited twice, projectile. Pediatrician and staff gave T. W. a couple of hours to live, said they could go nothing more.

I asked permission to give the child a homoeopathic dose and the pediatrician said "nothing can harm, hinder or help, so go ahead if it will make you feel any better." Remembering that the baby's mother had tuberculosis in her family background and knowing its power over stubborn meningitis, I put one powder of *Tuberculinum bovinum* 200. on the little tongue, while two nurses and a couple of internes looked scornful and despairing. Within a quarter hour, while we watched, his color and breathing were better and restless stopped. One interne said, "It would be better if he didn't get well. He'd be never be right. On looking up the statistics last night I found 98% of those who live are blind." But next day he followed me with his eyes, though he still couldn't turn his head, and his neck was much less rigid. He improved steadily, moving all limbs freely, though his back was still weak. Temperature 99,2 F. In a week he was home, seeing, hearing, moving, sleeping, recognizing, playing, eating and drinking. He has recovered totally and is now (4 months later) walking and beginning to talk.

When you are scraping the bottom of the barrel think of one of the nosodes! Should it have been given first?"

(Elizabeth Wright Hubbard, M.D., New York, A nosode saves the day, The Homoeopathic Recorder vol.74 (1958), p.56-57)

Nosodes may save the day in acute cases

"A great many skilful homoeopathic physicians, especially those who use the lower potencies, are not addicted to the employment of the nosodes. Those, who specialize in chronic constitutional prescribing find them invaluable. One of our greatest prescribers, when repertorizing any case, made a point of determining not only the four or five most similar remedies, but also which of the miasmatic nosodes had the greatest bearing on the whole history. He even classi-

fied the polychrests in their relationship to Hahnemann's three miasms.

The usual practice among experienced homoeopaths is to use a nosode when the case is, as it were stuck - to put it in order and bring out clearer symptoms for a deep remedy in one of the three kingdoms, mineral, vegetable or animal. Many use occasional doses of the suitable nosode as in intercurrent, to dynamize the vital force or to reach deeper into the inherited weakness.

It is startling even to the veteran prescriber to find how effective a nosode may be in acute cases. Let us begin with some examples of the least used of the four main nosodes: Syphilinum.

A woman of 74, fibrillating heart, blood pressure 230/140, suddenly suffered a cerebrovascular accident with loss of speech, inability to write, complete constipation, deviation of the tongue to the right, inability to focus the eyes and complete inability to sleep, with terror of the night. Dreadful anxiety from sunset until morning. Uncontrollable restlessness at night only. Upon examination the patient was found to have old rectal condylomata. Arsenicum 1M did nothing for her. On sitting watching her the next day I was struck by the retroussé nose, the narrow palate arch, the peculiar small ears and stubby hands which point to the syphilitic miasm; remembering the formidable night aggravation, sleeplessness and rectal difficulties of Syphilinum, one dose of the CM potency was given, following which peaceful nights and steady progress in speech clarity and mobility took place.

A woman of 88, cancer of the colon, pessimistic, restless, talking of guilt and suicide, unable to sleep even under sedation. Violent linear pains, worse at night. Syphilinum 10M, one dose, made her a pleasant, resigned, painless patient.

A cerebral palsy child, aged 7, brought to me for asthma, previously treated with antihistamines, antibiotics and sedatives, without avail. The child grimaced, was constantly restless, speech un-understandable, a look of pent-up anger, severe asthmatic attacks mainly at night. Unable to eat or sleep. History of several gamma-globulins to protect her against measles. The father who brought the child in shared the stigmata with his daughter. Syphilinum 1M, one dose, brilliant relief, eating, sleeping, no wheezing, marked improvement in speech and gait.

A woman of 72, immobilized for a broken hip, suffered excruciating pain at night only with what she called piles. Complete rectal spasm preventing any bowels evacuation. Rectal examination showed condylomata as large as walnuts in a ring around the anus, ulcerated. Patient deeply depressed, has tried all sorts of medication for rectal relief. Syphilinum 200c, three doses, shrank the swelling, relieved the pain, permitted comfortable evacuations and a cheery patient who could sleep without sedation.

A woman of 47, history of severe asthma for many years, very thin, attacks always at night, active and well by day. No symptoms other than the asthma, except that the attacks were concomitant with linear headaches and often with a linear pain vertically in the front of the chest. Syphilinum 200c, one dose, gave her the best winter in years.

A child aged 9, vomiting headache, found to be connected with the ingestion of milk. Allergy specialist found her violently allergic to milk, which she loved. Family history of tuberculosis. Restless, whining, delicate girl with many stomach aches. Relief of headache in the wind. Tuberculinum Bovinum 10M. After this the daily headaches were completely absent for four months and the child was gradually enabled to drink milk.

A woman of 43, eczema of the palms of the hands since six years of age, violently aggravated in the last two months. A concert pianist who must fulfil a longstanding public engagement and could not even practise because of the swelling, stiffness and dripping oozing of her hands. The patient had an alabaster complexion, heart-shaped face, sloping shoulders, always

wanting to travel, have something new and change things around. Her husband said she had always had an extreme terror of dogs. Tuberculinum Bovinum 200c. Patient reported that after two or three days of aggravation her hands became almost normal and usable. She was able to play her concert. After several months there was a slight recurrence and she wrote for another dose.

A man of 52, suddenly discovered blood in his urine. Fever of 101°F, great weakness and restlessness. On examination there was some tenderness over the left kidney. He was excessively thin, although he ate well, and had a scar of an empyema rib resection of twenty years before. A jolly, cheery man, refusing to believe that he was ill or should stay in bed. Strict bland diet, two quarts of pure spring water a day and one dose of Tuberculinum Bovinum 1M. As a result, his urine became free of blood and pus within two days, and after three days there was no more fever or kidney tenderness. He was gaining weight and back at work.

A plump, apparently health baby of nine months who had very severe colics. Bowels normal, abdomen distended with gas during the colic. History of gonorrhoea in the father. During pain the infant turns onto his stomach and draws up his knees in the knee-chest position. The usual physician had not been able to affect the colic. After one dose of Medorrhinum 10M there was peace in the household.

A woman of 35, opera singer, a Brunhilde type with bushy vital hair, stricken with acute arthritis, particularly in the fingers, ankles and toes. Unable to rehearse or perform, fever of 102°F. History of leucorrhoea recently stopped by local treatment. Joints and pain worse by day, comfortable nights. Relief in wet weather. Medorrhinum 10M brought back the leucorrhoea and relieved the joints within three days.

A woman of 37, actress. Recently overweight although she diets. Cysts of both ovaries following a trichinomas infection suppressed four years before. Told she must have a hysterectomy. Craves salt and sweets. Craves ice. Hot drinks have nauseated her for ten years. Fear of the ocean, even though a champion fresh water swimmer. Has lain in the knee-chest position to sleep all her life. Medorrhinum 10M. Two months later the gynaecologist could not find the ovarian cysts. She has subsequently had a baby.

A boy of 11, asthma and hay fever for years. Characteristic relief of asthma from lying flat. Chilly, sleeps with the windows shut and a towel over his head. Psorinum 10M brought back a forgotten rash from years before and he is now a runner without asthma or hay fever.

A child of 4, chronic running ears for the last two years. Foetid odour like a chicken house. Child never looks clean though loves its bath. Father had asthma in his youth. Child is sensitive to thunderstorms. Psorinum 10M cleared the ears permanently within a week.

Hahnemann's names for the miasms may be unfortunate, but his observation of the profound dyscrasias were salient and invaluable. Read the small philosophic volume of Hahnemann's *Chronic Diseases* and J. H. Allen's two precious volumes of *Psora* and *Sycosis*, then study H. C. Allen's *Materia Medica of the Nosodes*, and become nosode-conscious in acute as well as in chronic prescribing."

(Elizabeth Wright Hubbard, M.D., New York, Nosodes may save the day in acute cases, The Homoeopathic Recorder vol.74 (1958), p.22-25)

Aus dem homöopathischen Tagebuche eines Nichtarztes

Wie viel kommt bei der Wahl eines Mittels oft auf die Eigentümlichkeit eines einzigen Symptoms an!

"Laßt sie schreien die Schreier, welche das Gewicht der Symptome hinwegschreien wollen. Diese Egoisten werden mit dem Hirngespinnste ihrer Schlüsse die Kranken nicht heilen, denn breite Worte heilen nicht, sie müssen mit Scham und Schande das Krankenbett verlassen. Wir wollen uns stets an die reine Symptomatik halten, bei dem Studium der Arzneien und der Krankheiten unser Vergleichungsvermögen schärfen, auch auf die Symptome unser Augenmerk richten, welche sehr unbedeutend zu sein scheinen, denn oft entscheidet ein geringfügiges Symptom für die Wahl des passenden Mittels, wie folgende Heilungsgeschichte lehrt.

Die Witwe M. in W., einige vierzig Jahre alt, die Versorgerin einer zahlreichen, größtenteils noch unerzogenen Familie, erkrankte in Folge einer Erkältung. Nach Ablauf von vier Tagen ihrer Krankheit ward ich um Hilfe ersucht und fand folgendes Krankheitsbild:

Die Patientin lag mit halbgeöffnetem Munde im Bette, schreckte aus dem Schlummerzustande bei dem geringsten Geräusche auf, verlangte hastig zu trinken, verschlang das ihr gereichte Wasser sehr begierig, klagte über Trockenheit und Brennen im Halse, sank wieder in die Kissen zurück, schlief sogleich ein und atmete seufzend. Es war ungewiß, ob sie stets durch vorkommendes Geräusch, ob sie nicht vielleicht öfter durch den Drang des Durstes aufgeweckt wurde, bei jedesmaligem Erwachen verlangte sie zu trinken. Der Pulsschlag war schnell, aber kaum fühlbar. Zuweilen schwitzte sie, der Schweiß roch ganz **süß**. Vormittags neun Uhr und Abends sieben Uhr trat brennende Hitze ein, in welcher die Patientin oft auffuhr und unverständliche Worte murmelte. Der Stuhl war seit Anfang der Krankheit, die mit Schauer, Durst und Appetitmangel begonnen hatte, zurückgehalten.

Die indiziertesten Mittel, als Opium, Stramonium, Bryonia, Aconitum, Carbo veg., Natrum muriaticum etc. etc., änderten auch nicht das Geringste in diesem bedenklichen Zustande, die Krankheit wuchs, besonders trat das Symptom des seufzenden Atmens hervor. Die Patientin erhielt Ipecacuanha, die Gabe ward wiederholt, keine Wirkung. So waren bereits sieben angstvolle Tage vergangen.

"Meine Mutter stirbt!" Mit diesen herzerreißenden Worten stürzte Abends neun Uhr ihr ältester Sohn in mein Zimmer. Die Patientin wohnte nicht weit von meinem Hause; ich eilte sogleich zu ihr und fand sie allerdings wie eine Sterbende. Besinnung war gar nicht mehr vorhanden, sie lag unter stoßweisem, seufzendem Atem da, die Hitze war sehr groß, einzelne Rucke durchzuckten zuweilen den Körper, besonders aber fiel mir der **süße** Geruch des Schweißes auf.

Dazustehen und nicht helfen zu können, ist ein peinliches Gefühl, zum Verzweifeln, wenn man mit Schande von dem Krankenbette abtreten muss. Meine Mittel waren erschöpft, die Reihe auf das Geratewohl von vorne anzufangen, war ich eben nicht geneigt, was sollte ich tun in dieser großen Not? Das Geschrei der Kinder, die anwesenden Verwandten bedrängten mich um Hilfe; doch verlor ich meine Besinnung nicht, der **ganz süße** Geruch des Schweißes ist ein seltenes Symptom, dachte ich bei mir selbst, dieses muß hier etwas Charakteristisches sein, auf welches besonders Rücksicht zu nehmen ist. Aber welches Mittel hat das Symptom des süßen Schweißgeruchs? Ich sann einige Augenblicke, ich fand kein Mittel, - jetzt fiel mir ein: Caladium seguinum hat **Ausdünstung, welche die Fliegen anlockt**, diese Ausdünstung muß also süß sein; hier gedachte ich an anderweitige Symptome dieses freilich noch sehr dürftig geprüften Mittels: **Schlaf, der sehr leicht gestört wurde, Stöhnen, Ächzen, Zusammenfahren im Schlafe, Trockenheit im Rachen und Schlunde**. Die anderweiten Symptome dieses Mittels paßten freilich weniger, als Durstlosigkeit und Widerwille gegen kaltes Wasser, breiiger Stuhl. Dieses Mittel ist aber auch noch nicht durchgeprüft, dachte ich weiter

in meiner peinlichen Verlegenheit, ich wußte nichts Besseres, kurz ich gab's.

Welch Wunder! Nach wenigen Minuten schlug die sterbende Frau die Augen auf; "wo bin ich?" sprach sie, "was wollt ihr Alle um mich?" Jetzt entfernte ich die überflüssigen Gäste, die Kranke ward immer munterer, nach zwei Stunden verlangte sie zu Stuhl, der freilich schwierig, obgleich ziemlich reichlich abging. Die Nacht über schlief sie ruhig, besonders gegen Morgen, erwachte sieben Uhr mit Verlangen nach etwas Butterbrot, das sie auch mit Appetit genoß; gegen Mittag aß sie ebenfalls mit Appetit einige Löffel Suppe, schlief den Tag über einige Male, erwachte aber stets gestärkter. Tags darauf verließ sie bereits das Bett auf mehrere Stunden, und nach einigen Tagen war sie so weit hergestellt, daß sie wieder ihre häuslichen Geschäfte besorgte; jetzt ist sie ganz gesund.

Die Eigentümlichkeit des Gemütszustandes gibt auch bei Hautleiden oft den Ausschlag über die Wahl des Mittels

Auf dem herrschaftlichen Gute in N. erkrankte ein Dienstmädchen, Marie S., zweiundzwanzig Jahre alt, auf folgende Weise: Sie ward mürrisch, verdrossen bei der Arbeit, fühlte ein gewisses Zittern in sich, das sie zur Wehmut stimmte. Der Administrator befragt sie über ihren Zustand und erfährt, daß an mehreren Teilen des Körpers die Haut rotlaufartig sei, worauf er befiehlt, daß sie sich ins Bette legen solle. Den Morgen darauf ward ich zu Rate gezogen.

Die Oberarme, die Dickbeine und die Hälfte der Waden waren feuerrot und rau anzufühlen wie Schwindflecke, aber Brennen, Jucken war nicht vorhanden. "Seitdem ich im Bette liege," sagte sie, "fühle ich mich den Tag über ganz wohl, Essen und Trinken schmeckt mir, nur Nachts kann ich nicht schlafen, ich muß mich im Bette herumwerfen, und da befällt mich eine **große Sehnsucht nach Ruhe**, ich muß weinen, ich werde immer unruhiger, und das dauert, bis der Morgen anbricht." "Sie tobt die ganze Nacht," setzte eine anwesende Bekannte etwas bäuerisch hinzu, "und wenn man sie fragt, ist sie **so trotzig, daß sie nicht antwortet**, und tobt doch so gewaltig, sie läßt uns Alle gar nicht schlafen." "Ich kann nicht hören," schaltete hierauf die Patientin ein, "wenn ich in diesem Zustande gefragt werden, es belästigt mich und macht mich sehr ärgerlich." Der Puls ging, als ich sie sah, ganz normal, ein anderes Symptom war nicht zu erforschen.

Die Patientin erhielt Acidum phosphoricum X^o. Die Nacht trat gesunder Schlaf ein, am Morgen war keine Spur der rotlaufartigen Hautaffektion weiter zu sehen, das Mädchen verließ das Bett, verrichtete ihre Arbeit und ist bis jetzt ganz gesund geblieben.

Auch in Europa heilt Lachesis (Schlangengift) Ohnmacht, wenn der Gesamtkrankheitszustand für Lachesis stimmt.

Es ist mehrmals erinnert worden, daß Lachesis in den europäischen Ländern gegen Ohnmacht sich nicht bestätige, so oft es auch in Amerika gegen diesen Krankheitszustand sich hilfreich erweisen möge. Allerdings will ich glauben, daß in den Ländern, in welchen die Lachesis wohnt, häufiger Krankheitszustände, namentlich Ohnmachtsanwandlungen, vorkommen mögen, welche durch ihr Gift gedeckt werden, indessen kommt auch bei uns das Symptom der Ohnmacht vor, wogegen Lachesis spezifisch hilft, wie folgender Fall erweist.

Frau Christiana M. aus G., sechsundvierzig Jahre alt, seit mehreren Jahren bereits nicht mehr menstruiert, litt, seitdem die Menstruation cessierte, an Luftmangel, der besonders belästigend wurde, wenn sie sich niederlegte, daher sie seit einigen Jahren gar nicht mehr im Bette, sondern in einem Lehnstuhle schlief. Wöchentlich ward sie mehrmals von Ohnmacht befallen, die sie gewöhnlich mehrere Stunden in einen bewußtlosen Zustand versetzte. Ihr Gesicht war etwas aufgedunsen und sah blaurot aus, die Gemütsstimmung war sehr mürrisch, ein anderweitiges Krankheitsymptom war nicht vorhanden.

Die Patientin erhielt drei Gaben Lachesis mit der Anweisung, die erste Gabe zu nehmen,

wenn sie wieder zu Hause angekommen sein und ausgeruht haben würde, die zweite vier Tage später, und die dritte sieben Tage nach der zweiten; trete aber auf ihrer Rückreise, oder zu einer anderen Zeit eine Ohnmachtsanwandlung ein, so möge sie sogleich eine Gabe dieses Mittels nehmen, und wolle unter allen Verhältnissen nach Verbrauch dieser Pulver, Nachricht erteilen.

Nach Ablauf von ungefähr vierzehn Tagen tritt diese Person bei mir ein, mir ganz unkenntlich, so verändert war ihr Gesicht, so freundlich, so heiter war ihr Benehmen. "Ich komme nur auf Ihre Anordnung," sprach sie, "um mich Ihnen zu zeigen, und Ihnen zu sagen, daß ich ganz gesund bin, ich danke und mein Haus dankt für die Hilfe, die mir geworden ist, ich zanke nicht mehr mit meinen Kindern, mit meinen Hausgenossen, die Menschen sind mir nicht mehr zuwider, ich lebe in einer heiteren Welt - ich frage jetzt, ob ich noch etwas zur Nachkur bedarf?"

Auf Befragen eröffnete sie, wie der Verlauf der Krankheit gewesen sei. "Ich war," erzählte sie, "ungefähr vier Stunden zurückgefahren, als sich die Ohnmacht durch ein Drängen im Halse ankündigte, ich ließ den Wagen halten und nahm das Pulver Nr. 1, worauf eine Betäubung im Kopfe entstand, wie ich vordem noch nicht empfunden, das Drängen ließ nach, ich ward im Gemüte heiter, ich empfand ein Verlangen nach meiner Familie, die mir früher ganz gleichgültig war, von Ohnmacht war kein Gedanke mehr, ich kam so wohl zu Hause an, als ich mich seit mehreren Jahren nicht gefühlt hatte, mein Mann, meine Kinder traten verwundert um mich herum, sagten, ich habe ein ganz anderes Gesicht bekommen, ich sah zu großem Erstaunen im Spiegel, daß die blaurote Farbe verschwunden war, auch war das Gesicht nicht mehr aufgedunsen, es wahr eine wahre Verwandlung mit mir vorgegangen. Die übrigen Pulver habe ich vorschriftsmäßig genommen, und erwarte nur," begann sie nochmals, "ob ich etwas zur Nachkur nehmen soll?" "Ich freue mich," entgegnete ich, "daß die mürrische Frau mit der Ohnmacht und dem blauroten Gesichte davongelaufen und ihre Stelle so freundlich ersetzt worden - es ist bei dieser günstigen Erscheinung zur Nachkur nichts erforderlich."

NBB. Bei dieser Gelegenheit erinnere ich, daß blaurotes Gesicht, besonders wenn es mit Luftmangel verbunden ist, eine große Indikation für Anwendung der Lachesis gibt. - Lachesis paßt nie, wenn erhöhter Geschlechtstrieb stattfindet, und darf nie wiederholt werden, wenn sich auf die erste Gabe abnormer Geschlechtstrieb äußert. Gegen dieses von Lachesis erregte Symptom ist Platina Antidot, wie überhaupt gegen mehrere Symptome dieses Mittel Platina antidotarisch wirkt.

Wunderbar schnelle Heilung eines sehr beunruhigenden Gemütszustandes durch Aurum.

Herr Amtmann K. in V. ließ mich ersuchen, eiligst zu seiner Frau zu kommen, die plötzlich schwer erkrankt sei. Als ich eintrat, stand sie am Fenster und sprach in höchster Ekstase: "Ich muß fort, ich kann's auf der schrecklichen Welt nicht länger aushalten, ich muß meinen August sehen, ich muß ihm nach;" (sie hatte ungefähr vor zehn Jahren ein hoffnungsloses Kind unter allöopathischer Behandlung verloren), "meine Glieder müssen in die Erde, mein Geist strebt hinüber." Dabei holte sie sehr tief Atem, seufzte, weinte, schrie den Namen "August!" mit erschütternder Stimme aus. Von ihrem Mann erfuhr ich, daß sie vergangene Nacht sehr unruhig geschlafen und besonders über Herzklopfen geklagt und sich nach dem Tode geseht habe; auch sei sie betrübt aufgestanden, habe den Morgen viel geweint und stets über beängstigendes Herzklopfen geklagt. Plötzlich sei sie von dem Mittagmahle aufgesprungen und in diese Ekstase geraten, wie ich sie vor mir sehe.

Die Patientin erhielt nach vielem Zureden, denn sie wollte keine Medizin nehmen, sie wollte sterben, eine kleine Gabe Aurum in der 30sten Kraftentwicklung. Der Sturm der Angst, der augenblicklich hierauf entstand, war nicht zu beschreiben. Die Potenz war zu hoch und wirkte

zu kräftig, zu stürmisch. Nach Ablauf einer Viertelstunde ward sie ruhig, ihr Gesicht wurde heiter, das Herzklopfen, die Angst des Herzens war vorüber. "Ich sehe ein," sprach sie ganz beruhigt, "daß ich schwer krank war, mein Zustand war fast unerträglich." Eben trat Besuch ein, es ward von heiteren Gegenständen gesprochen, und die Dame, die man vor einer Stunde den Tode nahe hielt, ward selbst so heiter, daß ich mich über die Wirkung des Goldes wunderte. Es sind bereits vierzehn Wochen vergangen und der Krankheitszustand ist nicht wiederkehrt.

Auch Opium gehört unter die Mittel, welche bei Krankheitszuständen in Folge des Kammers angewendet werden.

Fräulein Friederike I. erhielt die traurige Nachricht, daß ihr Bräutigam gestorben sei. Das Mädchen war trostlos, ihr Zustand grenzte an Wahnsinn. Das aufgeklärte Haus, in welchem das unglückliche Mädchen sich aufhielt, hatte nicht versäumt, bereits die nötige homöopathische Hilfe zu bieten. Der Gegenstand dieser erschütternden Botschaft lag freilich zu schwer auf ihr, als daß ein plötzliches Vergessen, eine plötzliche Gemütsruhe hätte eintreten können, der Gram zehrte an dem Herzen fort. Daß bei einem so großen Sturme des Kammers, der sich von selbst fort und fort erneuert, täglich mehrere Gaben Ignatia nötig sind, liegt auf der Hand, eine solche Wiederholung war freilich nicht beobachtet worden.

Eines Abends, als sie am Tage viel geweint hatte, trat plötzlich ein ohnmachtartiger Zustand von Schnarchen begleitet ein, die Augen, der Mund waren halb geöffnet, der Puls ging schnell, aber kaum fühlbar und setzte in beunruhigend langen Pausen aus, und so lange er aussetzte, war auch kein Atem zu spüren. Nach kurzem Bedenken reichte ich Opium, weil der Zustand so ganz für Opium sprach, wenn auch die Veranlassung eine ganz andere war. Bald richtete sich die Patientin auf und sprach, sie habe wie im Grabe gelegen, sie könne über das Grauen ihres Zustandes sich nicht deutlich eröffnen, es sei ich wie ein langer, schrecklicher Traum gewesen. Bei dieser Veranlassung schilderte ich ihr die Gefahr ihres Zustandes und verpflichtete sie, ihre eigene Trösterin zu werden. Hierauf schien sichtbar die Liebe zur Erhaltung der Gesundheit sich zu regen, und das Mädchen wurde immer gefaßter. Für die folgenden Tage verordnete ich noch einige Gaben Ignatia.

Pulsatilla heilte in drei Gaben einen furchtbaren Husten bei einer schwangeren Frau.

Madam R. in N. litt in ihren beiden ersten Schwangerschaften an einem Husten, der so heftig war, daß die Patientin fast nie das Bett verlassen konnte. Die angewendeten allöopathischen Gaben blieben ohne Erfolg. Merkwürdig, nach der Entbindung war der Husten wie weggezaubert.

Sie ward zum dritten Male schwanger und bereits in den ersten sechs Wochen tat der Husten mit allen Schrecken der Heftigkeit wieder ein. Jetzt flüchtete sie ad castra homoeopathorum, das letzte refugium der Unglücklichen. Beim dem Krankenexamen eröffnete sich, es liege ihr wie ein Pelz auf der Brust, der Husten wüte Tag und Nacht mit gleicher Stärke fort, und sie fühle sich so entkräftet dabei, daß sie das Bett nicht verlassen könne, auch sei ihr der Kopf so wüst, und bei jedem Hustenstoße gehen einige Tropfen Urin ab.

Ich verordnete drei Gaben Pulsatilla, täglich eine zu nehmen. Die erste Gabe brachte die Patientin aus dem Bette, nach der zweiten war kein Laut von Husten mehr zu hören, und die dritte, erklärte diese Patientin, habe sich noch zum Appetit genommen.

Wieder einige Beispiele, wie sehr man Rücksicht zu nehmen habe auf die Entstehungsursache einer Krankheit.

Das 2 ½ jährige Töchterchen des Einwohners D. in W. äußert am 2. August v. J. gegen Gewohnheit viel Eigensinn beim Schlafengehen; Nachts 2 Uhr wird aber das Kind so bedenklich krank, daß der bekümmerte Vater sogleich bei mir Hilfe sucht. Laut Relation war der Krank-

heitszustand folgender:

Das Kind sei mit Schreien aus dem Schlafe erwacht, habe brennende Hitze am ganzen Leibe, atme höchst schnell und kurz und werfe sich stets von einer Seite zur anderen, ein anderweites Symptom sei nicht zu bemerken. Eine kleine Gabe Aconitum beseitigte zwar die brennende Hitze des Körpers, schaffte auch dem Kinde einige Ruhe, aber der kurze Atem blieb ganz unverändert und zugleich rötete sich wechselseitig bald die eine, bald die andere Wange. In Folge einer Gabe Chamomilla ward der Atem etwas langsamer, ruhiger, indeß die wechselnde Röte der Wange blieb dieselbe, das Kind aß nichts, trank aber öfters kaltes Wasser, worauf jedesmal mehr Ruhe eintrat. Unter diesem Zustande vergingen zwei Tage. Jetzt meldet der Vater, es habe eine strahlende Röte das Gesicht des Kindes bedeckt, das Auge funkele, die Herzgrube sei aufgetrieben, hart und schmerzhaft, der Durst nicht zu stillen. Belladonna ward ohne allen Erfolg gereicht. "Weißt Du gar nicht," wendete ich mich in Verlegenheit über die nicht gelingende Heilung zum Vater, "was mit Deinem Kinde vorgegangen ist, ehe es erkrankte?" "Gar nichts," entgegnete er, "was Einfluß haben könnte, und das eine, was ich sagen könnte, ist nichts, das Kind war an dem Tage, an welchem es Abends unleidlich ward, von einer kleinen Hätsche gefallen, hatte aber durchaus keinen Schaden genommen, denn es war sofort wieder beruhigt."

Das Kind erhielt eine kleine Gabe Arnica und nach wenigen Stunden waren alle Beschwerden aufgehoben, es aß und war gesund, und erfolgte noch an demselben Tage eine etwas harte Stuhlentleerung, denn während der fünf Tage Krankheit war der Stuhl verhalten.

Bei dieser Gelegenheit bemerke ich, daß es durchaus kein Spezifikum gibt, welches unter allen Verhältnissen das Symptom der Verstopfung hebt. Nux vomica, Bryonia, Veratrum, Opium, Plumbum, Conium etc, die zwar häufig Hilfe schaffen, lassen uns noch oft im Stiche. Stuhlverstopfung ist ebenfalls nur **ein** Teil der Krankheit, **ein** Symptom, welches zu dem ganzen Symptomenkomplex gehört. Die Wahl des Mittels muß den **ganzen** Symptomenkomplex einschließen. Arnica, habe ich mehrmals gefunden, deckt sowohl Stuhlverstopfung, als auch Diarrhoe in Folge von Verrenkung.

Noch eine Heilung durch Arnica. Der 4jährige Knabe des Einwohners M. in W. fällt von der unteren Treppenstufe rückwärts auf das Pflaster und erschüttert sich das Rückenmark; das Kind wird wie leblos ins Bett getragen. Der allöopathische Arzt läßt mit Spiritus waschen, verschreibt auch ein großes Schöttelglas Arznei, welches dem Kinde nach und nach eingegossen wird. Nach fünf Tagen, während dessen die Glieder wie erstarrt schienen, und das Kind in sprachlosem und gleichsam unbewusstem Zustande zugebracht hatte, tritt Erbrechen ein, das Kind empfindet heftige Schmerzen an allen Teilen des Körpers, besonders klagt es über den Hinterkopf. In dieser Not ward homöopathische Hilfe gesucht. Drei Gaben Arnica, täglich eine gereicht, stellten das Kind in drei Tagen vollkommen her.

Nach einiger Zeit entstanden wieder bei Berührung einige Schmerzen an der Dura mater. Hier leistete Arnica nichts, aber Symphytum officinale hob in einer einzigen Gabe das ganze Schmerzgefühl. - Bereits aus mehrerer Erfahrung kann ich melden, daß Symphytum nicht allein Großes leistet bei Erschütterung und Verwundung der Knochen, sondern namentlich auch bei einem eigentümlichen Schmerze der Knochenhaut, welcher nach geheilten Wunden zuweilen hervortritt. Tritt aber dieser Schmerz der Knochenhaut während der Heilung hervor, so leistet Acidum phosphoricum größere Dienste.

Daß wir freilich nicht stets bei Krankheit, die Folge sind von Verwundungen, Druck und Verdehnungen, mit Arnica, Conium und Rhus ausreichen, erweist folgende Heilungsgeschichte. Der 12jährige Knabe des Anspanners Sch. in W. verdehnt sich, indem er eine ziemlich schwere Leiter wegträgt. Sofort empfindet der Knabe einen Zerreißungsschmerz in der Brust, nach einigen Stunden stellt sich schneller, kurzer Atem ein, den ganzen Körper überfliegt eine

brennende Hitze, die ganzen Nacht hindurch große Unruhe und Delirien, früh gegen 3 Uhr trockener, kurzer Husten, einige Stunden darauf Auswurf hellen Blutes. In diesem Zustande ward homöopathische Hilfe gesucht.

Der Knabe erhielt Arnica, die auch dem Blutausswurfe Einhalt tat, aber die übrigen Zeichen blieben unverändert stehen. Da Nachmittags 3 Uhr der Atem immer kürzer und schneller ward, so reichte ich eine Gabe Aconitum, und da diese nach 2 Stunden keine Besserung bewirkte, eine zweite Gabe dieses Mittels, worauf aber das Blutsputten wieder hervortrat. Jetzt erhielt das Kind abermals Arnica, aber der Blutausswurf nahm von Augenblick zu Augenblick zu, alle bereits gemeldeten Symptome nahmen ebenfalls falls zu, der Knabe schwebte in Todesgefahr. Jetzt reichte ich ohne Verzug Phosphorus, worauf der Blutausswurf sogleich sich minderte, und nach einigen Stunden gänzlich verschwand, aber die übrigen bekümmernenden Symptome blieben unverändert. Diese Nacht ward kein weiteres Arzneimittel gereicht.

Hier muß ich einschalten, daß der Knabe das Jahr vorher an Pleuritis erkrankt und ihm viel Blut abgezapft worden, worauf, laut Relation der Eltern, ein Husten mit bedeutendem Auswurfe hervorgetreten und bis hierher bestanden habe, ein Ereignis, das ich bereits mehrmals in Folge allöopathischer Misshandlungen bei Lungenentzündungen beobachtet habe.

Am folgenden Morgen fand noch derselben Gefahr drohende Zustand statt, nur der Blutausswurf war nicht wieder hervorgetreten. Kali, Bryonia und noch mehrere andere gewissenhaft gewählte Mittel blieben ohne Wirkung, die Eltern verzweifelten. Nachmittag reichte ich Squilla, und siehe, es war als wenn ein Ruck den Knaben durchzuckte, der Atem mäßigte sich, die glühende Hitze nahm ab, die Sprache, die seit dieser Zeit nicht gehört ward, trat wieder hervor, es ward Ruhe in dem ganzen Wesen des Knaben, Abends 6 Uhr waren die Lippen, die Zunge und die ganze Mundhöhle mit durchsichtigen Blasen übersät. Dieser Umstand gab mir wieder Mut. Die Nacht verging ruhig, das Kind schlief. Am Morgen war der Atem wieder schneller und nahm mit jedem Augenblicke an Schnelligkeit zu, der Brustkasten arbeitete stürmisch. Zufolge des letzten Symptoms und auf den Grund des bemeldeten Blasenausschlages erhielt der Knabe Rhus toxicodendron, welches auch diesen neuen Sturm sichtlich niederschlug. Gegen Abend entstand Halsentzündung mit dem Gefühle eine Pflockes im Hals und dem dringenden Verlangen nach **heißem** Getränke, worauf ich Sabadilla reichte, und am folgenden Morgen erwachte der Knabe gesund. Nach einigen Tagen trat sein gewöhnlicher Husten mit copiösem Auswurf wieder hervor, der aber durch 3 Gaben Hepar binnen Monatsfrist völlig beseitigt ward.

(R. S., Aus dem Tagebuche eines homöopathischen Nichtarztes, Volksblätter für homöopathisches Heilverfahren, Bd.2 (1837), S.376-386)

Spider Bite

“In 1926 the Associated Press reported six or eight deaths from a single town in California, caused by spider bite. All were traced to an infected area around a certain woodyard which was finally destroyed with no more fatalities.

From the *Houston Press* of August 27, 1927, I copied the following new item:

“Caldwell, Texas - Funeral services were held at the Catholic Church here Thursday for Henry Fleckenstein, 45, who died Wednesday as a result of having been bitten by a spider just 24 hours previously.”

In the issue of April 26, 1929, another fatal case of spider bite is recorded:

“Edinburg, Texas – Funeral services were held here Monday for Miss Omer Dreydry, 14 high school student, who died Saturday from a spider bite on the neck on Wednesday.”

A third fatality in Texas is copied from the *Houston Chronicle* in its issue of Tuesday, May 14, 1929:

“A spider bite, one week ago, resulted in the death of Mrs. L. L. Roberts at Wallar, Texas, on Monday.”

Considering the small amount of venom that it is possible for a small spider to possess, and even less inject, we are considering for study one of the most violent of all poisons, the product of the N. O. Araneiae, which vies with hydrocyanic acid in the intensity of its action.

Our materia medica already includes fragmentary provings, mostly by accidental bite, of the *Tarentulas* (*hispanica*, *lycosa*, *mygale cubensis* and *mygale lasiodora*) and the *Latrodecti* (*kattipo*, *mactans* and *theridion*).

The astounding cure of an insane woman with *Tarentula hispanica* by Dr. James Tyler Kent, reported by Dr. A. W. McDonough, in the *Homoeopathician* for October, 1913, and partly recorded in Clarke's *Dictionary*, opens up a most wonderful and promising sphere of action for the spider poisons. It is a pity that some of the great endowments are not used to further homoeopathic provings including the spider venom. They would, no doubt, prove priceless to the human race; far more valuable than the mediocre results achieved in laboratory experiments on animals, often conducted so inhumanely.

Let me present to the Texas State Homoeopathic Medical Society the record of a most remarkable proving from the accidental bite of a spider, probably the *Latrodectus mactans*. I am not quite certain that it was this particular spider as a specimen, secured and sent to one of our universities was lost before it was classified, but from my description it was thought to be the one named. It was a small spider, about five-sixteenths of an inch in length of body including the head but not including the legs. It was hairy, rather dark, with a stripe down both sides of its back. There was either a red dot, or the stripe may have been red, I am not quite sure which, as I failed to make a written description on the record at the time.

Mr. Joe Trinkle, 55, was bitten on the glans penis about 6 a.m., July 12, 1927. He immediately felt so deathly faint that he could hardly get to his house. They at once arranged to take him to Houston for medical treatment, a distance of about fifteen miles. On the way he collapsed and was taken to a farm house along the way. Here he remained until evening when he was brought to Houston, but I did not see him until the following morning about 9 o'clock, when I elicited the following symptoms: No pain or swelling; no subsequent ulceration at point of bite; stinging sensation as though a wasp had stung him at the time of bite; within several hours the inguinal glands began to swell with much aching pain that extended up the back to the upper lumbar region. “It almost knocked me down”, he said. This was followed by an awful aching of the hips, thighs and knees on both sides but worse on the left side. Finally the whole body ached. From the beginning to the end there was repeated nausea and vomiting. The vomited matter was green and watery, and there was much griping and colic like pain in the stomach and abdomen. The terrible pain in the stomach was relieved by the application of hot wet towels. The aching was particularly severe from 9 until 11 a.m. the morning of the bite, and again the following morning somewhat earlier. He could retain nothing in his stomach. There was no desire to eat, but there was considerable thirst for cold refreshing fruit drinks. He was averse to drinking water but did drink pineapple juice which was ejected immediately; there was no diarrhoea. There was pain in the region of the heart, and also in an arm which was once broken; repeated attacks of pain over the kidneys which he described as “striking down pain”; the left toes all felt as heavy as lead, much worse in the left great toe; the right foot was not affected. All his symptoms were violent, with much anxiety and restlessness, constant moving, every ten minutes or so, from bed to chair, and back to bed again, notwithstanding his great weakness. He was afraid he was going to die and constantly repeated as he rocked back and forth, “Oh, Lordy! Oh, Lordy! Have mercy, have mercy”! He described all his symptoms as terrible: Terrible burning inside, terrible aching of all his bones, terrible chill, terrible itching, terrible stinging of the legs. It was so violent he could not keep

from “clawing it out”. Copious, ice-cold perspiration poured from his knees to his ankles, accompanied by this awful itching stinging, with desire to claw at his legs. The arms were hot, the feet warm, but the legs, from knees to ankles, were cold and sweating. The feet were dry. From 12 to 2 p.m. he was burning up inside; pains in the stomach at 4 p.m. that “cut off his breath”, relieved by hot wet towels applied to the abdomen; better at 7 p.m.

At 9 a.m., the day following the bite, I found him in a violent chill, shaking all over, even his facial muscles quivered, especially his upper and lower lips. This chill continued from 7 a.m. until he was given a remedy at 9 a.m. He complained of being cold but did not ask to be covered, and as the weather was warm no effort was made to cover him. The burning and stinging of the legs continued with general aching in all the bones. He was unable to sleep, during the entire night and continued vomiting greenish water, but not very copiously. “Oh, give me something to make me sleep”, was his repeated cry. I did but it was not morphine. I have never found it necessary to give morphine, as the homoeopathic remedy in suitable potency will relieve and do it more quickly. I have proved this even in injuries and accidents with *Arnica* or *Hypericum*, or in eye injuries with *Symphytum*.

This man received a dose of *Arsenicum* 10M which was repeated in ten minutes, after which he became calm and dozed off to sleep. He returned to his work on an oil well rig in five days.

The remarkable likeness of these symptoms to those of *Arsenicum* suggests the interesting thought “whether the full range of curative medicines may exist in either of the three kingdoms, mineral, vegetable and animal.”

In analyzing this proving we notice that the velocity is very rapid, and the pace intermittent. The physical symptoms were restlessness, with relief from motion and from hot applications. Hot drinks might have relieved his stomach symptoms had they been given, for we know, that, while he had a moderate thirst for cold drinks, there was no relief from them. There was no particular dryness of the mouth. In the direction of symptoms there was a left sided tendency, and at first a tendency to extend upward. Perhaps nature later made an effort to throw off the symptoms which then took a downward and natural healing course of direction. The inguinal glands were affected but there was a decided preference for the cerebro-spinal nervous system. This remedy should prove efficacious in la grippe, malarial fevers, anginas, syphilis and zymotic diseases. Seldom we find a remedy that at once attacks with such violence the three planes of man, physical, mental and moral. I doubt whether the man would have lived 12 hours longer had he not received *Arsenicum*. I am of the opinion that without *Arsenicum* he would have died. Physiological medication, physical therapy, and expectant treatment I believe would have been useless, if not harmful. It would be interesting to know whether *Arsenicum* in the 30th potency, or arsenic in the form of cacodylate of soda, 606, or Fowler’s solution would have cured the man. I believe any of the arsenical preparation would have saved him, but I am certain that none of the arsenical preparations could have relieved him any sooner, more permanently, or more gently than the 10M that was given.

It is generally thought that low potencies administered on the same plane of cause, are better antidotes for crude poisons. This may be the case with drugs of less velocity of action, but the spider venom at once attacked the inner man as well as his physical, so I gave him the 10M rather than the 30th potency.

This spider should be proven in the higher potencies to bring out the moral symptoms. There is much work for all of us. The masters spent much time and suffering preparing the way for us, giving us our start in banking, but how few of us ever think of that promissory note, past due, to do our bit. How many additional lives would it help the next generation of physicians to comfort and save?”

(William H. Schwartz, M.D., Houston, Texas, Spider Bite, The Homoeopathic Recorder vol.45 (1930), p.20-24. Read before the Texas Homoeopathic Society, October, 1929.)

An almost insane girl

Miss. P. – a rather delicate girl of eighteen years, tall and slender, with a sort of sallow complexion, called for treatment two month prior to her high-school graduation; had evidently been overworking.

March 14, 1912. Headache intense, for a week past; frontal and occipital; < after study; < walking; pain behind the eyes. Feels worse all over, toward evening. Sensitive to cold. Very irritable. Coughs frequently; < when quiet. Better in warm room. Desires sweet things. Perspiration scanty. Nux vomica 200. No benefit.

Sepia 200. After carefully working out the case with a repertory. Result was splendid; she had no further trouble until October 1912, when in a runaway with a horse, though she was not hurt, she was badly frightened.

Dec. 12. Amenorrhoea. Loss of appetite. Constipation. Very chilly, but feels < in a close room. Cross and difficult to get along with. > when quiet. < heat and cold. Headache when awakening. Desires cold. Stomach sensation of a load after eating. Sepia, because Sepia had formerly done good.

As the remedy did not work to the satisfaction of the family, she did not return for a second prescription, but went to an old-school doctor. With the aid of an osteopath he treated the girl for amenorrhoea until the middle of February, 1913. Under the osteo-allopathic treatment she had become very nervous, pale, and restless, and had emaciated from 103 pounds weight to 78 pounds. The allopath advised her going West for her health. The osteopath said she was almost insane.

Then she was taken to Iowa City to a nerve-specialist. He pronounced her in fair condition, but said she must eat to get some strength. From the first she had refused to eat. He gave her strong stomach-stimulants, similar to these she had been taking, but on the fourth day of his treatment she became so unmanageable that I was again summoned. I accepted the case only on condition that I might take the aid of Dr. W. G. Allen, of Barnes City – whom I knew to be an accurate practitioner of homoeopathy – with whom I felt assured of ability to cure the girl.

Uncontrollable – the family could do nothing with her. Exalted; restless. Wanted everything to be in motion: chased the cat from under the stove: “Oh, I can’t bear to see the lazy thing.” Ordered her step-father to chase himself around the house and not sit around all day. She was determined to do all the work but everyone must move, and move rapidly. Insisted on serving at table; loaded the dishes full, but would eat nothing, herself; feared she would get fat. Hurries; walks rapidly. Must be active every minute. Took up her school-books and began to work on physics and geometry. Forced her music-teacher to give her lessons. Practiced for hours at the piano. Cross, hateful, appeared “possessed of the very Old Nick.” Sleep impossible; would not go to bed before midnight; didn’t want to take time to go to bed. Never tired; feels “strung up” constantly. Cannot relax. Aversion to odor of heat. Chilly; sensitive to cold. Weeping inclination constant; weeps much. Craves salt, heaps it on any small bite of food she eats. Craves and eats much chocolate-candy. Would take the raw juice of lemon “to keep down the fat.” Nose-bleed; bright red blood from the right nostril. Skin sallow. “Strawberry-tongue.” Albumin in abundance in urine. Pulse 67, temperature 96.8° when standing; as soon as she sits, pulse drops to 60.

From our study of the case with the repertory, the choice appeared to be between Natrum mur. and Sulphur, but the choice was difficult. Sulph. 200 was selected. It did but little for her; it appeared merely to check the downward progress, but she made no improvement. As Dr. Allen was called to Rochester, I dreaded his departure, but he was glad to escape. After a few days Natrum mur. 200, as Sulph. appeared to be almost useless.

The case remained unchanged. She continued to “run things high” from early morning to midnight. Refused to eat; was terrible to live with. Fearful of getting fat, though she weighed only sixty-seven pounds, and was dreadful to behold. Again studying the case, beginning with the rubric *Refuses to eat*, Arsenicum album was in all the symptoms. Ars. 200 dispelled her restlessness, warmed her, and helped. After a few days she became worse again.

Reporting the case to Dr. Kent, his telegram soon came: “Give the patient Tarentula Hispanica 10m.”

Well, why not? It suited exactly, and I hadn’t seen the picture, plainly as it had presented! She received the Tarent. hisp. Three hours later, her condition was completely changed: instead of driving her mother from the room, not allowing her to touch her, she wanted to be with the mother every minute, as would almost any sick child. Thoroughly relaxed, she was quite a different person. Gradual improvement from the first dose of Tarent. 10m. After five weeks Dr. Kent advised Tarent. 50m.

She now appears perfectly well, but strength and flesh not fully restored. Hands and feet became very dry and scaly, about four weeks after beginning Tarentula. About four weeks after the skin scaled and became natural, fine fuzzy hair three-quarters of an inch long appeared on the entire body except the palms and soles – but at present writing the face has cleared, the hair having entirely disappeared.”

(A. W. McDonough, M.D., What Cheer, Iowa, Tarentula Hispanica and Insanity, The Homoeopathician vol.3 (1913), p.351-352)

Ein unglückliches Kind

„Am 13. Mai 1868 wurde ich, als ich in einem unfern von hier gelegenen grossen Fabrikdorfe Krankenbesuche abstattete, unter Anderem auch in ein Bauerngut hereingerufen zur 11jährigen Tochter des Besitzers, einem für sein Alter ziemlich grossen und schlank gewachsenen Mädchen mit stark-rötlichem Haar, diesem entsprechenden Teint, blauen Augen und Sommersprossen im Gesicht. Sie saß, ziemlich vollständig angekleidet, aber mit mehr oder weniger in Unordnung geratene Kleidungsstücke und wirrem Kopfhaar auf einem mit Betten versehenen Sofa, hatte verweinte Augen, sah mich scheu und wie aus einem Traume erwachend bei meinem Eintreten an, liess einige Tränen fallen, spuckte oft, gab mir nur auf Zureden der Eltern eine Hand, war nur mit Mühe zu bewegen, mir ihre (übrigens nicht sehr belegte) Zunge zu zeigen, irgend eine Antwort auf meine Fragen erhielt ich aber nicht. Entweder sah sie bald mich, bald die übrige Umgebung stier und wie dumm an, oder sie blickte scheu zur Seite; manchmal überflog wie ein Blitz ein Lächeln ihr Gesicht, manchmal aber strömten reichlichere Tränen über ihre heute etwas bleichen Wangen herab, namentlich wenn von ihrer Krankheit gesprochen wurde. Sie war sich also ihres Zustandes bewusst und bekümmert wegen desselben. Von einer Schläfengegend zur andern über die Stirn herüber bemerkte ich noch ziemlich frische Spuren von dort angelegt gewesenen Blutegehn. Auf meine Frage nach Ursache und Dauer dieses Leidens erhielt ich folgende Auskunft.

Linda C, sonst immer gesund gewesen mit Ausnahme vor 3 Jahren, wo sie die Masern gehabt, ist körperlich und geistig ihrem Alter angemessen vollkommen entwickelt, fleißig und aufmerksam zu Hause und in der Schule, leicht fassend und anständig, empfindlich gegen ein barsches oder gar gegen ein Scheltwort, aber auch zugleich leicht ärgerlich und desperat. Von letzterer Eigenschaft ein kleines Beispiel. Sie will eines Tages Wäsche zur Bleiche auflegen, ein ziemlich stark wehender Wind aber rollt sie ihr wiederholt zusammen oder führt sie gar ein Stück fort. Das lässt sie sich ein Paar Male gefallen; endlich aber reißt ihr der Geduldsfaden, sie nimmt ein Paar Stücken Wäsche her, macht eine Geberde, als ob sie sie zermalmen und zerreißen wollte, wirft sie zu Boden und stampft mit den Füßen darauf herum. Sie liess

also ihren Zorn an dem unschuldigen Gegenstande aus, da sie dem Winde nicht gebieten konnte. Ich hörte diesen Zug von sehr glaubwürdigen Nachbarsleuten (und es ist gut, wenn man bei solchen Gelegenheiten seine Forschungen auch weiter ausdehnt und sich nicht bloss auf die nächsten Angehörigen beschränkt), ebenso dass die Erziehung Linda's von Seiten der Eltern wohl etwas verkehrt gehandhabt und dieselbe dadurch eigensinnig und herrschsüchtig werde. Nach der Aussage der Eltern freilich war die Tochter tadellos. Auch ihr Lehrer gab ihr sowohl in Bezug auf Fleiß wie auf sittliche Aufführung ein durchaus gutes Zeugnis; dies verhinderte aber doch nicht, dass er ihr am 29. April d. J. wegen Unaufmerksamkeit einen mäßigen Backenstreich applizierte und zwar (er hatte gerade mit Kreide an der Tafel vorgezeichnet) mit von Kreide **beschmutzten** Fingern, so dass deren Abdrücke auf dem betreffenden Backen zu sehen gewesen waren. Hatte sie nun diese ganz außergewöhnliche und noch niemals vorher erlittene Züchtigung wohl gewaltig bestürzt und beschämt gemacht, so kam auch noch Ärger und Kränkung hinzu, indem andere Schulkinder ihr ihre Schadenfreude mehr oder weniger deutlich zu erkennen gegeben hatten, besonders auf dem Heimwege von der Schule. Zu Hause angekommen, hatte sie den ganzen Vorfall ihren Eltern **in auffallend hastiger Weise erzählt, ihr Wesen soll ganz verändert gewesen sein**; doch achtete man nicht weiter darauf und am andern Tage war sie wieder zur Schule gegangen, die sie aber schon nach Kurzem „wegen Unwohlseins“ verlassen musste. Von dieser Zeit an zeigten sich bei ihr **eine grosse Unruhe, unstetes Wesen, Ängstlichkeit, Schlaflosigkeit, häufiges Weinen ohne besonderen Anlass, Verweigern des Essens, Zucken in den Fingern, Herumgreifen** bald hierhin, bald dorthin. Später sollen auch nach Aussage des behandelnden Arztes zweimal wirklich **epileptische Zufälle** dagewesen sein.

Wie sehr häufig nahm man auch hier seine Zuflucht zunächst bei einem Quacksalber. Als der Zustand aber immer schlimmer wurde, bekamen die Eltern doch Angst und konsultierten einen wirklichen Jünger Aesculaps, der nicht so lange erst die Universität verlassen. Welche „**innere**“ Mittel derselbe verordnet hat, habe ich nicht in Erfahrung gebracht; von „**äusseren**“ Mitteln kamen Blutegel (von einer Schläfe über die Stirn herab zur andern), Sinapismen in den Nacken und Klistiere von kaltem Wasser an die Reihe, ohne dass jedoch eine wesentliche und dauernde Besserung erzielt worden wäre. So kam ich, wie oben gemeldet, am 13. Mai an die Reihe. Wie ich sie gefunden, habe ich ebenfalls schon im Eingange berichtet. Dieser Zustand blieb aber nicht immer so, sondern wechselte ab mit heftigen **Exaltationszuständen**, die besonders Vormittags und des Nachts auftraten, von bald längerer bald kürzerer Dauer waren und in denen sie fürchterlich schrie, dass man es weithin in der Nachbarschaft hörte, und selbst von mehreren erwachsenen Personen kaum zu bändigen war. Danach trat gemeinlich Ermattung und Ruhe ein, aber ohne Schlaf.

Ich verordnete zunächst *Stramonium* 2. Verd. aus der Apotheke, ohne dass danach eine Veränderung in dem Zustande der Patientin eingetreten wäre. Ich gab nun (am 14. Mai) selbst ein Mittel und zwar *Ignatia* 2. Verd. in Berücksichtigung ihres Gemütszustandes und der vorausgegangenen Kränkung, indess ebenfalls ohne Erfolg. Hierauf gab ich wiederum (am 15. Mai) *Stramonium* 2., 6 Pulver, jedes einige damit befeuchtete Streukügelchen enthaltend. Als ich Tags darauf die Patientin besuchte, erzählten mir die Angehörigen, dass sie die Pulver nicht alle hätten eingeben können, „**da es viel schlimmer nach den ersten Pulvern geworden wäre**“. Auf Jemandes Rat hätten sie „Pfundersenwurzel-Tee“ gekocht und der Kranken davon einige Tassen zu trinken gegeben. Es sei danach auch etwas Ruhe eingetreten (wie man mir bei meinem nächsten Besuche am 18. Mai referierte), später aber wäre der Zustand wieder der alte geworden. Die Eltern gelobten nun, mir ganz allein zu folgen und nicht wieder dazwischen zu quacksalbern. Daraufhin übernahm ich die fernere Behandlung der Kranken und gab *Hyoscyamus niger* 2 (in globulis), täglich 2mal eine Gabe.

Am 19. Mai Vormittags, einige Zeit vorher, wo an den früheren Tagen ein wie oben geschilderter Exaltationszustand einzutreten pflegte, erhielt Patientin die erste Gabe. **Der erwartete Anfall trat nicht ein**, die Patientin verhielt sich überhaupt ruhiger den ganzen Tag über. Am Abend bekam sie die zweite Gabe des Mittels, und in der folgenden Nacht hatte sie zum ersten Male seit Beginn der Krankheit einen **mehrständigen ruhigen Nachtschlaf**.

Am 20. Mai früh erhielt die Patientin die dritte Gabe. Bei meinem Nachmittagsbesuche fand ich dieselbe sauber gekleidet und mit geordnetem Haar am Tische stehen, eben damit beschäftigt, aus einem Topfe Speisereste auszulöffeln. Ihr Gesichtsausdruck war vollkommen verändert, er hatte so zu sagen wieder etwas Natürliches angenommen. Fast schalkhaft sah sie mich von der Seite an, als ich sie aufforderte, mir in's Auge zu blicken, und die Angehörigen erzählten mir, dass sie wieder Teil nähme an ihrer Umgebung, nur aber leicht ärgerlich würde. Mit der Ordination wird in bisheriger Weise fortgefahren.

Am 22. Mai fand ich die Patientin in tiefem Schläfe. Sie hatte sich seit vorgestern ganz leidlich befunden, gegessen, geschlafen, sich im Hause beschäftigt, ja war im Freien herumgesprungen. Ein Anfall heftiger Exaltation war nicht wieder eingetreten. Am Tage vorher (am 21. Mai) gegen Mittag, wo sie im Freien sich herumgetummelt, hatte man sie aus Besorgnis, dass die grosse Hitze ihr schaden könnte, hereingeholt in die Stube und aufs Sofa gelegt, wo sie alsbald eingeschlafen war und eben noch schlief, als ich sie besuchen wollte. Nur gegen 2 Uhr Morgens war sie einmal munter geworden, um zu urinieren, darauf aber sofort wieder eingeschlafen. Übrigens ist sie nach dem Referate widerwillig, eigensinnig, ärgerlich, braust leicht auf und mag gewisse Persönlichkeiten durchaus nicht in ihrer Nähe leiden.

Der Vorsicht halber liess ich noch einige Gaben *Hyoscyamus niger* zurück, von denen sie täglich 1-2 erhalten sollte. Ich kann in der Tat nicht sagen, ob man davon Gebrauch gemacht und welchen; denn das Befinden der Patientin besserte sich von Tag zu Tage. Eines Tages aber (an welchem? wussten die Angehörigen nicht mehr genau anzugeben) war das Mädchen in einen langen, tiefen Schlaf verfallen und nach dem Erwachen in dem Befinden wieder eine Wendung zum Schlechteren eingetreten, wie man mir am 4. Juni referierte, wo ich meinen nächsten Besuch machte. Die Ähnlichkeit der vorhandenen Krankheitserscheinungen mit den Wirkungen des Opiums auf den gesunden Organismus, besonders aber auch diese **Schlafsuchtanfälle** bewogen mich, einmal dieses Mittel zu versuchen. Ich gab einige Pulver *Opium* 1. Verd. in Streukügelchenform, von denen sie täglich zweimal eins nehmen sollte. Das erste Pulver hatte die Patientin durchaus perhorresciert und war ihr schlechterdings nicht beizubringen gewesen; desto besser gelang der Versuch mit dem zweiten Pulver am Abend. Sie war bald darauf eingeschlafen und war am andern Morgen nach dem Erwachen wie umgewandelt in ihrem ganzen Wesen gewesen, ruhig und vernünftig. Und so blieb es auch!

Am 15. Juni war sie wieder zum ersten Male in die Schule gegangen und bis heute (im späten October) ist von einer rückfälligen Krankheit des Mädchens nicht die Spur wieder zu beobachten gewesen. Auch in Bezug auf ihre geistigen Fähigkeiten ist nach den Versicherungen ihres Lehrers, mit dem ich öfters zu sprechen Gelegenheit habe, ein Nachteil durchaus nicht zurückgeblieben.

Der Fall war an und für sich sehr interessant und machte im ganzen Dorfe grosses Aufsehen. Hatte man doch schon von bezirksgerichtsärztlicher Untersuchung, von Unterbringung in einer Irrenanstalt u. s. w. gesprochen. Umso mehr freute es mich und alle Anhänger der Homöopathie, dass im Ganzen genommen wenige Gaben der passenden homöopathischen Mittel hingereicht hatten, alle diese Besorgnisse in kurzer Zeit zu zerstreuen und das unglückliche Kind vollkommen gesund ihren Eltern zurückzugeben.“

(Dr. Billig in Hohenstein, Veitstanz, Eine praktische Mittheilung, Neue Zeitschrift für homöopathische Klinik Bd. 13 (1868), S. 169-171)

Ein ratloser Vater und eine weinende Mutter

„Es war im Monat Februar des Jahres 1864, als mein Sohn, ein damals im siebenten Lebensjahre stehender, physisch und intellektuell wohlangelegter Knabe, eines Morgens, nachdem er kaum das Bett verlassen, seine gewöhnliche Munterkeit und Frische vermissen ließ. Er hatte bereits berichtet, wie Tags zuvor, beim Ausgange aus der Schule, Lehrer und Kommilitonen im Hofe des Schulgebäudes ihn angehalten, umringt und aufgefordert hätten, eine Probe seines deklamatorischen Talentes abzulegen, von welchem der Ruf die Schwelle der Spezial-Klasse überschritten und in der ganzen Anstalt sich verbreitet hatte. Der Aufgeforderte entledigte sich unter allgemeinem Beifalle seiner Aufgabe, indem er sein ganzes Repertoire von Fabeln und Balladen in drei verschiedenen Sprachen herunterhaspelte. Dies bei - 14° Réaum. und heftig wehendem Nordoste. Offenbar hatte der kleine Mann etwas mehr kalte Luft inspiriert, als sein junger Organismus durch Eigenwärme zu kompensieren vermochte. So hörte ich denn, als er am Nachmittage aus der Schule heimkehrte, von deren Besuche er durch das Unbehagen des Morgens sich nicht hatte abhalten lassen, die ersten Klagen über schmerzhaft empfindungen in denjenigen Teilen, welche beim Inspirieren von der kalten Luft direkt getroffen worden waren, in Gaumen und Rachen. Die Inspektion ergab die gewöhnlichen Zeichen einer Angina catarrhalis: Rötung und Schwellung der Gaumen- und Rachen-Schleimhaut und der Tonsillen, nebst zusammenschnürend-drückenden Schmerzen beim Schlingen, zumal dem Leerschlingen, verbunden mit Trockenheitsgefühl im Halse. Bei der nächsten Mahlzeit genoss der kleine Patient wenig, indem er bei jedem Bissen auf die bekannte Art grimassierte. Alles dies nur in mäßigem Grade. Auffallend dagegen war die schlaffe und teilnahmslose Haltung des sonst so lebhaften Knaben, welchen ich, da er nach der Mahlzeit noch über Kopfschmerz klagte, die Haut-Temperatur erhöht und ungleich verteilt schien, auch der Puls frequent und klein befunden wurde, vor Ablauf des Tages ins Bett verwies. In der Meinung, einen gewöhnlichen Fall von Angina catarrhalis vor mir zu haben, reichte ich dem kleinen Patienten vierstündlich wiederholte Gaben der Tollkirsche, bei deren Gebrauche ich seit Jahren gewöhnt war, den leichten Krankheits-Prozess binnen weniger Tage der Gesundheit Platz machen zu sehen. Zum ersten Male ließ dieses Arzneimittel mich völlig im Stiche, was nach ungefähr 36 Stunden zu erkennen war, da bis dahin die Intensität der Erscheinungen nicht nur nicht abgenommen hatte, sondern vielmehr gesteigert erschien und deren neue sich hinzugesellt hatten, unter welchen eine ansehnliche Schwellung der Unterkiefer-Drüsen, zumal der linken Seite, zunächst der Beobachtung sich darbot. Der Nachtschlaf hatte häufige Unterbrechungen erlitten, wobei Patient sich unruhig von der einen auf die andere Seite wälzte. Die Esslust hatte ihn gänzlich verlassen; nur mit Widerwillen nahm er auf wiederholtes dringendes Zureden einige Löffel Fleischbrühe zu sich.

Die gewohnte Darm-Entleerung blieb aus; die Harn-Sekretion war vermindert. Der Puls war noch frequenter und kleiner geworden. Es hatte sich ein leichter Schweiß eingestellt, welcher jedoch nur den oberen Rumpf, vorzüglich die vordere Thorax-Hälfte einnahm. Die Prostration der Kräfte war in sichtlicher Zunahme begriffen. Bei wiederholter Inspektion fand ich die Schwellung vermehrt, die Färbung der Schleimhaut blaurot, die Tonsillen, vorzüglich die linke, mit hirsekerngroßen gelblich-weißen Punkten übersät, welche ich für Öffnungen kleiner Follikulär-Abszesse hielt. Ein widriger Foetor oris war mir vorher schon aufgefallen; jetzt war auch eine geringe Salivation bemerkbar.

Dieser Veränderung des Krankheitsbildes entsprechend, musste ich die Tollkirsche gegen das Quecksilber vertauschen, von dessen Präparaten ich den Mercurius solubilis Hahnemanni wählte, von welchem ich zu-folge hundertfältiger Erfahrung zu wissen glaubte, dass er in diesem Stadium, oder bei dieser Varietät der Angina, zumal bei Anwesenheit von Foetor oris und Salivation, den Krankheitsprozess rasch zu Ende führe. Auch diese Verordnung sollte sich alsbald als ein Fehlgriff erweisen. Die folgende Nacht verlief noch unruhiger als die vorhergegangene. Tags darauf stellte sich Heiserkeit ein, während die schmutzige Färbung der un-

terdessen konfluieren Exsudatpunkte, welche auf dem linken Schenkel des Velum palatinum und einem Teil der Uvula sich verbreitet hatten, an der Annahme in der Bildung begriffener Follikular-Abszesse mich irre machten. Ich hatte dergleichen noch nicht gesehen, so wenig als die völlige Unwirksamkeit der beiden genannten Arzneimittel. Bis zur vierten Nacht hatte sich die Respiration auf eine bedenkliche Art verändert; die einzelnen Inspirations-Akte erfolgten nicht mehr in gleichen Zwischenräumen, welche bald kurz, bald länger ausfielen, als plötzlich ein Husten-Anfall mit deutlichem Croupone eintrat. Nachdem im Verlaufe der nächsten Stunden ein solcher mehrmals, und zwar nach immer kürzeren Intervallen erfolgt war, wobei der kleine Patient jedes Mal sich angstvoll im Bette aufrichtete und krampfhaft nach der Bett-Einfassung griff, glaubte ich, eine Komplikation mit Croup vor mir zu haben, welcher durch Darreichung des Jodium zu begegnen, ich mich umso leichter entschloss, als das Quecksilber als völlig unwirksam sich erwiesen hatte, und ich zu der Annahme geneigt war, dass von Stund an die Kehlkopf-Affektion es sei, welche dem ganzen Krankheitsprozesse den diagnostischen Stempel aufdrücke, und der anginöse Teil desselben nötigenfalls füglich sich selbst überlassen werden dürfe. Gefahr sah ich in jenem Augenblicke nur in der Kehlkopf-Affektion und glaubte dieser mit dem Jodium sicher zu begegnen. Die Gaumen- und Rachen-Affektion verlor ich umso leichter aus dem Auge, als ich mich genötigt sah, die Inspektion deshalb zu unterlassen, weil diese, so oft ich sie wiederholte, exzessiv konvulsivische Husten-Anfälle veranlasste, und der kleine Patient mit seiner letzten Kraft sie abzuwehren trachtete. Nach weiteren zwei Tagen verloren zwar die Husten-Paroxysmen an Häufigkeit und Heftigkeit; allein ich erkannte bald, dass dies nicht einer Heilwirkung des Jodium, sondern dem unaufhaltsamen Kräfte-Verfalle zuzuschreiben sei, da die von einem sägenden Geräusche begleiteten Respirations-Anregungen immer mühsamer vollzogen wurden und von Erweiterung der Rachen-Öffnungen und sichtbarer Mitwirkung der Halsmuskeln begleitet waren.

Ich war nach wenig mehr denn dreitägigem Gebrauche des Jodium, auch schon vor eigener physischer Ermattung, ratlos und sah bereits dem Kollapse meines armen Kindes entgegen, als in der Morgenstunde, da ich gerade meine Tagesfahrt mit kummervollem Herzen anzutreten gedachte, Einer meiner Kollegen, Herr Dr. Alphonse Beck, teilnehmend meine Behausung betrat, nachdem er auf Umwegen erfahren, dass schwere Krankheitsnot in dieselbe einge-zogen sei. Ihm erstattete ich umständlichen Bericht, und, um ihn, was ich seiner lebhaften Teil-nahme schuldig zu sein glaubte, vollständig in den Verlauf der Krankheit einzuweihen, ver-suchte ich mit ihm die von mir seit mehren Tagen vernachlässigte Inspektion des ersten Krankheits-Lokales vorzunehmen, was in diesem Augenblicke, da die Heftigkeit der Husten-Paroxysmen bedeutend nachgelassen hatte, leichter gelingen konnte. Wir brachten zu dem Ende den kleinen Patienten ins Fensterlicht, wobei dessen Mutter uns behilflich war, indem sie ihn wohlverhüllt auf ihrem Schoße hielt; ich drückte mit dem Spatel die Zunge nieder, und, kaum hatten wir einen Blick in das Innere der Mundhöhle geworfen, als Jene in lautes Weinen ausbrach. Sie hatte in unseren Gesichtszügen gelesen, über welche wir vor Überraschung keine Gewalt hatten ausüben können. Den Anblick, welcher sich uns darbot, konnten wir beide uns nicht mehr erinnern, jemals gehabt zu haben. Der weiche Gaumen war fast in seiner ganzen Ausdehnung in eine graugrüne, schmierige, übelriechende Masse ver-wandelt, in welcher alle Kontouren untergegangen waren. Nachdem wir die beklagenswerte Mutter notdürftig beruhigt hatten, zogen wir uns, um Beratung zu pflegen, in mein Kabinett zurück, wo ich meinen Kollegen aufforderte, ungescheut seine Prognose auszusprechen; ich sei gefasst, das Schlimmste zu hören. Zögernd und achselzuckend bekannte er mir, er würde in gleichem Falle nicht anders verordnet haben als ich getan. „Wenn“, fuhr er fort, „die ange-wendeten Arznei-Mittel den Gang der Krankheit nicht haben aufhalten können, so...“ hier stockte er, indem er die Augen mit der Hand beschattete. Nachdem ich seiner Rede einige Zeit, die mich lang dünkte, geharrt hatte, begann er wieder mit einem seltsamen Leuchten der

Augen, welches diesem ebenso geistreichen als gelehrten und wohlwollenden Manne eigen war: „Ich erinnere mich soeben, als Student der Medizin in einer, in italienischer Sprache verfassten, gerichtlich-medizinischen Zeitschrift von einem Falle von Vergiftung gelesen zu haben, welche durch das Cyanuretum mercurii veranlasst worden war. Derselbe hatte fünf, zu einer und derselben Familie gehörige Personen verschiedenen Alters und Geschlechtes betroffen, welche sämtlich dem (zufällig oder absichtlich?) beigebrachten Gifte in kurzer Zeit erlegen waren. Die Protokolle der gerichtlich angeordneten fünf Obduktionen waren ausführlich mitgeteilt worden. Man hatte in verschiedenen Organen, je nach Alter und Geschlecht der Leichen, verschiedene Gewebs-Veränderungen, bei sämtlichen fünf Leichen hingegen gleichlautend eine nekrotische Zerstörung der Weichteile des Gaumens und Rachens vorgefunden. „Wollen Sie,“ fuhr der treffliche Kollege fort, „von dieser zwar vereinzelt, doch aber charakteristischen Teilwirkung der übrigens noch nicht geprüften Arznei-Substanz auf Grund der uns gemeinsamen therapeutischen Regel in diesem verzweifelten Falle versuchsweise Gebrauch machen, so....“ - ich ließ ihn nicht ausreden und ersuchte ihn, nach eigenem Ermessen handelnd für mich einzutreten, da ich, in Folge von Nachtwachen, Besorgnis und übermäßiger Arbeit ausser dem Hause, mich der völligen Erschöpfung nahe fühlte. Kaum hatte er die Verordnung niedergeschrieben, als ich mit derselben im schnellsten Laufe der Pferde nach der ziemlich weit entfernten Apotheke eilte. Der höchst gefällige Chef dieses musterhaften Institutes machte sich ohne Verzug selbst auf den Weg, um ein zuverlässiges Präparat aufzutreiben, worauf er zuerst eine gesättigte Lösung und von dieser nach erhaltener Vorschrift eine sechste Centesimal-Verdünnung herstellte. Es waren kaum zwei Stunden vergangen, als ich mit dem neuen Präparate in meiner Behausung wieder anlangte, wo ich, immer nach Anordnung des befreundeten Kollegen, fünf Tropfen desselben mit einem gewöhnlichen Trinkbecher voll frischen Wassers mischte und um die Mittagsstunde dem Patienten davon den ersten Teelöffel voll reichte. Diese Gabe wurde ferner alle zwei Stunden wiederholt.

Der Rest des Tages verlief, ohne zu einer bemerkenswerten Beobachtung Gelegenheit zu bieten. Gegen Abend jedoch verfiel Patient, seit mehreren Tagen zum ersten Male, in ruhigen Schlaf, welcher im Laufe der folgenden Nacht nur wenige kurze Unterbrechungen erlitt. Während dessen Dauer vermochte ich wegen eigener grosser Erschöpfung nicht mehr zu konstatieren, als eine Veränderung im Klange des nur selten auftretenden Hustens, welcher mehr scharrend als bellend ausfiel, nebst größerer Regelmäßigkeit und Geräuschlosigkeit der Respirationsakte. Kaum hatte Patient zu früher Morgenstunde sich völlig ermuntert, als er dem Verlangen nach Nahrung vernehmlichen Ausdruck gab, welchem sofort mit einer angemessenen Portion Fleischbrühe genügt wurde, worauf Patient alsbald wieder in Schlaf verfiel. Gegen 10 Uhr Vormittags stellte mein Kollege aus freien Stücken sich ein, da er vermöge eigener Verordnung an dem Krankheitsfalle ein noch regeres Interesse gewonnen hatte. Nachdem er mit dem Ausdrücke der Genugtuung nur günstig zu deutende Veränderungen konstatiert hatte, schritten wir, wie Tags zuvor, zur gemeinsamen Inspektion der Mund- und Rachen-Höhle. Kaum hatten wir einen Blick hineingeworfen, als die Mutter abermals in Tränen ausbrach. Sie flossen aus einer anderen Quelle als die gestrigen und waren durch einen Ausruf freudigen Staunens hervorgerufen, welcher ob des unerwarteten Anblickes unseren Lippen sich entrang. Die Kontouren des weichen Gaumens waren deutlich zu erkennen. Kleine pseudomembranöse Reste waren in geringer Anzahl erst dem länger verweilenden Blicke erkennbar. Die Schleimhaut verriet nur noch einen kaum nennenswerten Grad von Rötung und Schwellung. Der Zungenbelag war transparent, die Haut-Temperatur normal, der Puls kräftig, dessen Frequenz der Norm sehr nahe.

Der Rest der Konvaleszenz vollzog sich unter immer seltenerer Darreichung der Arznei in unglaublich kurzer Zeit. Nachdem einmal Schlaf, Esslust, normale Darm-Entleerung und köpiösere Harnsekretion sich eingefunden hatten, kehrten Muskelkraft und Leibesfülle rasch zurück. Bevor nach der soeben geschilderten überraschenden Veränderung drei weitere Tage

vergangen waren, vermochte Niemand dem rüstigen Knaben anzusehen, dass sein Leib erst vor wenig Tagen das Substrat zu einem so gewaltigen Krankheitsprozesse abgegeben hatte.“

(Carl von Villers, Experimentelle Untersuchungen über die Ursache der Diphtheritis, Zeitschrift des Berliner Vereins homöopathischer Ärzte, Bd. 2 (1883), S. 355-360)

A tower of strength in the hour of need

“There are scattered through the *Materia Medica* remedies whose names appear almost synonymous with disease names. On hearing of *Spongia*, who does not think of croup? The thought flies instantly from *Cactus grandiflora* and *Digitalis* to heart troubles; from *Belladonna* to scarlet fever, and so on. In the same way, *Mercurius cyanatus* suggests diphtheria. This is not fair to the remedies, for each remedy has an individuality of its own, just as each patient has his own individuality. No one sick-making cause can imitate, by its own characteristic symptoms, the individuality of the remedy; but it can cause, in the patient, symptoms other than its own, which do resemble the individuality of the remedy; therefore we should not think of remedy and disease, but of remedy and patient.

There has been no real proving of *MERCURIUS CYANATUS*, but from poisoning cases and clinical cases there have been gathered symptoms which show his strong personality. Indeed, he has proven himself one of those strong characters who are a tower of strength in the hour of need. When we do need him, we are like the little lame boy who, looking across from where he was sitting in a Chicago department store, observed a toy locomotive standing upon a toy track and said, “I need an engine and a railroad very much, and I need them right this minute.” When we need *MERCURIUS CYANATUS*, we need him very much, and we need him on the minute, for he often works down in the borderland.

His individuality is expressed in his

Excitement and anger.

Restless, sleepless nights.

Loquacity and delirium.

Lack of vital heat.

Extreme prostration.

Faintness and cyanosis.

Sensation of coldness; his skin is icy cold; hands and feet are cold. General debility; he is too weak to stand.

Face pale and wan.

Aversion to food; aversion to soups and hot drinks; they taste too salt.

Taste bitter.

Saliva profuse, and has what is known as the mercurial odor.

Intense, burning thirst, but drinks are soon vomited.

Vomiting frequent after drinking.

Nausea constant.

MERCURIUS CYANATUS expresses himself in the character of his ulcers:

Ulcers, many and spreading.

- Sometimes begin as blisters.
- May be round or irregular.
- Surrounded by bright red, and have a grayish base or are covered with a grayish coating.
- Scattered along the edge of the tongue and inside of the cheeks.

Throat is sore (pharynx).

- Swallowing difficult.

Gums swollen and painful.

- Covered with a thick adhesive, whitish coating.
- Have a violet border.

He is hemorrhagic, bleeding from nose, bowels and stomach.

Hemorrhoidal tumors, small, around the anus.

Rectum, frequent urging to stool.

- Diarrhoea.
- Tenesmus before and during evacuation.
- Stool liquid, slimy, bloody.
- Obstinate constipation.

Retention or complete suppression of urine.

- Urine highly albuminous.

Extremities, slight spasms.

Heart, strong palpitation or a weak heart-beat.

- Pulse weak and slow.

These complete the picture of MERCURIUS CYANATUS. What is the diagnosis?

In looking through the books we find that it has been needed by patients during Bright's disease, malignant dysentery, diphtheria, follicular tonsillitis, ulceration of the tonsils. We know that whatever the disease may be, the MERCURIUS CYANATUS patient will be cured by MERC. CY. As an illustration, I will cite a case:

Mrs. E., aged 28 years. Light hair, blue eyes, well developed; had been a physical culture teacher and a fairly healthy girl until the time of her marriage, about seven months previously. From the time of her marriage she began to emaciate; didn't feel well; had a profuse leucorrhoea. For the first time in her life she submitted to Old School treatment. Her physician removed, surgically, small growths from about the anus, which he told her were hemorrhoids. A small, sore spot within the vulva he diagnosed an abrasion. This was followed by a smooth eruption, small spots so thickly scattered all over her that she asked if they were measles. The eruption itched over the pubis only. With the eruption were pain and stiffness in the large joints. Following the eruption, round, sore spots, the size of her thumb-nail, resembling denuded spots, appeared upon the back of the tongue, which had been thickly coated yellow. Tiny round ulcers upon the tonsils followed the sore tongue; these were cauterized with nitrate of silver, and a gargle was used. While the ulcers were upon the tonsils, a row of white spots appeared upon the mucous membrane edge of the uvula which itched intensely. These were suppressed by mercurial ointment. Following the disappearance of the ulcers from the tonsils, small, round ulcers appeared upon the uvula and velum. At this time, three months

after the ulcers first appeared and seven months from the time she began to be ill, she returned to her father's home and consulted her old physician. I found her

Emaciated, pale and wan.

Throat.

- Swallowing difficult because painful.

- Pain, aggravated by sweet things. Aggravated by sour things. Aggravated by coughing. Aggravated morning and evening. Wakened her during the night.

Ulcers, round, thickly studded the uvula and velum, and extended between the jaws and across the mucous membrane of the cheeks nearly to the corners of the mouth, like a string of beads.

- Those upon the velum were shallow, with lardaceous bases.

- Those in the cheeks were deep and partly covered by thick, dirty white coating, and were surrounded by a ring of deep red, which spread out, growing fainter until it blended with the color of the membrane lining of the cheeks.

- Very sensitive, bleeding if touched; were round or nearly so and spread until the edges united with the ulcer next in line.

- Round, on a swollen base, appeared upon the border of the tongue about one half inch on each side of center of tip.

Gums were swollen, violet in color and nearly covered with an adherent exudation, yellowish white, through which the violet of the gums could be seen.

- There was an oozing of blood from the gums.

- Spots of dried blood were upon the exudation and between and upon the teeth.

Cheeks swollen.

Teeth slightly loosened and pus exuded from between teeth and gums.

Saliva profuse, bloody, flows from mouth during sleep, and stains light brown. Microscopical examination showed motil spirochetæ in abundance.

Breath, odor strongly mercurial and penetrating; could detect it upon entering the house.

Intense retching was followed by a flow of stringy, bloody saliva until a lump of clotted blood and mucus was ejected.

Pain along dental nerves; worse at night.

- Amelioration, listening to soft music. Amelioration if her mother gently rubbed her hands and arms in a downward direction.

Extremities.

- Pains in the long bones.

- Stiffness in large joints.

Sleepless, restless, full of anxiety at night; nervous, jerking of arms at night, quieted by mother sitting beside her and gently rubbing arms and hands.

- Could sleep after 5:30 A.M. and after a warm drink.

Weakness intense.

Thirst intense.

“Fainted” one day at stool.

- Moaned constantly.

- Twitching of arms and legs.

- Eyes staring.

- She regained consciousness when they placed her full length upon the floor.

Constipation obstinate, stool streaked with blood.

Abdomen distended and heavy.

Leucorrhoea yellow, profuse.

Chilliness, coldness, wanted something warm to the face; wanted to be well covered.

MERCURIUS CYANATUS 10m. One dose was given.

For twenty-four hours the patient was much worse, then improvement began. All of the symptoms disappeared under three doses, the second, given one month after the first and the third, three and one-half months after the first. Three and one-half months after the first dose an ulcer appeared upon the tonsil where the first ulcer was cauterized. This lone last ulcer disappeared under the third dose of the remedy. By this time she had regained her flesh and looked and felt better than at any time since her marriage. Two months after the first dose, Wasserman’s “Blood Test” showed only faintly positive.

Not all of these symptoms have been brought out in MERCURIUS CYANATUS proving, but the patient had the general weakness, the coldness, the restlessness, the hemorrhagic condition, the restless, sleepless nights, the thirst, etc., of the remedy; she also had the characteristic ulcers and gums. She was steadily growing worse until she received MERCURIUS CYANATUS 10m. There was an aggravation for the first twenty-four hours; then the patient improved steadily under its influence. It is but fair to the remedy to consider the case a verification of its work in the field of a dreaded chronic miasm.

The prescription was made for the patient, not for the disease. The case illustrates the deep, long action of the single dose of the high potency of the remedy. It also illustrates the power of the high potency of the remedy, prescribed homoeopathically, to make the patient appear decidedly worse before it makes him feel better. It demonstrates the success of the homoeopathic remedy after months of failure with crude drugs, internally and externally.

(Frederica E. Gladwin, M.D., H.M., Philadelphia, Pa., *The Patient: Mercurius cyanatus*, *The Homoeopathician* vol. 1, No. 2, February 1912, p. 77-79. Presented, together with the paper on Stramonium (printed in the January HOMOEOPATHICIAN) in the *Materia Medica* Section of the International Congress at London, 1911.)

Diphtheria and its Nosode

„In the temperate part of the hemisphere winter has been and always will be a period of danger for such diseases as influenza, catarrhal troubles, feverish chills and infectious diseases. The more thoughtful of the population have been considering how to avert and prevent many of these ailments, which are made worse by over-crowding, huddling together in badly ventilated and concreted shelters. Fortunately the croakers who prophesied much illness during the first eighteen months of the war have been proved wrong; maybe this is due largely to people being too busy and getting on with their jobs, and the other important cause of comparatively little illness is due to simpler feeding, the eating of less sugar and sweets, and the compulsory consumption of less meat per person, for sugar, specially beet sugar, increases catarrhal troubles.

I saw in a daily paper in the late autumn an article on the prevention of winter ills written by an orthodox doctor, who was of the opinion that shortly it would be possible to stamp out practically all of the infectious diseases which sweep through towns and country places year after year. And how does he suggest this should be done? He says that the individuals can help themselves to health and thus benefit resistance to the majority of ailments by vaccination and inoculation.

He argues that most people who have had a particular infectious disease, are immune to that disease or in common parlance, are not likely to suffer from that fever again, as one attack causes nature to produce in our bloodstreams certain anti-bodies, which act as powerful defensive agents against a renewed assault by that particular germ.

He also states that in some of the infectious diseases it is not necessary to wait for the attacking enemy to develop the necessary resistance, and that this resistance can be artificially produced by injecting or inoculating a serum or vaccine.

Then he draws up a chart of certain of the infectious diseases, which I shall copy ^[1] and then make a few explanatory remarks so as to refute some of his statements.

[1] here omitted

This doctor is honest in some of his statements; most authorities claim 100 per cent protection against diphtheria and suppress the fact that at least 25 per cent of the inoculated children are attacked by diphtheria. He, however, makes a bad mistake in saying that there is no reaction or only a very slight reaction in a child after inoculation. I have seen the arm swell up from shoulder right down to the wrist, I have seen high temperatures lasting for 4-5 days; and I have seen remote effects lasting for years, until they were antidoted by either *Thuja* or *Pulsatilla*. Such effects as severe anaemia, weakness, tiredness, loss of weight, the child remaining undersized and delicate, not able to stand up to the overcrowding of city life, with some improvement in the country, and immediately slipping back and losing six or seven lb. on return to town life. As soon as one or two doses of *Thuja* were given in the 30th or 200th potency, everything improved, sometimes it had to be followed up and the results were better with *Pulsatilla* 6 or 12, 2-3 times daily. Even with adults one noted a lack of the joy of life, a disinclination to work, a dragging round slowly and laboriously; with a return of the normal zest of life when *Pulsatilla* or *Thuja* was given. As for saying that the protection would last probably for life, nobody can say that for certain, as immunization is too recent an experiment; or did the doctor mean for life, if life was shortened by an attack of diphtheria?

Compulsory diphtheria inoculation was introduced into Germany in the 1920s and yet Germany has the second highest incidence rate of diphtheria in Europe. There were 1,500 deaths from diphtheria in Germany in 1926 and in 1937 the deaths from diphtheria had risen to 5,400. In 1923 France had 11,033 cases of diphtheria; in 1930 after a general propaganda campaign for immunization there were 23,704 cases notified; while Sweden without immunization had 113 cases of diphtheria without any deaths in 1938.

Is diphtheria really so prevalent and the danger to the general population as great as it is made out to be? A headmaster who managed a boarding school for 300 boys for 27 years states that there never was a single case of diphtheria among all his boys during the whole of that period. I should say, this was due to the excellent sanitation and water supply of that school and to proper feeding and the healthy outdoor life of the boys.

As I have already mentioned, diphtheria can be more safely prevented by the homoeopathic nosode *Diphtherinum*, given in single doses in a high potency. This would not have any serious after effects and would not upset a child's health at all, as immunization so frequently does.

Even if diphtheria broke out, it can be rapidly and easily cured by homoeopathic medication without giving anti-toxin. I am now treading on even more dangerous ground.

In one of the homoeopathic hospitals as soon as diphtheria was diagnosed after a bacteriological examination, the patients were given the appropriate, indicated medicine, whichever worked out, it is not always the same medicine; and then sent to the Fever Hospital, as there is no isolation ward in the homoeopathic hospital. Several times the medical officer rang up the homoeopathic house surgeon to inform him that there was no diphtheria found on further bacteriological examination, that the cases were on the mend, and surely a mistake had been made at the homoeopathic hospital. On being shown the original slides, he had to acknowledge that the diagnosis was correct and he could not make out what happened afterwards.

A friend of mine reminded me of a case I had seen some ten years ago which I had forgotten. A child who was seen at the clinic with definite signs of diphtheria of the throat, confirmed by bacteriological examinations, was given a dose of *Phytolacca* cm. by me, previously to sending her to the Isolation hospital. She was sent home again after four or five days with the report that no diphtheria was found at the hospital. The child was perfectly well.

There are a certain number of homoeopathic physicians who have not sufficient faith in their drugs, but who give doses of injections of anti-toxin, either with or without the homoeopathic medicine. Anti-toxin is absolutely necessary to cure a case of diphtheria they say. I want to know why? If we work according to the law that like cures like, and believe in it, surely diphtheria is not a disease outside and above the law?

There are many remedies which can cure diphtheria and have cured it at the hands of doctors in Switzerland, France, America, England, etc.

One remedy specially has produced certain poisoning effects which are almost identical with diphtheria. This is Cyanide of Mercury, and as Dr. Clarke says: One case of poisoning by Mercury cyanide was actually treated for diphtheria by the attending doctors, before the causal agent was discovered. You get fainting, collapse, trembling with feebleness and nausea and general icy coldness of body with greyish-white membranes inside mouth, cheeks and on tonsils. As this Cyanide of Mercury produces a condition similar to diphtheria, it should cure it, if you get these symptoms in diphtheria. In fact, it is so similar to diphtheria that it should be a prophylactic to this disease, and I believe it has been used as a preventive by some doctors with excellent results, that is in single doses of the 30th potency. I have never tried it myself, but if ever I was faced with a diphtheria epidemic, I should give *Mercurius cyanatus* 30 in some cases and *Diphtherinum* 200 or higher in other cases and compare the two results. I guarantee my results would be better than inoculation with the immunizing toxoids that are being advised everywhere.

Dr. Charette in his book, *Practical Materia Medica*, which I am sorry to say has not been translated yet, as far as I know, into English, mentions four cases of severest diphtheria which were cured by Cyanide of Mercury within 2-3 days; the membranes and the high temperature usually disappearing within 40-48 hours. The medicine has to be given dissolved in a tumbler of water and teaspoonful doses taken every quarter hour, until improvement sets in.

Dr. Charette also mentions how one child, after being given a dose of anti-toxin, was extremely ill for three weeks with suppression of urine, violent pains, wasting and extreme weakness, and her brother who was given a prophylactic dose of anti-toxin died within a few minutes of the injection! Moreover, the attending doctor consoled the sorrowing parents by exclaiming "that the serum had killed many patients and would kill many more". And Dr. Charette says that the Cyanide of Mercury has a favourable action on diphtheria without any of the inconveniences of the anti-toxin.

Dr. Nash, of America, found *Apis* as the chief healing agent in some epidemics. It is the simillimum for diphtheria cases where this disease comes on exceedingly rapidly and violently, the whole throat filling up with an oedematous swelling, the uvula hanging down like a transparent sac filled with water. The condition is painless until far advanced and the patient is in danger of suffocation by closure of throat and larynx; or sometimes there may be stinging burning pains like bee stings, which are improved by cold applications, and the breathing of course is extremely difficult and noisy. In these cases allopathically the only thing to do is to perform a tracheotomy to prevent suffocation. And yet Dr. Nash cured this case without an operation with *Apis* and says that during that epidemic not one case who took this remedy died, and yet over 40 cases had died of it in that town at that time before *Apis* was given.

Do you see how different an *Apis* case is from a Cyanide of Mercury case?

Then there is *Kali bichromicum*, *Lycopodium*, *Lachesis*, *Lac caninum* and other Mercury Salts - such as *Mercurius protoiodide* and *Mercurius biniodide*, and last but not least, *Phytolacca*; they each, one and all, have their separate and distinctive symptoms and will, if their particular symptoms are found in a case of diphtheria, cure that case within 40-48 hours without any attendant inconveniences and complications such as post-diphtheric paralysis, heart weakness, muscular rheumatism of the extremities and general enfeeblement - which last is the almost invariable effect of the anti-toxin treatment on top of the original infection, which already has a weakening effect on the heart muscle.

Believe me there is no need for alarmist actions, no need for compulsory inoculation, which will only lead to a deterioration of the health of the victims, which may last for years.

Then there is our nosode, *Diphtherinum*, which I have used only as a prophylactic in a diphtheria contact. I gave *Diph. cm.*, one dose and the disease did not develop; this might have been coincidence, of course. I have used it several times as opportunity offered in post-diphtheric cases.

A little while ago a girl of 13 was troubled with a constant thick catarrh of the nose with crust formation and painful cracks at the entrance of the nose. These cracks bled and wept for weeks. I tried various remedies: *Kali bichromicum*, and *Thuja*. Then I discovered this child had been troubled with this off and on practically all through the years ever since a diphtheria attack some years ago. On this information I gave one dose of *Diphtherinum cm.*: prompt recovery and no return for ten months. I then lost sight of her. Her brother slightly younger, presented the same symptoms, and I gave him *Diph. cm.* with the same happy results.

Some two years ago I saw a mother who had been extremely deaf with internal ear deafness for nearly 20 years ever since an attack of diphtheria, at the age of ten. *Diph. cm.* at intervals of three months, whenever she presented herself, markedly improved her hearing, she could hear and follow ordinary conversation with comparative ease which she had not been able to do for years.

Several months ago I saw a woman in the middle twenties, who became almost stone deaf after diphtheria at the age of 7, and went to a school for the physically handicapped until she was 16 years old. One had to bawl and shout at her and even then she had to refer to her sister who had discovered some patent way of communication with her. She would not go anywhere without her sister for this reason.

I persuaded her to take a dose of *Diph. cm.*, hoping for the best. Four weeks later she came again, minus her sister this time, with her child, aged 2. I spoke to her in my ordinary tone of voice, not remembering her deafness at first and she understood perfectly well and answered correctly. Suddenly I noticed at the top of the case-paper: mother very deaf. I asked her then, had she noticed how much better she could hear and she smilingly agreed, though, being

somewhat slow in the uptake, she had not connected it with my powder. I repeated the dose and found deafness improved still more, indeed it had almost gone three months later.

Something great is achieved when hearing is restored so that you can hear the human voice and are able to listen to music and hear the singing of the birds! A deaf person is more shut off from human intercourse than a blind one, and becomes easily cantankerous and suspicious.

It is worth while to go back to the original cause of the deafness, whatever it may be. Deafness comes on after several of the infectious diseases: after measles and influenza, after smallpox, and after meningitis. Remember the respective nosode, give an occasional dose and more than likely an improvement will set in even after such a long period as 20 years. I have proved it. Remember also suppressed skin diseases; *Mezereum* in a case of total deafness after suppression of eczema of the head in infancy brought out the skin trouble again for a short time and cured the deafness. this was related by the late Dr. Dunham in one of his books.

There is much hidden power in our remedies, not to forget our remedies made from disease products, the so-called nosodes, and such chronic suffering, diseases of long standing, could be cleared up if more use were made of them, in unit doses spaced and only repeated at 2-3- or 4-weekly intervals, or whenever a slipping-back in the patient's condition is noticed." (Dorothy Shepherd, M.D., *More Magic of the Minimum Dose* (1946), Diphtheria and its Nosode p. 177-184)

A severe epidemic of Diphtheria

"October 27; 1877, was called in consultation with Dr. Gulick, at Watkins, N. Y. Found the place passing through a very severe epidemic of diphtheria. Every person that had been attacked, forty in number, had died, and four were lying dead that day. Every physician of all schools had lost one or more. The homeopathic physician to whom I was called in consultation, a man of age, ability and large experience, expressed himself thus: "Doctor, I am on my knees to anybody who can help me." One child had already died in the family to which I was called, and this second one was apparently well on the way to the same end.

Girl, age 14 years, light hair, blue eyes, nervous temperament. Had been sick several days. Looking into the throat I found the tonsils and uvula greatly swollen; the tonsils so much so that the throat was almost completely closed and the uvula hanging (*very much elongated and looking like a bag of water*) down in front of and against them. The whole throat presented a decidedly oedematous appearance. Both tonsils were patched with yellowish membrane, with a ring of the same around the uvula. Breath exceedingly offensive. There was stopping of the nose (the breathing could be heard across two large rooms), swallowing was almost impossible on account of the great pain, which streaked up into both ears; there was prostration, restlessness with tossing about, sleeplessness, pulse 130, *skin alternately hot and dry, and then perspiring profusely* (very characteristic of Apis). Here was a case in which one remedy was clearly and perfectly indicated. The doctor had used Bell., Merc. prot. and other remedies which had served him well in previous epidemics. But they were of no use here for the simple reason that the two epidemics were no alike, and different remedies indicated. Apis 6th was given once in two hours, with the effect of reducing the pulse to 100 in six hours, and checking the progress of the whole disease at once, which improvement continued until complete recovery without sequelae.

This was the remedy for the *genus epidemicus* and cured all cases in which it was used but one, which received it too late.

A case just across the road (in which home one had also died) received the same remedy in the 200th dilution, and made a rapid recovery. Another case was attacked, and the good doctor, who I imagine felt a little chagrined because he had not found the then comparatively new remedy (Apis), came across the account of Dr. Von Villers' success with *Mercurius cyanuret*, and showed it to the family, proposing to try that. They objected, saying that the other remedy had cured, why try a new one. But the doctor persisted, saying he would be responsible. Gave it and lost his case. He could never forgive himself, nor could the family. I relate this to impress upon all that no matter what success a remedy may have had in the past, the indications must be there or it cannot succeed. *Jahr* praised Apis in his "*Forty Years Practice*". Fetterhoff, of Pennsylvania, confirmed it in an epidemic there. During this epidemic in Watkins the 6th, 30th and 200th dilutions were equally successful. No remedy has such rapid and intense oedema of the throat as Apis. *Kali bichromicum* has oedema of uvula, but the two remedies have not much in common." (Eugene B. Nash, M.D., *The Testimony of the Clinic*, Philadelphia 1911, p. 6-7)

Diphtheria in a little boy

"All sicknesses present two classes of manifestations, those by which they are determined or named, *i.e.*, the diagnostic symptoms; and those peculiar to individuals and cases, often seemingly having no bearing upon the illness, hence called idiosyncratic symptoms. In weighing their value for the purpose of deciding upon the choice of a remedy, the latter are almost exclusively to be considered, while the diagnostic symptoms take a secondary place; this is well illustrated by the following case.

At noon a November 24th I saw Charles C., aet. 4, and found the following symptoms: Convulsive wing-like motion of the alae nasi with every inspiration.

Breathing impeded, quick and with effort, the evidences of narrowing the laryngeal lumen were positive.

On falling to sleep is aroused by suffocation.

A number of small patches of membrane on the right tonsil.

Face and neck bloated.

Pain in larynx when coughing.

Lips cracked in the right commissure.

Continually picks and bores the nose.

A diagnosis of laryngeal diphtheria was made, and *Spongia* 40m. was prescribed; up to seven o'clock in the evening all the symptoms grew progressively worse.

This showed that the wrong remedy had been selected. I now did what should have been done in the first place: carefully wrote down the symptoms in tabulated form, placing the most characteristically diagnostic symptoms at the head and the idiosyncratic ones toward the foot of the page; this arrangement demonstrated at once that the prescription had been based on diagnostic symptoms; hence the failure, and that the idiosyncratic indications pointed to *Arum triphyllum*, which was now administered in the 200th of Dunham every hour; in two hours the patient felt easier and began to expectorate a watery fluid which seemed to come from the throat, gradually increasing in quantity until 3 p.m. of the next day, when he coughed up a number of pieces of membrane, bloody at the margin, with much mucus; from this time on the recovery was rapid and perfect."

(Cyrus M. Boger, M.D., *The Homoeopathic Therapeutics of Diphtheria*, Lancaster 1899, p. 3-5)

Mitteilungen aus St. Gallen

„Seit wenigstens 1 ½ Jahren haben wir in St. Gallen und weiterer Umgebung eine Scharlach- und Diphtheritis-Epidemie und seit einem Jahre tritt diese letztere aber hauptsächlich als gemeine Diphtherie mit ziemlich perniziösem Charakter auf. Diese letztere epidemische Krankheitsform scheint nun an ihrem Ende angelangt zu sein, denn seit vier Wochen habe ich keinen Fall mehr gesehen und von keinem mehr gehört. Deswegen erlaube ich mir, meinen Kollegen über diese in homöopathischen Kreisen vielfach besprochene, und ich möchte sagen viel umstrittene Krankheitsform, nachdem ich ca. 50 Fälle behandelt und alle ohne Ausnahme geheilt habe, meine Therapie mitzuteilen.

Ganz leichte Fälle (sogenannte katarrhalische Diphtheritis) sind in diesen 50 gar nicht inbegriffen und befanden sich darunter vier Erwachsene, alle schwer ergriffen mit bedeutendem Fieber - Temperatur 39-40° in den ersten 24 Stunden -, und von den erkrankten Kindern (von 2-12 Jahren) war mindestens der vierte Teil zu den schweren Fälle zu rechnen; zwei Fälle ausgesprochene septisch-gangränöse Formen. Zu Larynx-Diphtheritis kam es nie, auch traten in keinem Falle diphtheritische Lähmungen oder Paresen auf.

Bis vor 3 Jahren hatte ich gegen Diphtherie Apis 6. bis 30., Brom, Belladonna, Kali phos. C 6. und Merc. cyan. C 3.-6. mit größtenteils sehr befriedigendem, jedoch nicht durchschlagendem Erfolg angewendet. Zu Merc. cyan. fing ich vor 3 Jahren sogar an, das Zutrauen zu verlieren, bis ich diesen Arzneistoff damals neuerdings von Dr. v. Villers empfohlen fand, aber ausdrücklich nicht unter der 6. Centesimal-Verdünnung, und es ist mir ein Vergnügen, hier anzuerkennen, dass ich diesem vorzüglichen Praktiker durch seine Veröffentlichungen manchen guten Wink überhaupt zu verdanken habe.

Ich habe also während dieser ganzen Diphtheritis-Epidemie Merc. cyan. nie mehr unter der fünfzehnten Centesimal-Verdünnung (von 15-30) angewendet und damit die Krankheit eigentlich beherrscht. Regelmäßig vom Beginn der Anwendung des Mittels an gerechnet war in 24 Stunden schon die günstige Wirkung desselben bemerkbar, und nach fernerm Verlauf von viermal 24 Stunden im Rachen Alles normal; die längste Dauer des Prozesses in Fällen, welche erst im vorgeschrittenen Stadium in meine Behandlung kamen, war zehn Tage. Dass der z. B. durch unsern verehrten Herrn Dr. Goullon jr. sehr empfohlene Merc. bijodatus ¹⁾ bei Weitem nicht die Dienste leistet, habe ich mir den Mut genommen, in zwei Fällen zu erproben, indem ich denselben bei vier erkrankten Kindern derselben Familie dem leichtest Erkrankten verabfolgte, aber schon nach 36 Stunden eine solche Überhandnahme der Plaques im Rachen vorfand, dass ich gerne wieder zu Merc. cyan. griff und auch sofort wieder prompte Rückbildung der Membranen sah. Dieselbe Probe bei einem einzeln erkrankten Knaben von 10 Jahren ergab dasselbe Resultat. Wenn auch gar keine Plaques und kein Fieber nach ca. 4 Tagen mehr vorhanden sind, lasse ich das Mittel trotzdem noch einige Tage nicht aufstehen, weil ich die Erfahrung gemacht habe und zwar unter anderem bei meinem eigenen 9jährigen heftig daran erkrankten Töchterchen, dass bei Außerachtlassung dieser Vorsicht leicht Rezidive und zwar ganz bedeutende entstehen können.

(1) Ich bin aber trotzdem entfernt davon, diesem Mercurpräparate in Diphtheritis überhaupt die Wirkung anzusprechen.

Etwas anderes als die innerliche Darreichung von Cyanmercur in Lösung von destilliertem Wasser kam gar nicht vor, keine Inhalationen, keine Insufflationen, keine Gurgelungen, keine Ätzungen oder Pinselungen. Wie man überhaupt bei Behandlung der Diphtheritis mit dreisten Gaben von Carbol- und Salicylsäure, Kali chloric., vegetabilischem Kohlenpulver, Schwefel, Liq. ferri etc. innerlich und lokal (oft drei Mittel zumal), wie das von mehreren homöopathischen Ärzten geschieht, noch von Homöopathie reden kann, ist mir unerfindlich.

Während des letzten Winters sind überdies viele Croup-Kranke in meine Behandlung ge-

kommen, darunter viele unechte oder Pseudo-Croups oder akute Kehlkopfkatarrhe, aber von Mitte November bis Anfang Februar allein sechs hochgradige und schwere membranöse, wovon zwei in extremis aus dem allopathischen Lager, und wenn ich mich an diese sechs und viele andere Fälle in früheren Jahren erinnere, wo die Homöopathie fast ohne Ausnahme hilfreich und in den *letzten* Stadien oft noch rettend sich bewährte, so tut es mir weh, wenn ich vernehme, wie man häufig in homöopathischen Kreisen oder deren Literatur die Behauptung aufstellt, gegen den echten Croup nütze die Homöopathie auch nicht viel und schon gar nichts, wenn er schon zwei Tage nacheinander sich verschlimmert habe. Nur daraus, weil diese Kollegen die 2. bis 5. Decimalverdünnung von Jod, Brom, Spongia, Hepar sulph. gewohnt sind anzuwenden, kann ich mir einen solchen Ausspruch, resp. Misserfolg erklären. Bei solchem makrodosistischen Vorgehen wird man allerdings keinen membranösen Croup im höchsten Stadium heilen, *unter* der fünfzehnten Centesimal-Verdünnung wende ich Jod und Brom in so schweren Fällen nie mehr an und habe manchen kleinen Patienten gerettet, der aus den Händen der Allopathen erst nach 3mal 24stündiger stetiger Verschlimmerung in meine Behandlung kam. Von den zwanzig hier in St. Gallen domilizierten Ärzten, das darf ich ohne Übertreibung behaupten, behandelt keiner so viel Croupkranke wie ich, und ich sage dies sicherlich nicht, um meine Person damit wichtig zu machen, sondern um der Homöopathie die ihr gebührende Ehre zu geben und das Zutrauen hervorzuheben, dass sie in diesen und vielen anderen akuten Krankheitsprozessen genießt.

Den einen von diesen 6 schweren Croupfällen will ich hervorheben, weil er in einer der angesehensten Familien St. Gallens vorkommend und von dem auch auswärts berühmten Dr. S. in meine Behandlung übergehend, in diesem Jahre am meisten Aufsehen erregte. Volle drei Tage hatte sich der achtjährige Knabe des Herrn B. bei erschreckender, rapid zunehmender Verschlimmerung in Herrn Dr. S. Behandlung befunden, als ich Abends 10 Uhr des 24. Januars, da die Eltern des Knaben und der langjährige Hausarzt an seinem Aufkommen verzweifeln mussten, gerufen wurde und mit Wissen des Dr. S. an seine Stelle trat. Seit zwölf (*nicht* durch leichtere Momente unterbrochenen) Stunden lag der Kranke da in hochgradiger Laryngostenose, somnolent, stimmlos, in angestrengtester Arbeit der Respirationsmuskeln, wobei die Schlüsselbeingruben sich periodisch einzogen, dass man ein Hühnerei hätte hineinlegen können. Ich erklärte, wenn durch das nun verabreichte Jod C 15 nicht innerhalb 12 Stunden ganz bedeutende Erleichterung erfolge, der letale Ausgang unfehlbar eintreten müsse. Glücklicherweise schon nach sechs Stunden erschien ein heftiger Hustenanfall und damit eine Expektoration einer ca. 10 Zentimeter langen, röhrenförmigen starken Membran, nachher wieder Verschlimmerung (stenosierte Atmung) und nach abermals sechs Stunden wieder ein solches Auswerfen von Membranen u. s. f. in der Weise, dass wir 36 Stunden nach Übernahme des Patienten ein halbes Glas voll (ungefähr 1 Deziliter) derartiger Hautfetzen beieinander hatten, darunter einen, wie ich durch Auseinanderlegen in einem flachen Gefäß mit Wasser konstatieren konnte, von etwa 15 Zentimeter Länge. Damit war die Sache abgeschlossen, der Knabe außer Gefahr und 3 Tage nachher zum ersten Male außer Bett.

Anführen will ich noch, dass bei zwei anderen Fällen (von diesen sechs) die grauen häutigen Membranen deutlich im Schlund sichtbar waren, beide Mandeln damit wie tapeziert, zum Unterschiede von diphtheritischen Plaques fest und glatt als dünne Haut adhärierend. Heilmittel bei diesem Brom C 15. Die bei Diphtheritis und Croup verabreichten Mittel dispensierte ich nicht selbst, sondern wurden nach Rezept in der hiesigen Hechtapotheke von Herrn Hausmann bereitet, und verschreibe ich immer 10 gtt. der 15. bis 30. Centesimal-Dilution in 100,0 bis 150,0 Aq. destill. gelöst, ein viertel- bis einstündlich 1 Teelöffel.

Bei dieser Gelegenheit teile ich noch zwei Fälle von Carcinoma mit, welche beweisen, dass die Homöopathie auch in solchen Prozessen nicht immer verzweifeln muss.

Frau N., 38 Jahre alt, Schlächtermeisters-Gattin, begann Anfang April 1878, nachdem sie

vorher immer regelmäßig menstruiert gewesen war, an öfteren, ziemlich starken Menorrhagien zu leiden, verbunden mit immerwährenden, starken Schmerzen im Becken, großer Angegriffenheit, Appetitlosigkeit, immer größerer Anämie und Abmagerung; gegen Ende April war die Blutung so ziemlich permanent und musste die Patientin fast immer das Bett hüten. Der objektive Befund ergab leichte Schwellung des Uterus, Wulstung und Vergrößerung des Cervix, starres Auseinanderstehen der Muttermundlippen und Vorhandensein mehrerer hanfkorngroßer und kleinerer Knoten in der vorderen Lippe. Nach mehreren Konsultationen mit meinem Freunde und hier praktizierenden homöopathischen Kollegen Dr. Künzli, der zudem in operativer Gynäkologie und Chirurgie Tüchtiges leistet, entschlossen wir uns zur hohlen Amputation des Cervix, als einzigem rationellen Mittel, um den Uterus vor weiterer carcinomatöser Entartung zu bewahren. Die Patientin, welche große Angst vor der Operation äußerte und sich trotz meines eindringlichen Zuredens, nicht lange damit zuzuwarten, nicht entschließen konnte, sich jetzt schon operieren zu lassen, ersuchte mich, sie vorläufig weiter zu behandeln gegen die Blutung und die Schmerzen; wenn dann Alles nichts nützte, so wolle sie es tun. Durch fortgesetzte Anwendung von Hydrastis can. C 6 innerlich und Tinct. Hydrast. can. in ganz schwacher Lösung zu Injektionen nahmen wider mein Erwarten die Blutung nach und nach und auch die Schmerzen ab, das Allgemeinbefinden hob sich, Appetit stellte sich wieder ein, bis Mitte Juni verlor sich auch der nach Aufhören der Blutungen noch vorhandene gelblich wässrige Ausfluss gänzlich und die Patientin konnte als vollständig geheilt angesehen werden. Seitdem sind die Menses wieder regelmäßig und nicht zu profus eingetreten; sie befindet sich ganz gesund und steht seit mehr als einem Jahre in strenger Arbeit ihrer Haushaltung vor (sie hat drei Kinder) und ihrem Manne in seinem Berufe zur Seite.

Der zweite Fall betrifft die Witwe des im Februar 1878 verstorbenen, viel beschäftigten, weit herum bekannten, ausgezeichneten homöopathischen Arztes Dr. Z. in R. (3 Stunden von St. Gallen). Anfang Mai stellte sich mir die sehr wohlbeleibte, gut aussehende, 55 Jahre alte Frau Dr. Z. vor wegen eines hauptsächlich auf Druck schmerzhaften, ca. eigroßen und eiförmigen, harten Tumors in der linken Fossa supranavicularis. Derselbe saß in dem Dreieck, welches vom vorderen Rande des M. C. cucullaris und dem M. omohyoideus gegen den M. sternocleido-mastoideus gebildet wird mit den unterliegenden Muskeln und Weichteilen fest verwachsen, nur wenig beweglich, in der Tiefe etwas Fluktuation manifestierend und die Haut am oberen hervorragenden, schmälere Ende ebenfalls fest verwachsen, aber noch nicht gerötet. Schon im Jahre 1877 sei der Tumor, zwar noch viel kleiner, nachweisbar gewesen und habe sich damals schon ihr Gatte Dr. Z. bekümmert darüber geäußert. Ich machte die Patientin darauf aufmerksam, dass es mir dieser Neubildung nicht sehr gutartigen Charakters gegenüber (Diagnose: Cystosarkom) schwerlich gelingen werde, eine Heilung zu Stande zu bringen und ersuchte sie, sich der allfällig später notwendig werdenden Operation nicht zu widersetzen. Thuja, Arsen, Silicea vermochten nichts zu ändern, das Wachstum schritt bis Ende Juli langsam etwa 1 Zentimeter vorwärts, die Haut rötete sich und verdünnte sich mehr und mehr, bis eben eine offene, wenig eiternde Fläche des oberen Endes da war. Um nichts zu versäumen, ging die Patientin auf meinen Rat in das alt berühmte Wildbad (Württemberg), mit der Weisung, Thermalbäder zu nehmen und den warmen, feuchten Sand aufzulegen. Frau Dr. Z., als abgesagte Feindin aller Allopathen hatte die feste Absicht, sich dort an keinen Arzt zu wenden, war aber, weil die eiternde Fläche sich vergrößerte und ziemlich große und wuchernde Granulationen bildend, oft nicht unbedeutend blutete und die Schmerzen in heftiger Weise sich steigerten, nach 14tägigem Aufenthalte in Wildbad gezwungen, es doch zu tun, und wandte sich an Herrn Hofrat Dr. Renz daselbst, indem sie gehört hatte, dass er der Homöopathie am wenigsten feindlich gesinnt sei. Dieser habe sich eigentlich entsetzt über den eiternden „böartigen“ Tumor und beigefügt, „dagegen haben wir Allopathen nur das Messer“ und sie solle so schnell als möglich nach Hause reisen, was sie auch tat und nun wieder in meine Behandlung kam. Um kurz zu sein, das nun angewendete Conium C 6 bis C 15 innerlich und

Conium in der dritten Dezimalverdünnung äußerlich in Wasser-Umschlägen brachten gegen alles Erwarten jedoch eine so günstige Wirkung hervor, dass der Tumor von Woche zu Woche (reichlich gutartigen Eiter absondernd) abnahm und bis Ende Oktober mit der übrigen Haut der Supraclavicular-Gegend in gleichem Niveau war und zwei Monate nachher, Dezember 1878, gänzlich vernarbte.“

(Über Diphtheritis und Croup, von Dr. med. Grubenmann in St. Gallen, Allgemeine homöopathische Zeitung Bd. 99 (1879), S. 43-45)

A severe case of whooping-cough

“My youngest daughter, when an infant two months old, contracted whooping-cough, and it turned out to be about the severest case I have come across during all my years of experience. Myself, as well as the attending physician, had very little hope of her recovery, and thought that every day would be her last. The paroxysms were very violent, six or seven times a day; the child’s face turned black, the eyes protruded, and several times it was on the verge of death through suffocation. Had it not been for the watchful eye of my wife, it is a certainty that the child would not now be alive, as day and night she hardly ever rested, taking the child up as soon as a fit came on, and placing it in a favourable position. On several occasions the child gave no sign of the fit, but the mother’s careful eye detected the blackness of the little one’s face, and at once came to its rescue. The child refused the milk, and for four days was kept alive on brandy and water, weakly diluted. I administered *Aconitum napellus*, *Drosera rotundifolia*, *Cuprum metallicum*, *Antimonium tartaricum*, *Castanea vesca*, *Ipecacuanha*, *Bryonia alba*, *Spongia marina*, and *Nux vomica*; but the disease got worse rather than better. The physician (an allopath, no homoeopath being available) prescribed *Ipecacuanha* and *Scilla*, given in *Syrup of Tolu*. As a last resource, one day, when we seemed to be completely baffled, I said to the doctor, “Well, doctor, what do you think of trying one dose of the *Bromides*, such as that of *Ammonium*?” “I have been thinking about that myself,” he replied, and he thereupon sat down and wrote out the following prescription:

R. Ammonium bromidum gr. xxiv.

Syrup Tolu ꝑiv.

Aqua ad. ꝑiv.

One teaspoonful to be taken occasionally.

The medicine acted like a charm, and the child improved almost from the first day of taking the medicine. Accessory means were hanging of a handkerchief saturated with a few drops of *Kreosotum* θ , over the child’s head when asleep and the rubbing of a liniment, composed of *Camphorated Oil* and little *brandy*, over the child’s chest, stomach, and along the spine every morning. The progress of the disease was arrested, the paroxysms gradually became weaker, and took place at longer intervals; the appetite returned, and the child made a good recovery, after having been under the spell of the disease for fully six months.

Ammonium bromidum has for its indication irritation of both the organs of respiration and the stomach; this is accompanied with a spasmodic cough, having a distinct whoop, very much simulating the symptoms of whooping-cough. The cough of *Ammonium bromidum* is very distressing, hoarse, dry, spasmodic, and exceedingly exhausting. After seeing the beneficial action of *Ammonium bromidum* in the case of pertussis mentioned above, I have every confidence in recommending it in those severe cases where other prominent remedies fail to arrest or to create any improvement in this distressing and often dangerous disease - the more especially dangerous when attacking children in their infancy.”

(Frederick Kopp, M.D., Greenwich, New South Wales, Cases I have come across, *Ammonium bromatum* in a severe case of Whooping-cough, *The Homoeopathic World* vol. 39 (1904), p. 119-120)

A very little known remedy and yet one of such sovereign value

„The remedies *Pyrogen* and *Septicaemin* are very little known and yet they are of such sovereign value that one can only regret that they do not stand in the front rank of homoeopathic use and wont in the choice of the prescribers who act on the principle of the adjustment of remedy to malady.

Professor Burdon Sanderson was a great orthodox Materia medica man and physiologist. He taught that decomposing organic materials were unique in inducing rise of temperature in the body. He did not go any further than that. Dr. Drysdale, a homoeopath, recognized the value of and began to experiment with this pyrexia-producing fluid on homoeopathic lines as a powerful remedial measure. He called this crude substance used by him, *Pyrogen*, which he prepared by macerating raw beef in cold water, thereafter exposing this infusion for weeks to the rays of the sun. Burnett standardized this preparation and made use of it in fevers and blood-poisoning, the result of which he published in a monograph in 1888. The crude substance from which potencies were prepared in the usual manner was decomposing animal fluid, the retrograde change in its composition occurred outside the body. The American Homoeopaths then began to make use of the septic substance of the morbid fluids of the body and proved then the close parallelism of the symptoms produced by the morbid agent and clinical human pathology.

Dr. Swan, who was the high priest and instigator of the high dilution school, raised the morbid *Pyrogen* containing material from the contents of a septic abscess to the highest level of transcendental potencies, and commenced that series of well-nigh miraculous cures which are only paralleled by the clinical experiences of Hahnemann himself in the post-Napoleon years. These potencies of Swan were made from septic pus; Sherbino later made provings with Swan's potencies: while the earlier British work was done with decomposing beef as the crude primary agent, but the therapeutic successes were astounding whether made, as in America, with septic pus, or as in England, with septic beef. As time went on, the tendency was to change the potency from 6c., administered night and morning, to 10 m. or cm., administered in unit doses.

CLINICAL EXPERIENCES

Burnett used mainly the 6th centesimal dilution two-hourly in acute cases.

Shuldham employed the same potency in two cases of diphtheric sore throat.

Sherbino cured a case of puerperal fever and was led to its selection by the high pulse rate.

Hunt cured with *Pyrogen* 200 an elderly woman suffering for years with an ulcerated leg riddled with deep burrowing ulcers.

And Swan gives as a special indication for *Pyrogen*, pulse abnormally rapid and out of proportion to the temperature.

The principal symptoms are:

Disproportion between pulse and temperature; pulse continually rises.

Restlessness owing to soreness of parts.

Better sitting up in bed and in the act of rising, relieved by stretching out limbs, hands and arms are numb: great benefit from heat and movement.

One of my earliest experiences of the great benefit of *Pyrogen* on the suffering individual was in Dr. Burford's wards. This woman had had an extensive and serious operation. I think it was a fallopian tube abscess followed by peritonitis. She recovered well after various homoeopathic remedies, but there was extensive sloughing of the abdominal wound which would not heal, along with a fistula leading to an opening into the peritoneal cavity. There was pyrexia around about 99° and 100° and pulse rate of 150. Dr. Burford with his clinical acumen suggested to me the making of an auto-vaccine from the patient's own pus, and I was entrusted

ed with the making of this auto-pyrogen according to homoeopathic rules. I chose swelling bottles, macerated a platinum loopful of the pus from the abdominal wound as far down as I could go with the probe - and then took one drop of this macerated pus and mixed it with 99 drops of rectified spirit. This was in 1913 and rectified spirit was cheap and in general use in homoeopathic hospitals. Then I succussed this dilution and labelled it 1c; then I took one drop of this dilution and mixed it with 99 drops of rectified spirit, succussed it well and labelled it 2c., and repeated this process carefully six times in all, until I had the 6c. dilution. Of this 6c. potency the patient had five drops night and morning, and in less than a week the wound had healed up from the bottom and the scar was sound and firm. One remembers how pleased Dr. Burford was with the result; the patient was seen three months later and showed a strong scar with no signs of a threatening hernia. It made a deep impression on one's mind, especially as one recalled a similar case in the wards of Edinburgh Infirmary in a middle-aged man of 55 who had extensive suppuration of the abdominal wound and a sinus leading down to peritoneum after an operation for a ruptured duodenal abscess, and he was round about six months in the wards before this wound healed up. And the patient in the Homoeopathic Hospital treated with *Pyrogen* was out after a month or barely five weeks. An astonishing difference! No wonder that one thought highly of the power of *Pyrogen* in septic cases. As Dr. Burford puts it succinctly: *ubi venenum, ibi remedium* - where the poison is, there is the remedy, the cause may evoke the cure.

Some further examples of the use of *Pyrogen* in dangerous cases may show its extreme value in emergencies.

During the serious influenza epidemic in 1918-19, one's clinical acumen was greatly tried, but again and again one was thankful for the very efficient aid that homoeopathic medicines provided, and over and over again an apparently serious case quickly turned the corner.

Patients used to say, "I only had a very mild case of flu." They never gave the credit of the rapid cure to the almost tasteless watery medicines they used to imbibe. There were no complications, no heart trouble, no broncho-pneumonia, no septic pneumonias, and therefore no fatal incidents in over a hundred cases. A triumph for homoeopathy indeed. Very few cases gave me much anxiety. The only relapse I had was a lady dispenser who knew so much that she wished to almost treat herself, and she had several weeks in bed and was far more pulled down afterwards than any of the other cases, even though she had the same strict starvation diet, copious draughts of barley water, lemon juice, orange juice and grapes as the other patients I looked after. So I proved to myself that a natural diet, a fruitarian diet alone, was not the greatest factor in promoting a rapid cure. It always wanted the indicated - that is the right homoeopathic remedy - for each individual case.

There was another case that caused me some anxiety, as it would not respond to the usual remedies. He was a young man invalided out of the army on account of shrapnel wounds in his ankle. The rest of the family, both parents, several brothers and sisters, responded quickly to the treatment given, temperatures came down within twelve to twenty-four hours. They were kept in bed for several days, after the first day of normal temperature, and kept for two or three days only on a fruit diet which was gradually augmented by ordering vegetable soups and egg dishes. His mother could not understand why her eldest son did not get well as quickly as the rest, and put it down to the effects of the war wounds. She was not far wrong either, as it turned out in the end. After nearly a week of pyrexia I had visited him at all hours of the day and night to get all the symptoms collected together, nurses were at a premium just at that time, and one depended on the relatives, provided there was anybody left to do the nursing, and I carried several door keys in my pocket to let myself into the various houses. Well, eventually I got the following disease picture: very high, steadily rising temperature, going up to 105° at night, the pulse remaining somewhere about 100-110, therefore the pulse and temper-

ature was quite out of proportion. He was extremely restless, never staying long in one position, very confused as regards the number of extremities he owned, there seemed to be so many arms and legs in the bed; he complained of the extreme hardness of the bed, his back was so painful and the bed was so hard as a board. He had received *Rhus tox.* for his restlessness, also *Arnica* for the hardness of the bed and (?) remote effects of war injuries; also *Baptisia*, which seemed to correspond to the confusion of the mind and the sensation of there being more than one person in the bed; nothing would touch the illness, however; the weakness went from bad to worse. There were drenching sweats, an offensive, penetrating odour from his perspiration; he had to change his shirts several times in the twenty-four hours; his mouth and tongue were foul, and yet *Mercury* did not touch him. I did not give up hope, but continued to study the case. In the back of my mind I knew there was something that would act as a key to open the door to this maze, this complicated septic fever. Suddenly it came to me, there was a certain remedy which has this arrhythmia of pulse and temperature, a high temperature with a low pulse or vice versa. This was *Pyrogen*, and in reading up *Pyrogen* in *Materia Medica*, there was the *simillimum*; the extreme restlessness, the bruised feeling of the parts lain on, the relief by movement of feet, by change of position; offensive, disgusting perspiration, great weakness and lassitude; it was all there. So *Pyrogen cm.* - the only potency I had except the *mm.*, both Heath potencies from America - was given two-hourly in a watery solution, and by the morning, a few hours after the late night visit - I found the patient had slept more restfully and the temperature was down to 100°, that night, within twenty-four hours of starting this new medicine, the temperature was normal, and it kept normal after that. I continued the remedy for a couple of days and then finished off with one dose of *Pyrogen mm.*, dry on the tongue. I do not remember now, whether he had a constitutional remedy at the end of "seven days bed," after the temperature reached the normal level. Anyway, the patient was kept under observation for several years afterwards, and he had no after-effects from his serious attack of "wartime flu," and on the whole he came off quite lightly, compared with many other victims; he was only in bed for a little over two weeks: eight days' temperature and seven days' recuperative rest. In this case normal influenza, if one may be allowed to call any influenza normal - was complicated by previous inoculations of the various typhoid, paratyphoid and cholera bacilli; he had had anti-malarial inoculation, he had been vaccinated, he had anti-streptococcal injections and inoculations against tetanus, and he could not remember what other inoculations he had had to submit to. I came to the conclusion that he was full of septic matter, and his blood stream was a battlefield of all sorts of serums and bacteria, and hence the drenching sweats, the high temperature, the offensive odour and the extreme prostration.

In my own mind I am absolutely convinced that this young man would have been another of the numerous victims of the fatal influenza epidemic, if it had not been for our *Pyrogen*.

A number of years passed by, but the lesson one was taught of the action of *Pyrogen* was never forgotten. One day I heard of a poor woman lying dangerously ill in her own house after her confinement: she had been in hospital antenatally for several weeks with high temperature due to pyelitis, the story went, and was sent out even though the fever, etc., had not abated, under the care of a district nurse with the instruction to call in a local doctor. There was such a call on the hospital beds, she had to be discharged. I heard of her accidentally, she had been at home for nearly a week since her return from hospital: the visitor told me that the temperature would not come down, but stayed round about 103°, the pulse was only about 80 though; she was so weak she could not look after her baby, a kind neighbor was seeing to it. It seemed so tragic, poor Mrs. D., being so ill, as there was a large family of seven or eight children.

Across my mind flashed the story of the soldier suffering from septic influenza and his cure by *Pyrogen*; here, once again, was the abnormal pulse-temperature ratio. As there was no doctor in attendance, the woman was too poor to pay for one, and the nurse was so worried, a

dozen powders of *Pyrogen* 30 were sent, with the instructions to take one powder at four-hourly intervals, with the result that the evening temperature, the first temperature taken after the powders had been sent, was 99.8°, and the next morning the temperature was normal and stayed normal.

The patient reported herself a couple of weeks later as being very well except for a crop of vesicles on both her wrists and hand, which cleared up with a dose of *Sulphur* 30. Here, once again, was a septic fever, caused by, and following on, some infection of the female generative organs, cured by *Pyrogen*, which eliminated the poison, as often happens after homoeopathic medication, through the skin.

A little while ago I came across this abnormal pulse-temperature ratio in a case of post-operative pyrexia. *Pyrogen* was exhibited and pulse and temperature came down together and the patient reported the curious fact that shortly after taking the powder she could taste pus in her throat and mouth. She was a vegetarian and had never tasted meat in her life, so she said, and was probably hypersensitive. I gave her unmedicated powders to try and prove the veracity of her statements; and she only complained of the putrid taste after a *Pyrogen* powder. As it was given in the 30th potency, it was certainly not a physiological reaction, more in the form of a proving.

Pyrogen - which is a product of sepsis - cures septic fevers of all kinds and conditions when the symptoms agree; it was proved on healthy individuals, and produced a distinctive type of pyrexia with definite clear-cut indications. Thus it proves again the great truth of the Homoeopathic Law: *Like cures like*. In my hands it cured septic influenza, puerperal pyelitis, and post-operative pyrexia, and it will continue to cure other septic diseases showing the typical symptoms.

Many cases of blood-poisoning and ptomaine poisoning, peritonitis, and pyaemia could be saved by *Pyrogen*, if the medical practitioners would only study our *Materia Medica* and apply it in cases which show the characteristics I mentioned. *Pyrogen* is closely related to various other remedies, it is very similar to *Rhus. tox.*, to *Baptisia*, to *Arnica*; one has to get together all the distinctive symptoms of each case and then apply the simillimum, the remedy which is most similar. The general medical profession is getting an inkling of the truth, as it is using the serum and vaccines made from individual bacteria or a combination of bacteria, found in different septic cases and injecting them hypodermically, and in certain cases they do get a positive reaction, a good curative result. But their doses are too big, and the results are too uncertain, and until they learn to give minute doses and apply them according to a definite law of cure, their results will never be as good as our remedies applied strictly, following the laws discovered by Hahnemann:

- 1) The single remedy.
- 2) The minute dose.
- 3) Given on the totality of the symptoms found in the individual patient, and corresponding to the symptoms produced by healthy provers.

An interesting confirmation of the value of *Pyrogen* in preventing blood-poisoning comes from a keen homoeopathic layman who worked in Smithfield meat market. He found that *Pyrogen* taken immediately after being scratched, when handling carcasses of meat which were frequently not any too sound, stopped any infection occurring. He used to distribute *Pyrogen* 30 to his friends after septic scratches on arms and hands from handling septic meat, and invariably cured these lesions. He was very enthusiastic about the magic that rested in the minute doses of *Pyrogen*, and here the homoeopathic law proved itself again as being correct. The septic meat produced septic scratches and inflammation ascending up the arm, and *Pyrogen*, septic meat in homoeopathic doses, cured it.

Magna est Veritas et praevalabit!

(Dorothy Shepherd, M.D., *Magic of the Minimum Dose*, 2nd edition 1946, Pyrogen (After Dr. George Burford), p. 165-171)

An emergency

“Homoeopathy in the truest sense means curing, if possible, by a single remedy, and surgery to a true homoeopath means that medicine is a failure. When we of the homoeopathic school are placed in absolute control of our patients welfare, and life and death rests on our every decision, we often find in an extreme emergency that some of our wonderful remedies surpass even our fondest expectations.

I have never claimed to be better than an average homoeopathic prescriber, but every day and every week I have sought to improve my ability in prescribing. Of times in an emergency I have found that my thirty-five years of experience and the late hours I have spent in extra study unexpectedly have given me wonderful returns and helped my patient to a speedy recovery. It is this satisfaction that has prompted me to accept even a small place on this program and report a surgical experience.

On the evening of January 22, this year, I closed my office at 4:30 and left with my wife to drive twenty miles to visit my father-in-law who was quite ill. When leaving we informed our nurse that we might not return until nearly midnight. About half an hour after our departure, one of my regular patients called for me to come immediately to see her husband who was seriously ill with an acute appendicitis. When the nurse informed her that I was out of the city for a few hours she continued to call at frequent intervals, hoping that I might have returned sooner than expected. Finally in desperation they decided to call an “old school” physician. This doctor reported a temperature of 102.5°, pulse 98, terrible pain over McBurneys point, and an acute appendicitis that needed surgery at once. On being informed that the family physician was temporarily out of town and that they had called him for relief, this doctor hurriedly mixed two small white tablets in hot water, gave the solution hypodermically and left. About 4:30 a. m. I was urged to hurry to the sick mans home.

On examination I found a dangerously ill patient. The weather was 5° above zero, and the patient, in great pain and suffering, had gotten out of bed, lain down on the cold floor and rolled. His temperature was 104.4°, pulse 124 to 128. This man had suffered from a mitral insufficiency for over eight years, and a right inguinal hernia for over ten years. I diagnosed a severe acute appendicitis complicated with a bad case of bronchial pneumonia from exposure on the cold floor.

The tongue was very much coated, foul breath, and every cough caused the hernia to stand out very noticeably. I shall never forget the expression on his face. Fully aware of the condition of his heart and other complications, I asked for consultation and we agreed on the head surgeon of one of our hospitals, who happens to be president of our State Hospital Association this year.

When he arrived and examined the patient he promptly reported that an operation meant sure death. In fact, that if either surgery or medicine was decided upon, it meant death in twenty-four hours. The surgeon recommended that no other consultations be held as it was useless. When I left him at his home he informed me that he did not envy me my responsibility, for he doubted if my patient could last more than twenty-five to thirty hours. I hurriedly drove to my office, some twenty-two blocks, and all the way there I could think of nothing but pus, pus, pus, pus in the lungs from pneumonia, pus forming in the appendix, a typical pus tongue, with all the other pus “red flags” presenting themselves.

Like a wireless message, Pyrogen (or Pyrogenium) kept ringing in my ears. Time was precious and my patient was dangerously ill. I rushed to my office and got some pyrogen 200. It had never failed me. Upon opening my case I found I had no 200th; all I had was a bottle of 5M. Surely the totality of the symptoms called for Pyrogen, and I decided I would risk my patient's life on Pyrogen 5M., one dose. I hurried back to him and I myself gave the one dose on the tongue. This was early in the morning. Again at 11:30 a.m. I called to see my complicated case; this was six to eight hours later. The temperature had receded from 104.4° to 101.6°, nearly three degrees. The abdominal pain especially was lessened, and breathing was less difficult, more regular, and, best of all, my patient had had nearly two hours rest at two different intervals.

That morning when I had prescribed the single dose I decided to remain with my patient for fifty or sixty minutes. I feel sure that the homoeopathic medicine given this boy caused an improvement in no more than twenty-five minutes. Even the patient informed me that he really could tell that it gave him more relief, and I was asked if there was a narcotic in the medicine.

The second morning, a little over twenty-four hours, my patient was still improved, temperature 101°, pulse 96, and more rational. On the fourth day the surgeon who had been in consultation on this case called me by phone, stating that he had not seen a death notice in the paper for my patient. When I replied that his temperature was down to 99.4°, and his pulse was 86, he replied that it seemed impossible. From that morning my patient went on to an uneventful recovery.”

(W. Leroy Bonnell, M.D., Chiackasha, Oklahoma, Pyrogen in Pneumonia complicating appendicitis, The Homoeopathic Recorder vol. 59 (1943), p. 16-18)

Ein Mädchen war zum Sterben aufgegeben worden

„Die mir schon seit 8 Jahren bekannte, jetzt 9 Jahre alte Rosa K. in C. war am 18. Oktober plötzlich unter hohem Fieber und Schluckschmerzen erkrankt. Aus ihrer Vorgeschichte verdient erwähnt zu werden, dass sie mit 1 ½ Jahren eine Diphtherie durchgemacht hat, nach deren Verlauf eine Neigung zu scrofulösen Erkrankungen zurückblieb, welche alsbald in Gestalt von Lidrandkatarrhen, Drüsenschwellungen und namentlich als chronischer eitriges Mittelohrkatarrh (links) in die Erscheinung traten. Der letztere zeichnete sich stets durch einen ungemein übelriechenden Ausfluss aus; die Hörfkraft war fast ganz geschwunden, seit ich das Kind kenne. Im Übrigen machte die Kleine einen recht guten Eindruck; sie war gut ernährt, sogar etwas reichlich mit Fettpolster versehen, war intelligent und hatte ein blühendes frisches Aussehen.

Am 18. Oktober 1905 fand ich das nun plötzlich schwer erkrankte Mädchen in hohem Fieber (40° C. und 120 Puls) und untersuchte alsbald die Fauces wegen des, allerdings nicht in diese, sondern in die seitliche linke Halsgegend lokalisierten, intensiven Schluckschmerzes. Es fand sich höchstens eine leichte Rötung der Fauces, kein Belag. Ich stellte sodann die genaueren Grenzen des Schmerz-Gebietes am Hals fest und fand, dass dieses etwa dem Verlauf des Sternocleido bzw. der darunter befindlichen Gefäße entsprach und sich vom Schlüsselbein bis etwa zum Proc. mastoideus verfolgen liess. Ich erkundigte mich nach dem Stand des Ohrenleidens und hörte von der Mutter, dass der Ausfluss gegenwärtig vermindert sei. Eine oberflächliche Untersuchung des Ohrs ergab keinerlei Druckschmerz an den bekannten Stellen. Fehlende Luft- und Knochenleitung. Das Kind klagte nicht über Ohrenweh, höchstens über einen diffusen, aber mäßigen Kopfschmerz. Ord.: Aconit 3. Wickel.

Am 19. und 20. Oktober bleibt das Fieber auf gleicher Höhe, es treten häufige Schüttelfröste auf. Der intensive Schluckschmerz macht die Nahrungsaufnahme fast unmöglich; das Kind

bekommt dazu noch eine stärkere Diarrhoe und eine diffuse Bronchitis. Sein Zustand ist ein sehr ernster, zumal das Herz jetzt 140 Schläge in der Minute macht.

Nachdem ich bereits am 18. Oktober den Eltern meine Befürchtung ausgesprochen hatte, es handle sich hier wohl um eine mit dem chronischen Ohrkatarrh in Zusammenhang stehende Erkrankung, welche unter Umständen, um den vorhandenen Eiter Abfluss zu verschaffen, chirurgische Hilfe notwendig machen werde, verlangte ich, nachdem ich meiner Sache gewiss war, dringend die Überführung des Kindes in die Klinik eines mir bekannten Ohrenarztes. Nur ungern und mit Widerstreben entsprachen die Eltern meinem Wunsche; das Kind wurde noch am gleichen Tage (21. Oktober) operiert (Radikalooperation) und als in den auf die Operation folgenden 8 Tagen keinerlei Wendung zum Besseren eintrat, obgleich aus dem Felsenbein und aus dem Sinus transversus große Mengen stinkenden Eiters entleert worden waren, entschloss sich der Ohrenarzt zur Ausräumung der V. jugularis bis herab zum Truncus anonymus; er fand sie völlig obturiert von eitrigen Thromben. Auch diese zweite Operation brachte keine Entfieberung; im Gegenteil. Der Zustand verschlimmerte sich täglich, so dass der Kollege vom Spezialfach den Eltern alle Hoffnung auf Rettung des Kindes nahm; es werde sicher sterben. Mir schrieb er wörtlich: „Es folgten nach der zweiten Operation noch wochenlange Schüttelfröste, Lungenabszesse mit entsetzlich stinkendem Auswurf, ein Leberabszess, der in den Darm perforiert zu sein scheint.“

Damit das Kind wenigstens daheim sterbe, nahmen es die Eltern, da nach Aussage des Ohrenarztes doch nichts mehr zu retten war nach Hause, wo ich es am 6. Dezember besuchen konnte. Das Mädchen war kaum wieder zu erkennen, ganz abgezehrt, bleich mit bläulichen Lippen; im Zimmer herrschte ein Fäulnisgeruch und machte den Aufenthalt darin nur bei geöffneten Fenstern und unter Terpentin-Verstäubung möglich. Die Quelle des üblen Geruchs war der immer noch vorhandene, reichliche Auswurf aus der Lunge. Bei der Untersuchung der Respirationsorgane fand ich über der ganzen linken Lunge vorn und hinten ein nach unten an Intensität zunehmendes lautes Rasseln, welches oben das Atmungsgeräusch noch vernehmen liess, unten dagegen vollständig übertönte; in diesen unteren Partien herrschte auch verkürzter Schall. Die Temperatur schwankte täglich zwischen 38.5 und 39°, der Puls zwischen 100 und 120. Appetit fehlte ganz. Dagegen litt das Mädchen unter starkem Durst. Im Übrigen war es apathisch und nahm von meinen Besuchen und Untersuchungen kaum Notiz.

Ich verordnete unter diesen Umständen eine möglichst kräftige Ernährung unter Verabreichung mäßiger Gaben stärkeren Weins (Samos, Tokayer, Malaga); sodann täglich 1-2malige Rumpfpackungen, und endlich gab ich innerlich einige Tage Lachesis 6. und dann Pyrogenium 10., jedes täglich 2 Mal (5 gtt.).

Um den wenig bemittelten Eltern, welche die Kosten der fast 10 wöchentlichen Spezialbehandlung zu tragen hatten, möglichst wenig neue Ausgaben für ärztliche Behandlung zu bereiten, sah ich erst nach 2 Wochen wieder nach der Kranken ⁽¹⁾ und hörte zu meiner großen Überraschung, dass es soeben unten im Bäckerladen Brot hole; es gehe ihr so gut, dass sie von diesem kleinen Gang im Haus nicht hätte abgehalten werden können.

(1) Ein häufigeres Besuchen war mir auch deshalb nicht möglich, weil ich dem das Kind noch jeden zweiten Tag verbindenden Spezialkollegen hatte sagen lassen, ich wolle mit seiner Erlaubnis das Mädchen dann und wann besuchen, um den weiteren Verlauf der Krankheit zu beobachten.

Mein Staunen wurde aber noch größer, als meine Kranke nach wenigen Minuten zur Tür hereinkam mit frischem, fröhlichem Gesicht und vollen runden Backen. Zuerst war ich misstrauisch und den Eltern fast böse, dass sie so leichtsinnig waren, das Kind aufstehen zu lassen. Indessen musste ich mich bei der körperlichen Untersuchung überzeugen, dass bei der Kranken eine gewaltige Veränderung vorgegangen war: die Abmagerung war geschwunden, die frühere Körperfülle wieder erreicht. Fieber war seit 14 Tagen keines mehr da, der Puls schlug 80 Mal in der Minute, die Operationswunden, welche bei meinem letzten Besuch noch stark

eiterten, waren vernarbt; Husten und Auswurf hatten aufgehört und eine Untersuchung der Lungen liess nicht nur noch l. h. u. einen schmalen Streifen mit spärlichen, schwachen Rasselgeräuschen, ohne Dämpfung, finden.

Meine Mittel, zuletzt nur Pyrogenium 10., waren pünktlich gegeben worden. Der Appetit gestaltete sich allmählich zu einem vorzüglichen, und das Kind lebte zusehends auf.

Ich irrte mich nun wohl nicht, wenn ich diese ganz plötzliche Wendung zum Besseren der homöopathischen Verordnung von Lachesis 6. und namentlich von Pyrogenium 10. zuzuschreiben wage. Und ich schmälere damit das zweifellose Verdienst des tüchtigen Spezialisten nicht, denn die erste Lebensrettung verdankt das Kind sicher seiner Technik: er hat getan, was er tun konnte. Die Rettung aber aus dem pyämischen Siechtum war der Homöopathie vorbehalten; hier versagte die allöopathische Behandlung, wenn überhaupt von einer solchen gesprochen werden konnte. Die Instrumente des Operateurs erreichten einen kleinen Bruchteil des im Körper vorhandenen Krankheitsproduktes, unsere Mittel dagegen durchdrangen den ganzen kranken Körper und verhalfen seinen Verteidigungskräften zum Sieg über die Blutvergiftung.“

(Dr. med. G. Boeckh, Cannstatt, Casuistische Beiträge zur Pyrogenium-Wirkung, Allgemeine homöopathische Zeitung Bd. 152 (1906), S. 33-34)

Two relatives

“The *Baptisia* patient shows that he is laboring under the influence of an intense and rapidly acting, systemic infection, which exalts and then depresses the sensibilities, ending by disorganizing the blood. The trend of the *Baptisia* sickness is toward a typhoid state. It moves toward malignancy with a rapid pace, and is peculiarly suitable for sicknesses which quickly prostrate the patient: gripe, typhoid fever, fulminating fevers and malignant diphtheria are good examples.

The stage of excitement is ushered in by chills going up and down the back alternating with an intense, burning heat of the whole body, except the feet, which are cold. The heat is so distressing that the victim instinctively seeks a cool place in the bed or goes to the open window for relief; even the air of the room seems hot and oppressive. At the same time a peculiar, general, bruised, muscular soreness comes on and causes restlessness, the softest bed seems too hard, it even extends to the eyeballs, they turn red, feel bruised and pain when moved.

After a while the fever becomes continuous, causing the face to flush a purplish red, and it looks and feels besotted. At first this only amounts to an undefined wild feeling, but very soon passes into a wandering delirium in which the victim laboriously gathers together various imaginary, scattered objects or has illusions that parts of his body are too large or are separated from the rest, and he vainly tries to replace them. Sometimes this sense of duality is uppermost, and he imagines his body or a part thereof to be double. (*Anac.*, *Lach.*, *Phos.*, *Stram.*).

In fully developed cases, the temperature runs high, prostration increases, the delirium passes into stupor, and fetor begins to show itself. Probably the earliest sign of this is the filthy taste of which the patient complains, but bleeding from the nose or gums soon follows, and a little later the mouth is filled with offensive, tenacious mucus, a brown stripe forms down the center of the tongue (*Arn.*, *Phos.*, *Verat. vir.*), and sordes are seen on the teeth.

Great fetor is one of the ear-marks of decomposition as well as a great indicator for *Baptisia*. Not only is there a bad odor from the mouth, but the stool smells putrid, and the whole body emits an unwholesome emanation. It encourages putrid decomposition whatever the disease may be. The menstrual blood is chocolate brown and offensive (*Bry.*).

The purplish hue of the face is part and parcel of what may be seen elsewhere. Under certain circumstances the mucous membrane looks dark, at other times fleeting, livid discolorations are seen in various parts of the skin.

Most of the pains are of an aching, bruised character, and are more intense in the occiput and along the back; on the other hand, perversions of sensation are more marked in the extremities. This is particularly true of the early stages of acute disease; when they become well established *Baptisia* cases are very apt to tend toward insensibility and painlessness (*Opium*) combined with sluggish mental operations or stupor. Painless, blue ulcers (*Opium*).

It has developed pains in the region of the gall bladder very similar to those of *Leptandra* and *Dioscorea*. Other things being equal, we should prefer it to the latter when symptoms of biliary intoxication appear.

In rachialgic pains it should be compared with *Phytolacca* and *Variolinum*.

Baptisia, *Aconite* or *Veratrum viride* are sometimes used merely to reduce very high temperatures. This is not strictly homoeopathic, although it may occasionally be useful.

Pyrogen.

The *Pyrogen* in general use in this country was prepared from septic pus by the late Dr. Swan, and proved in the highest potencies by Dr. Sherbino, who, because of having had blood poisoning twenty-seven years before, was evidently highly sensitive to its action.

It cannot be too strongly emphasized that finer drug effects are developed late and as rare symptoms in the ordinary prover or appear with great distinctness in sensitives. Because a number of provers obtain but few or unimportant manifestations simply shows their relative imperviousness.

With *Pyrogen* it is now possible to make direct cures of cases which were formerly cured in a roundabout way with *Eupatorium*, *Arnica* and *Rhus tox.* or *Arsenicum*, by treating first one group of symptoms and then another. Its pathogenetic action greatly resembles that of the combined characteristics of these remedies in that it causes an aching in the bones as if they would break, bruised soreness of the flesh and restlessness; picturing a blood infection in which the pulse soon becomes accelerated out of all proportion to the height of the temperature or the severity of the other symptoms. The heart seems to feel the brunt of the attack, and its action is greatly increased.

Cases of sickness showing such a disproportion in the pulse rate are not necessarily recent, but they are always serious. Acute diseases, in constitutions already enfeebled by some previous blood poisoning process, are apt to present such features. It is then usually necessary to antidote the effects of the older infection with *Lachesis*, *Pyrogen*, etc., before the best progress can be made with a later disease.

The *Pyrogen* patient is sensitive to cold to quite a degree; uncovering or putting the hand from under the cover makes the patient worse or causes sneezing. This distinguishes it from *Lachesis* and compels comparison with *Hepar*, *Nux vomica* and *Rhus tox.*

The resemblance to *Rhus tox.* is often very close, both have an impulse to move because the bed feels too hard, laborious dreams of business and relief in the act of motion, but the *Rhus* case is distinctly worse in the after part of the night, and is very likely to have a history of having been wet.

A few doses of *Pyrogen* in a high potency is a favorite prescription with many practitioners upon seeing the very first signs of puerperal infection, and the results are good. In auto-infection it is among the first remedies to be thought of, unless some other is well indicated.

The kidney symptoms are worthy of notice. The urine deposits a red, adherent sediment or one looking like red pepper. It has cured several cases of Bright's disease, at least one of which followed the absorption of pus.

It causes a sensation as if the nails would fly off (*Apis*), and it is probably more than an interesting coincidence that nearly all of the remedies which have falling off of the nails also stand in the front rank in Bright's disease.

In puerperal infections it should be carefully differentiated from *Rhus toxicodendron*, which is best suited to advanced cases when the tongue becomes red and dry at the tip, the restlessness is worse after midnight, and the mind is no longer properly alert to the situation. In such cases a tenacious adherence to *Rhus* will bring the best results."

(Cyrus M. Boger, M.D., *Baptisia - Pyrogenium*, The Homoeopathic Recorder vol. 23 (1908), p. 52-55. Notes of lectures delivered at Pulte Medical College.)

A physician who had been under the pressure of more than usual amount of business

"Reading in Kent's *Materia Medica* his very good description of the sore and ulcerated condition of the mucous membranes generally of *Baptisia*, my mind reverted to a case which came under my care while in New York giving my annual course of lectures. A physician was taken ill and sent for me.

I found that for weeks he had been under the pressure of more than usual amount of business, been complaining of general lassitude: a tired feeling from which he could not get rested. When I called he had taken to his bed, and now there was superadded a headache, general aching and restless, temperature of 103° and pulse quickened correspondingly. Thinking I had a case of La Grippe on hand, and that these symptoms pointed so far as clearly to *Gelsemium* as I could judge, it was given. But the next day there was no improvement apparent and he complained of his mouth feeling sore. There was some dryness of the tongue, but not much; while the buccal cavity seemed sore and inclined to be slimy. There was not much thirst. Another symptom now came out in great prominence, viz., great desire for cold air, especially when lying down; must be propped up in bed, and, although it was cold winter weather, they had to leave the windows wide open. He wanted the wind right in his face. The nurse had to wear her wraps, as though out of doors.

Now *Pulsatilla* was given with confidence, but brought no relief, and the mouth and breath had become horribly offensive from the ulcerated condition that had developed. There was no cough and the respiratory murmur was distinct in the lungs. The urine was dark and offensive, but there was no trouble with the abdomen or bowels as yet. Still thinking the *Pulsatilla* ought to be good I interpolated a dose of *Sulphur* and continued it (the *Puls.*) a day longer. The mouth made me think of *Baptisia* and then I called to mind that in the old provings of Burt that opposition of breathing was markedly present in the case of Dr. J. S. Douglas (the prover).

I went down into the office and read it in "Allen's Encyclopaedia of Pure *Materia Medica*" as follows: "*Awoke with great difficulty of breathing, the lungs felt tight and compressed. Could not get a full breath; felt obliged to open the window to get his face to fresh air...*" (Symptom 232. Again, Symptom 234). "On lying down difficulty of breathing, in half an hour becoming so great that he was obliged to rise, etc."

That looked so like my patient; and the condition of the mouth, prostration, etc., corresponding, I gave *Baptisia* 200th in water (Alpha Sigma preparation).

The effect was magical. The breathing became easy and all the other symptoms promptly sub-

sided without any other medicine. Of course, it took some days to recover from the weakness.

The above symptoms quoted from Allen are starred. So it seems that someone else had already verified them, though this was the first time I had done so. What is the lesson?

1st. That this symptom is again verified.

2nd. That although only one out of twelve provers had recorded it, it was genuine and the clinical test proved it.

Our Materia Medica has often been called a mass of rubbish by those who have no patience nor skill in using it. While it is undoubtedly true that there are many symptoms there that are not reliable, we shall never know which they are until clinical experimentation settles it. Hering called *Agaricus*, *Lycopodium* and *Thuja* "over proved drugs." I am not so sure of it; and many years with *Lycopodium* has gone far to convince me to the contrary.

Now proving and re-proving is the cry of many in our school, and while I would not offer one objection to this, I would suggest that the work of verification of provings already made, or partly made, go on with redoubled diligence, for I have in difficult cases repeatedly found among the symptoms not as yet verified in our Materia Medica the key to the remedy for the whole case."

(Eugene B. Nash, M.D., The Testimony of the Clinic, Philadelphia 1911, p. 28-30)

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 wa-

ter 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 house-cleaning 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 gonorrheal 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 gonorrheal 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)

Some neglected remedies with a discussion

BELLIS PERENNIS: THE DAISY BRUEISWORT

This member of our traumatic armamentarium holds the same place in domestic practice in England, that Arnica did in Germany before it was placed in the list of our polychrests by Hahnemann and his drug-proving pioneers.

Like Arnica, Hamamelis, Ruta and others it has in a marked degree:

Bruised soreness of affected parts. (Arn. Ham.)

Lameness as if sprained, of parts affected. (Rhus-t.)

Blueness and soreness of boils on nape. (Arn.)

Sprains of joints with great soreness, *sensitive to touch*, ecchymosis and swelling. (Led.)

Venous congestion due to mechanical causes.

During pregnancy, inability to walk; lame, stiff, bruised sensation in abdominal muscles and pelvic organs, extending down the thighs.

The uterus feels sore, bruised; conscious of a womb; it is sore and sensitive (Helon., Lyss.) when Arnica fails to relieve.

For the traumatism after labor when Arnica though apparently well selected fails to relieve the intolerable sensitiveness to touch.

Bruised, sore pelvic nerves, and inability to walk after a difficult or instrumental labor.

Ailments from getting wet when overheated. (Rhus-t.)

PYROGEN

I have found this remedy invaluable in fevers of septic origin, all forms, when the best selected remedy fails to relieve or permanently improve.

The bed feels hard, (Arn.) parts lain on feel sore and bruised, (Bapt.) rapid decubitus (Carb-ac.) of septic origin.

CHILL - begins in the back between scapula, severe, general coldness of bones and extremities.

HEAT - sudden, skin dry and burning; pulse rapid, small, wiry, 140-170; temp. 103-106.

SWEAT - cold, clammy, profuse, often offensive.

Pulse abnormally rapid, out of all proportion to temperature, (Lil-t.)

In septic fevers, especially puerperal, where foetus or secundines have been retained, decomposed; foetus dead for days, black; horribly offensive discharge.

When patient says, "have never been well" since septic fever, or abortion, or since confinement.

To arouse vital activity of uterus and enable it to expel its contents.

MALARIA OFFICINALIS

This new candidate for febrile honors bids fair to become the most valuable addition to our Materia Medica which the present decade has furnished.

So far as the provings and verifications go, it seems to hold the same relation to suppressed chronic malaria that Cinchona does to acute.

It is in the constitution impregnated with miasms of psora, sycosis, tuberculosis or syphilis that drug suppression is so fatal, and here the records show this remedy to be very effective.

Where hitherto we have had to zigzag a cure with Sulphur and other anti-psoric remedies this appears to go to the bottom and remove the cause *de nora* Psoric or tubercular chills and fever - outbursts of psoric or tuberculosis under the so-called popular name La Grippe, when the attendant is hard pressed for a diagnosis - may here find its similar.

Also those occasional epidemics of fever in dry seasons, where as in Kansas and Missouri in 1898, this remedy appeared to be the genus epidemicus.

The symptomatology may be found in previous volumes of our transactions.

PSORINUM

Hahnemann calls this remedy "a homoeopathic antipsoric."

From many years of study and use of it in both acute and chronic diseases, I think from my experience it justly takes the rank of King of antipsorics.

There are many cases of psora, scrofula, or other forms of constitutional dyscrasia - which can never be cured without this great constitutional remedy; and yet there are hundreds of homoeopathic physicians who have never used it.

I have found the following indications guiding, when patient reveals a personal or family history of:

Suppressed eruptions, especially when Sulphur fails to develop.

The patient or some member of the family has, or has had eczema.

Quinsy in the patient or some other member of the family.

Patient had typhoid or continued fever years ago from which has never fully recovered; never sick before, always ailing since.

Hay fever or asthma, appearing regularly every year, same day of month.

Feels unusually well the day before attack.

Body has a filthy smell, even after bathing.

All excretions have a carrion-like odor.

Want of vital reaction after an acute disease; tongue is clean, but is weak and appetite will not return.

General debility and weakness, without any apparent cause or any organic lesion.

Severe ailments, from slight exertion or trifling emotions, without any apparent cause; joints easily sprained or injured.

When the best selected remedy fails to relieve or permanently improves; when Sulphur, Calcareum or Iodine seems well indicated but fails to act.

A CASE. Miss I, aged 30. Brown hair, dark eyes. Had continued fever when young; never well since. Hopeless; sad; weeping mood. Dislikes to have illness known. Has never seen with right eye since she can remember. Frequent attacks of severe pain in sound teeth. Large ring-worm-like moth patch on forehead. Fats or rich food disagree; breath very offensive at times. Always chilly; wet or changeable weather aggravates. Extremes of heat or cold aggravate. Menses at 11; very painful; ABDOMEN VERY SENSITIVE. Flow always LATE; intermittent; clotted; OFFENSIVE.

April 3, 1900. Psorinum M, one dose daily for a week and placebo.

May 12th, reports: menses one week late, less pain than for years; feels better in every way; was greatly astonished, at first could not believe it; can see with the right eye.

ONOSMODIUM VIRGINIANUM

The valuable proving of this remedy by Dr. W. E. Green furnishes one of the best pictures to be found in the Materia Medica of the general outlines of depraved or lost sexual life in women; and the consequent nervous wrecks, mentally, morally and physically of this age of one child or childless families.

The supposed imperious demands of society and the Malthusian determination on the part of the modern woman to comply with the requirements of wife-hood without assuming the joys and responsibilities of motherhood, has led to all kinds of preventive measures.

The practice of the genesaic fraud and kindred devices soon destroy all sexual desire and enjoyment on the part of the woman, break the silken bond of wedded life, ruin the nervous system and end in the divorce court or suicide.

After a careful study of the case, compare these guiding symptoms:

Loss of memory; she cannot remember what is said.
 Mentally dull, drowsy, contused; cannot concentrate her thoughts; complete apathy and listlessness.
 Dull heavy pain in occiput and cervical spine.
 Eyes dull, heavy, sore; lids are heavy as from loss of sleep.
 Bearing down pains in the uterine region.
 Soreness in region of uterus worse by pressure.
 Sexual desire completely destroyed.
 Leucorrhoea, yellow, offensive, acrid, profuse, running down the legs (Alum., Lyss.).
 Tired, weary and numb feeling in the legs.
 Sensation of numbness, mostly below the knees.
 The legs feel tired, as though they would not support weight of body.
 Staggering gait in walking; cannot keep in the path.
 Dull aching pain in lumbar region.
 The arms and hands feel tired and weak.
 Great muscular weakness, prostration and weariness over entire body.
 The muscles treacherous and unsteady, as though one did not dare to trust them.

LYSSIN

For the change of name from Hydrophobinum to Lyssin which has been adopted by Hering, we are indebted to Ziemsens. Yet under the old and clumsy name the remedy did its work just as well. The guiding symptoms are:

The sight or sound of running or pouring water aggravates all complaints.
 Cannot bear heat of sun (Gels., Glon., Lach., Nat-m.).
 Mental emotion, exertion or mortifying news aggravates (Gels.).
 Complaints resulting from abnormal sexual desire (opposite of Con.)
 Vagina sensitive, renders coition painful or even impossible (Plat.)
 Prolapsus or other displacements of uterus; many cases of years standing cured.

It is in these cases especially that the value of this remedy often lies, and has been overlooked very often.

I have been frequently gratified by its prompt curative action when the aggravation from heat of sun, mental emotion or pouring water were the prominent guides, and Lachesis, Natrum or Sepia did not fully correspond.

LATRODECTUS MACTANS

From a number of cases of bites by this spider reported from Virginia and Kentucky the following symptoms are obtained, and the similitude to angina pectoris would warrant a proving and clinical verification of a promising remedy in an affection where one remedial agent is few, where help is often needed and needed very badly.

The following toxic symptoms are significant:

Nausea copious black vomiting.

Severe abdominal pain.

Great anxiety.

Violent precordial pains extending to the axilla and down the left arm and forearm to finger tips, with numbness of the extremity.

Pain extending up arm to shoulder and back,

Pain up arm to shoulder thence to praecordia.

Left arm numb, almost paralyzed.

Apnoe extreme, exclaiming she would lose her breath and die.

Pulse feeble, thready; could not be felt in 1. radial.

Skin cold as marble.
Copious black evacuations.
Sinking sensation at epigastrium.

EUPHORBBIUM

The factor in Euphorbium that has not been fully developed in the provings or in the clinic is *the terrible burning pain*.

A few cases are reported in some of the following conditions or diseases, where it has greatly modified the differing or cured the patient.

Intense burning pains as if a live coal were on, or in the part, and Arsenicum or Anthracine fail.

In the burning of uterine or mammary cancer.

In the bones, in caries and necrosis.

In erysipelas bullosa, or facial erysipelas, vesicles as large as peas filled with yellow liquid.

In carbuncle or eruptions on covered or hairy parts.

In gangrene of old persons, bloodboils.

In old torpid, indolent ulcers with lancinating, biting, lacerating pains worse in morning, on becoming heated near fire, lying down, changing position, beginning to move, when sitting, from touch, better from motion and walking.

Here Rhus is often given with at best but partial relief.

Then when Rhus fails to cure and the burning of Euphorbium begins it is generally followed by Arsenicum or Carbo veg.

We zigzag a cure with Rhus, Arsenicum or Carbo veg. when Euphorbium alone might do the work and do it better and quicker.

SEDUM ACRE

As the acute parturient of Count Mattei, Sedum Acre has obtained a reputation in Italy equal to Actea rac. and Caulophyllum in America.

But the symptomatology of the latter has verified their domestic use, while Sedum Acre is still waiting a reliable proving from some enthusiastic disciple of Hahnemann.

SEDUM TELEPHIUM

Has cured hemorrhages of uterus, bowels and rectum.

It is a popular remedy in Switzerland for all forms of uterine hemorrhage.

The late Dr. Swan once wrote to me;

“If you have an obstinate case of uterine hemorrhage, menorrhagia, or metrorrhagia especially at the climacteric, think of Sedum telph. when your best selected remedy fails.

An old physician in Switzerland wrote me that Sedum telph. was a wonderful remedy for hemorrhage of bowels, rectum or uterus.

I had at the time two severe cases on hand and I gave it with wonderful success.

I know nothing more of the drug; but I would not throw away that little knowledge for it may some day help me where I need help.”

COCHLEARIA

I once had a patient suffering for months with an annoying bronchial cough, for which many remedies, well selected, had not afforded even temporary relief.

I finally ascertained that he ate large quantities of horse radish in his soup, on his meat, in fact on every article of food.

The cough stopped in a few days when the cause was removed.

Here are a few symptoms:

Pressing, boring headache in forehead and root of nose.

Dry, hacking, irritating, laryngeal cough.

Cough, constant, hacking, bronchial; dry or loose, with some mucous sputa, worse from lying down.

As a sequel to influenza or when it occurs during an epidemic of la grippe, I have found it very helpful and often almost specific.

HELODERMA HORRIDUS

If a comparative estimate of the value of a remedy may be made by the completeness of its provings, all that is required to place Heloderma among the polychrests with Lachesis and Naja is an extended proving with the potencies.

Its action on the cerebro-spinal nervous system is profound and it promises to be one of our most useful remedies in myelitis or spinal meningitis, with tendency to progressive paralysis or locomotor ataxia.

Gelsemium and Natrum sulph. are similar but have heat and sweat following chills.

Chill; with intense internal coldness.

Coldness of heart and lungs.

Cold band around head (without coldness, Anac., Carb-ac., Sulph.)

Cold waves from occiput to feet, or ascend from feet.

Intense aching in bones and all parts of body.

Coldness of single parts, hands, feet, penis, testicles.

Intense weariness and profound prostration of every part of the body; numbness of extremities.

Temperature, persistently subnormal: 96-97; pulse 56-65; urine sp. g. 1008-1010, greenish-yellow, fetid, decomposes rapidly; flow intermits.

It may prove an antidote to Phenacetin and the coal tar products.

CARBO VEGETABILIS

In epidemic measles nearly every homoeopath at once thinks of Pulsatilla as the genus epidemicus; but how few ever study Carbo vegetabilis in search of the genus epidemicus for whooping cough.

Belladonna, Drosera, Coccus, Cuprum, Kali, Ipecac, etc., are at once studied when the case is not clear, or does not call loudly for one of the above mentioned.

Compare this long list of spasmodic cough symptoms found under Carbo Vegetabilis.

Cough: caused by *itching* in larynx (in trachea Con., Iod.) in evening on going to sleep and in the morning on waking (with viscid, salty sputa.)

Cough: Half involuntary, from roughness and crawling in throat. Spasmodic, hollow, in short, hard paroxysms; caused by sensation of vapor of sulphur. The cough is mostly hard and dry, or hard and rough sounding, most apt to occur after a full meal and ends in vomiting.

Cough: Spasmodic, in three or four paroxysms daily. Every coughing spell either brings up a lump of mucus, which relieves, or it is followed by retching, gagging and waterbrash.

Continual mucous expectoration, or gagging and vomiting of mucus; great exhaustion after every coughing spell, blueness of skin, better from hard fanning. Cough and vomiting after every symptoms of whooping cough are gone.

Pain in chest after cough; soreness and rawness; burning like glowing coals of fire.

It is the typical remedy with which to begin the treatment of whooping cough in an otherwise healthy person.

Like Pulsatilla it is a good remedy in every case, acute or chronic, with which to begin the treatment, especially when the symptoms as so often in this disease are objective.

It will more frequently cover the totality of symptoms in sporadic whooping cough than Drosera or any other remedy and will frequently alone suffice to eradicate it.

DISCUSSION

W. M. James, M. D.: I would like to ask whether there are any provings *Bellis perennis*?

H. C. Allen, M. D.: There are no provings of it as far as I know.

C. M. Boger, M. D.: That is the best paper that I have heard in a long time. There is a lady physician in a neighboring town, who happened to mention to me that a patient of hers had been injured by a blow on the abdomen, and had been slowly sinking for a month and a half; there was persistent vomiting with special intolerance of cold water. She had prescribed *Arnica* without result. I gave her some of the mother tincture of *Bellis* and he rapidly improved. I presume that she made the 3rd dec. and gave him that. It has been recommended in uterine tumors and in a bruised and battered condition of the uterus. I can hardly mention *Pyrogen* without becoming enthusiastic, on account of the wonderful effects that I have had from it in blood-poisoning. In any kind of septic infection, either puerperal or traumatic, *Pyrogen* will do wonders. It is very similar to anthrax in some respects.

An old woman dying of gangrene, infected one of her nurses with blood poisoning; the nurse had fever, chills, and red streaks running up her arm. *Pyrogen* removed the whole process.

A syphilitic patient came to me, with a cut from a glass bottle. He had the characteristic symptoms of blood-poisoning. He was relieved entirely in five days by *Pyrogen*.

Onosmodium in depressed sexual instinct I believe to be an indispensable remedy.

At our meeting at Atlantic City I spoke on that subject and only wish to say further that we run across cases very frequently where there is only one child in a family and a depressed sexual instinct on the part of the mother. Such a state of affairs is generally the result of syphilitic poison and *Onosmodium* will prove very valuable.

I have this to say of *Heloderma*: Two weeks ago one of my patients had a severe hemorrhage from the lungs; notwithstanding the hot weather, she complained of being tremendously cold; there was no reason for her not being warm enough that I could discover. Under B & T's *Heloderma* 200th she was soon all right.

Lyssin; the well verified key-note of this remedy, is incontinence of urine and all other symptoms aggravated by the sound of running water.

B & T's *Phosphorus* 200th has also served me well in a similar aggravation.

C. W. Butler, M. D.: I have used *Onosmodium* a good deal in eye-strain; I have used it in the higher potencies for such cases and have had a great deal of good from it. Orbital headache and mild astigmatism are indications for it.

F. Powel, M. D.: I have had a little experience with *Pyrogen* in Grippe that pleased me highly. Some years ago during an epidemic of it, it helped me in almost every case.

Flora M. Watson, M. D.: One thing that Dr. Allen did not mention about *Onosmodium*, and that is the help it gives in cases of masturbation and perverted sexual instinct. I have it from several people, who have used it for that purpose, that it is a remarkable success. It is a difficult task to build up the moral instinct and *Onosmodium* will help you wonderfully in that respect.

A. B. Carr, M. D.: I would like to add my testimony to the value of *Pyrogen* in blood poisoning or septic conditions. In January of this year I delivered a child at nearly full term that showed evidence of having been dead for a considerable time: while the baby's frame was a large one, the body was much emaciated. The woman had been well up to the time of delivery. The placenta was adherent to such an extent that I had to remove it and it did not come very readily. In fact after 24 hours trial I found it impossible, I could get small pieces only by force: it felt as much as possible like a piece of hardened liver.

I relied upon the remedy rather than surgery and around the fifth day, the discharge having become very offensive, there came on the characteristic symptoms of sepsis, chill, rapid pulse and low temperature, also the feeling of soreness all over so that the bed seemed very hard, all

of these symptoms are found under Pyrogen.

I gave one dose of the C M potency and in a very short time there was marked improvement. The single dose was enough to bring on a satisfactory convalescence. The patient came down to the dining room in a few days and was able in five weeks to take a sleigh ride.

D. C. McLaren, M. D.: A couple of years ago up in Ottawa, the leading allopathic physician was a man of fine physique and powerful magnetic temperament but an ignoramus as far as therapeutics went. He was a man whose presence did more good in the sickroom than any knowledge he had. He was sadly overworked and tired out, and feeling the necessity of going on with his work, he forced himself to sleep with anodynes when he was too tired to get any natural sleep, which often occurred. He also took them for severe headaches which he had. The medicine which he took very frequently was phenacetine, a drug that is very much in vogue in Canada. They do not dose so much with quinine, as they do in the States, but they do use a great deal of phenacetine. He was steadily taking this phenacetine and recommending it to his patients. He had had a series of engagements one evening after losing a lot of sleep, and about four o'clock in the morning took a big dose of his favorite drug. About seven in the evening he went to a large dinner party, and was very well apparently and cheerful. He left there about ten and went to another supper of medical men at midnight. The physician next to him happened to touch his hand and said it was as cold as that of a corpse. He went home at two o'clock in the morning and died in a few minutes after lying down. Overwork and phenacetine caused the fatal result.

Some of his patients came to me, and one of them, a lady, told me that she had been in the habit of taking these phenacetine powders for headache. She said that those powders made her so cold all over; that it was like death; she would seem to be cold to the very marrow's. I told her she would die the way her doctor did, if she kept up the practice. I have long sought for an antidote to the cold-tar products, which are so much in vogue in my part of the country.

You speak of giving bryonia, gelsemium, and other similar remedies for grippe; these remedies are never indicated in the type of grippe which prevails in Canada. The disease is modified by the climate, prevailing especially in cold weather or in March, when it is both cold and damp. The attack is so sudden and violent that you can hardly ever give anything but Belladonna or sometimes Rhus. Those belladonna cases are the ones that they give the coal-tar products to: the result is a paralyzed condition of the nervous system and of the heart. I am very glad to get an antidote to this horrible cold and chill of the coal-tar preparations such as heloderma seems to be by the symptoms spoken of in Dr. Allen's paper. It promises to cure these cases.

J. H. Allen, M. D.: I want to correct the term la grippe that is used so frequently and so ambiguously. We have no Russian influenza or at least, we have little of it.

Hahnemann saw that these cases were dependent upon psora or tuberculosis and nine-tenths of them are tubercular. Our anti-psoric remedies used carefully would prevent these attacks in the cold weather and also the attack of hay-fever in the summer.

In regard to Pyrogen I wish that our surgeons would learn to use this valuable remedy. If they and the gynecologists would stop their everlasting daubing and mechanical treatment and use Pyrogen in appropriate cases, it would save many a life.

Belladonna is the acute of Tuberculinum as well as of Calc carb; and if you have had an acute case of grippe in which Belladonna was the remedy, it is ten to one that Tuberculinum is needed by the constitution of that patient and will prevent the recurrence of the acute attacks and nothing else will.

I. Dever, M. D: The character of the grippe is not different in my country, from what it is in other countries as far as I know. The people who have the grippe are psoric people, and when they do have it the anti-psoric remedies are the ones to give, but no class of remedies will cure every case. Some cases demand Sulphur and some Tuberculinum and some Psorinum. We

have to hunt for the remedy guided only by the symptoms.

I have just been treating a young lady, an organist in a catholic church. She had a great deal of exacting work during lent; I told her that she would have to give up her constant playing but she would not. I told her she would play herself out. She overworked and soon came down with symptoms of grippe and was unable to leave her room. At first I made a mistake, I make lots of them, but then I got right down to business and I found that it was psora and gave her one dose of Sulphur CM and she has been on that for three weeks. She was of a Tuberculous build and habit.

(Henry C. Allen, M. D., Some neglected remedies, Proceedings of the International Hahnemannian Association 1900, p. 88-100)

Report of three cases and a discussion

“A. C. Roy, seven years old, of Dinajpur, Barabandar, had been under allopathic treatment for otorrhoea and had much syringing and local treatment without any avail. I was called to see the patient during an acute attack of otalgia from suppression of the discharge.

1909. Nov. 17. Fever with much thirst. Perspiration much at night without relief. Right ear, otalgia. Right parotid gland, slight swelling and tenderness. Constipation. Tongue flabby, with imprints of teeth along the edge. Aggravation at night.

MERC. SOL. 2c, one dose in sugar (as much as could be held on the tip of a pen knife, followed by SACCHARUM LACTIS powders every three hours.

Nov. 18. Pain, swelling and fever, all have disappeared and the discharge has returned.

SACH. LAC. continued.

By the 19th the patient was entirely free from the acute trouble and I took a survey of the chronic condition.

Dirty, red-faced boy, emaciated about the limbs; somewhat large-bellied; self-willed and wicked.

Very averse to bathing.

Thirst much. Drinks much and eats small quantities.

Craves sweets. Decided aversion to milk.

Burning sensation much, all over the body and especially in the soles of feet, at night.

Does not want to be covered at night.

Itch occasions much suffering. Each time, it is treated locally but the local applications, so far, have not suppressed it entirely, as the eruption is present on the lower limbs.

Ears, excoriating discharge from both. Itching and burning sensation in ears. Noise inside.

Hearing dull

Constipation. Feces hard, dry as if burnt; cause smarting sensation at anus. Expelled every two or three days.

Aggravation at night.

SULPHUR 2c, one dose in sugar (as much as could be held on the tip of a knife) and SACH. LAC. powders to follow.

Dec. 9. Itch has come out and distresses him. Generally much improved. Ears, slight discharge from time to time. Powders continued.

Dec. 21. Eruption has all disappeared; ear discharge is almost gone and the patient improved in general health.

Powders continued.

Jan. 11, 1910. Ear discharge has reappeared since last night.

SULPHUR 1m, three globules for a dose and SACH. LAC. powders.

March 2. Has been fairly well all this time but has not made satisfactory progress in health. Ears, some itching, burning and buzzing sound. SULPHUR 1m, three globules for a dose and SACH. LAC. powders.

From March 2, 1910, to March, 22, 1911, he has had no ear discharge and has now, in fact, become thoroughly cured. He has even taken to more cleanly habits.

NEGLECTED BRONCHO-PNEUMONIA.

U. C. Banerjee's baby boy, aged 14 months. Naogaon (Rajshahi).

A telegraphic message brought me to the bedside of the child in about six hours, by rail. I found the child in an almost desperate condition. It was the eighth day of his sickness. He took cold some twenty days ago but has been seriously ill these eight days

1910. March 13. Lying on the back. Face expressive of intense suffering. Forehead wrinkled and wings of nose flapping. Chest, on examination, found filled with mucus; much rattling all through it. Moaning; intensely irritable. Wants to be uncovered. One foot hot, the other, cold. Abdomen tympanitic. Stools undigested, sour, yellowish color. Temperature between 101° and 105°. Marked aggravation 4 to 8 P.M.

LYCOPODIUM 2c, one dose in sugar. Nostrils, flapping and the extreme dyspnoea disappeared in a few hours.

March 16. Temperature on 14th between 100° and 103°. Today, between 99.2° and 100.5°. Tympanites increased, due to overfeeding. Aggravation 4 to 8 P. M.

LYCOPODIUM 2c, one dose in sugar at 9 P.M., when the tympanites was not so distressing, was followed by speedy relief.

March 17. Temperature 99.5°. Steady all through but no aggravation 4 to 8. Diarrhoea at I A.M. Wants to be uncovered. Chest not clear.

March 18. SULPHUR 2c, one dose in sugar.

March 24. Temperature normal; diarrhoea improved, on 19th. Thriving and appears cured, but examination reveals

Chest, slight wheezing, Aggravated from cold effects, with sneezing. Digestion, some disturbance; stools sour and lumpy. Perspiration sour, copious at night, during sleep.

HEPAR. SULPH. 2c, given to correct the constitutional taint. The child has kept health to date, March 22, 1911.

CHOLERAIC FEVER.

Mrs. C. N., aged 46 years. Widow. Naogaon (Rajshahi).

1910. June 12. Vomiting of food taken at noon began suddenly in evening. Diarrhoea, purging accompanied vomiting. Stools of undigested food preceded by pain in stomach. Later ones, greenish-yellow, profuse, watery, containing particles of food. Fever began after two or three stools. Desire to keep by the fire. Temp. rose to 104°. Urine soon suppressed. Had Acon. IX and other crude drugs from a local homoeopath.

June 13. I first saw the patient at 3 AM. in response to a telegram.

Condition of collapse; pulseless, unconscious, delirious, restless. Body icy cold, covered with cold, clammy perspiration. Temperature, registered by the thermometer, 103°, though the sur-

face was so cold. Covered warmly. Talking in delirium: "I am dying," "I shall walk out." "I shall go to that bed" etc. While saying this, she attempted to rise but could not, from utter prostration. Urine suppressed since yesterday. Diarrhoea continues. Stools scanty, watery, greenish yellow. Vomiting of water as soon as it is drunk. Retching violent. Drinks a small quantity of water every few minutes. Eyes covered with mists. Spitting out saliva of very bad odor.

ARSENICUM ALB. 2c, one powder (1 drop dose) at 3 A.M.

June 14. No change to 10 A.M.

ARSEN. A. 20, one powder (1 drop dose). repeated in three hours without any change.

Symptoms still pointing unmistakably to ARSENICUM, according to my judgment, I gave at 10 P.M. ARSEN. A., cm potency (about 1/4 drop dose powder).

An aggravation occurred within an hour (vomiting and a stool evacuated, making the patient apparently much more prostrated). Amelioration of all symptoms followed. No stool after 1 A.M.

June 15, 6 A.M. Pulse returned at wrist, irregular, thready, about 120 per minute. Patient much improved generally. Anxious and told her suffering. Heart region uneasiness. Burning sensation all through body, especially at pit of stomach. Taste putrid; tongue brown; saliva acid. Kidney region tenderness. Retching, restlessness, perspiration, prostration continue though much abated. Urine suppressed. SACH. LAC. powders.

June 15, 11 A.M. Urinated profusely, with general improvement. Pulse 100, regular. Perspiration, restlessness and prostration subsiding. Diarrhoea - two or three stools, with urine, during day and night. Stools not so thin, scanty, greenish yellow. Temp. between 96.4° and 99°.

June 17. Progressing. Pulse between 88 and 90, yesterday; today, 84. Temp. between 96.4° and 99° yesterday; 98°, today. Hungry yesterday and had a few spoonfuls of arrowroot water. SACH. LAC. powders.

She made an uneventful recovery.

DISCUSSION BY DRS. HOLLOWAY, DIENST AND THACHER.

These are certainly excellent papers. It is not always our good fortune to find pictures so clearly defined. The doctor was fortunate to find such pictures.

The third case would not have developed much longer. Unquestionably, the patient would have died.

The second case. also would have died without Lycopodium.

Some questions come to mind in reference to the first case. Would Sulphur at the beginning have accomplished as much as it did later? Did Mercury change the picture to Sulphur? Was Mercury necessary? In the second case, would Sulphur have worked as well with Lycopodium omitted? Is it necessary to give an acute remedy to clear for the action of the chronic remedy, as with the ear discharge?

In many cases the picture does not all develop. In the Mercury case, possibly that was all that was visible at that time.

By previous drugging, of long ago or of recent time, more one-sided cases are produced than by any other course

Experience proves we do have one sided-cases. "Only one condition is dominant at the same time," said Hahnemann. If the dominant symptoms are the acute ones, only those are to be

dealt with. If this condition is treated, the chronic condition appears later. If the acute is given when there are no indications for a deeper-acting remedy, it will wipe out the suppression. THE ORGANON bears out this teaching.

One-sided cases are from doctors who do untrained prescribing. Clear the muddled picture away, day by day, until the true picture is visible. There are no one-sided cases without doping. Disease manifests clearly when not bungled. We must be cautious to act on things as we find them at the time, and clear the conditions as they arise.

In practice, we sometimes observe that cases are masked. This boy (first case) may have been so placed as to bring out the picture of MERCURY conditions. No one could see beyond that when the chronic image was masked by MERC. symptoms. When that was cleared away, what had been masked could be seen.

Dr. Holloway had a case that had been under the care of an eminent allopath. Otorrhoea was worse each day it continued, and the family became alarmed. When he first saw the patient, Temp. was 105°. Face, left side, was swollen to disfigurement. Throat was sore: Parotid gland was enlarged. Ear, discharge was small in amount. Local treatment had been used, including syringing.

SULPH. 6m. Next Morning. Fever and swelling were reduced and the discharge increased.

In a few days, it developed into a Pulsatilla case.

PULS. IM. Cured completely.

If this case had been seen at the beginning, would Puls. have done it all? There is nothing to be seen but symptoms. If these be hidden, suppressed, smothered or latent, no one can prescribe without dealing with the underlying miasm. Such usually need Sulph. As Hahnemann said, "Give Sulphur for the underlying psoric condition." It brings out the condition so it can be seen.

Often Sulphur, Sepia, etc., are needed to develop cases. One side of the case may be wiped out by the remedy that appears to be demanded, but development follows, if sought. Our chief duty is to watch for the developments. Experience runs along the lines indicated by those prescriptions. When the acute condition is combined with the chronic, to wipe out the acute is the best thing to be done.

For some with less experience, you would hardly dare to mention such deep-acting anti-psorics. There are so many for whom it would hardly be safe to routine with Sulph. "If you cannot see the remedy, give Sulph," is according to our old teaching, but anti-syphilitics and anti-sycotics are also to be considered. Younger men, with less experience or less keen perception, would better wait to observe the deeper condition, whether it be syphilitic, sycotic, or psoric. In this case reported, the acute remedy removed the suppression of acute symptoms.

Hahnemann says the proper thing to do in chronic cases is not always the thing to do in acute and subacute cases. You cannot wait in intense acute conditions, such as this, when the temp. is 105° with otorrhoea. It is not safe, as in chronic cases. We must act and obtain quick results. We must have changes soon.

Acute conditions must be prescribed for as we find them, but we should oppose the routine prescribing of Sulph. to develop all cases after the acute condition has passed.

It has been a question with some, for many years. "Is it not a wrong principle to give Sulph. Mercurius or Thuja when not definitely indicated?" Read between the lines where Hahnemann says, "Sulph. generally, nearly always, is the remedy to arouse the system; Mercur. in syphilitic constitutions, and Thuja in sycotic constitutions, usually." It might be some other,

but is usually one of these. Examination of cases develops insight according to years of experience.”

(Dr. K. N. Banerjee, Dinajpur, Barabandar, Bengal, India, Report of three cases, *The Homoeopathician* vol. 1 (1912). p. 58-61)

A bleeding nose

„Now, there was poor Joe. Joe was a little boy with big, black eyes, skinny and as innocent and interesting as Tiny Tim. Joe had always been a patient of mine until a doctor came to Joe’s father church. Then, for a while, Joe fell into the medical net of the church doctor. One day Joe, for some unaccountable reason, began to bleed at the nose, and Joe did bleed. The church doctor gave Joe much Ergot and plugged his nose, but Joe’s blood persisted in leaving his body via the nasal openings. As a consequence, Joe began to speak in whispers and looked very much as though he was all out, so pale and clammy was he. I supplanted the church doctor, but not the church. Seeing Joe’s blood thin and uncoagulable, I removed the plugs, gave him *Crotalus*, 200, which brought Joe around all right. Very recently Joe seemed to be going to the bad with a cough and hectic after measles. *Calcarea phosphorica*, 30, reinstated Joe on the first base of the Brownstone Bantams, composed of boys four to six years old, any one of whom knows more about baseball than Barney Dreyfus himself.” - *Z. T. Miller in Penna.*

Trans.

(A *Crotalus* Case, *The Homoeopathic Envoy* vol. 18 (1908), p. 2)

Less common aspects of a so-called acute remedy

“It falls to the lot of us all to make happy hits between malady and medicine. So, while I have met a number of cases cured or markedly relieved by aconite, in conditions where at first glance we should scarcely expect aconite to be the homoeopathic similar, I make no pretense of claiming a knowledge of unusual indications for its administration. Rather the contrary. If one has an intimate knowledge of the genius of a remedy and is willing to study his cases it is not always so difficult to see in the analysis of a patient's symptoms the counterpart of the remedy.

If I understand correctly the purpose of our meetings, it is for the clinical verification of our materia medica. Upon this our whole homoeopathic system devolves. So, while I intend to present clinical cases showing that a drug, selected because most similar in its pathogenesis to the sick patient's symptoms, is curative let me make a digression lest we fall into a most common and deplorable pitfall. I mean let us avoid the too prevalent confusion between facts and hasty generalization or deduction.

Hahnemann and his first followers by painstaking experiment and observation gathered for us the fundamental facts; and by sound inductive methods disclosed most important laws underlying them. These laws we as homoeopaths verify daily, hourly. These facts are the symptom-groups of our materia medica, gained chiefly by proving upon the healthy. These facts have never deceived us. Facts never do; never can. But those who try to get behind facts by deduction or explanation are on dangerous ground, especially if they act upon those deductions. Our theories change; the underlying facts never do. We wrangle over hypotheses; never about facts. Facts are trite, self-confirming and self-asserting. Consequently the greater the man in any branch of natural science and I mean of course to include medicine here - the wrier is he of theorizing. Facts are ever his desiderata; and his ability to cope with problems lies in his knowledge of fundamental facts.

So our success in application of the homoeopathic laws is in exact proportion to our knowledge of the fundamental facts, viz. the symptom-groups of the materia medica. We don't really know *how* belladonna dilates the pupils nor *why*, but that it *does* dilate the pupil

we know as an indisputable fact once and forever. So let us beware how we state that bryonia is good for pleurisy, phosphorus or antimonium tart. for pneumonia, opium for diarrhea or aconite for fever. On the contrary we *know* that aconite, for example, is distinctly bad for most cases of typhoid or of intermittent fevers. Hence such generalizations are false. At least they need so many restrictions and qualifications that at the end we are back to the basic facts - the symptoms themselves. Aconite produces in the healthy a sharply defined febrile state. Aconite does cure *all* such when occurring as the result of disease: *and no others*. As everywhere in scientific investigations, we must state *all* the experimental conditions with exactness or we have not a fact, but an untruth. The appeal to what is in nature is supreme.

Since we have dwelt upon the dangers of hasty, generalized or routine prescribing of drugs, I pass over that which is commonly accepted as the indication for aconite: - fever, flushed face, rapid, tense pulse, early congestions, first stages of "colds," pneumonia, etc., etc.

The first case I would bring to your attention is one of intermittent fever of 5 years' standing. The patient, nearly seventy years of age, had been upon treatment all this time under all the schools from "regular" to Christian science and osteopathy. She had consulted four of our pre-eminent homoeopaths. For over a year she had been under the care of one of our foremost men, who remarked that he would have to begin on a new materia medica since he had tried every remedy he could think of. Of course he had not thought of aconite for intermittent. I will not weary you with a recital of her very long history. There were two sets of paroxysms. Major chills came every seventh day. Plasmodia were plentiful. The fever was contracted in Indiana and the patient had the usual "slows." She was unable to come to New York and for several weeks I tried to prescribe through correspondence and reports by members of the family. The four P. M. chill, incarcerated flatulence, blue lips and nails, jaundice, and a train of other symptoms had led me to prescribe lycopodium with negative results. Finally I was able to see the patient. I found her tossing about the bed, in much anxiety, one cheek red, the other pale. She *had* to move but every time she moved a rigor would pass up the spine and the face would become pale. She had a *loose* cough, and not a high fever; but a long lasting subnormal temperature; also profuse sweat; bitter vomiting; chill began in the feet; bright red hypothenar eminences of the hands. Notwithstanding the suggestiveness for nux., arsenicum, lycopodium, chamomilla, etc., the picture was that of aconite. Aconite 200th, one dose a day, after the paroxysm was over, completed the cure in a week. That was two years ago. She has been well ever since.

I would call attention to these features of the case: The bright red and dry hypothenar eminences has been a leader to the selection of aconite in a number of cases. Of course you understand that the totality of the cases cited corresponded with the drugs. But the special leaders furnished the clue to the right remedy.

Chilly when they moved suggests nux of course. But Aconite and Pulsatilla have this symptom nearly as prominently.

One cheek red, the other pale occurs notably under chamomilla, aconite, ipecac. Water tastes bitter, aconite pre-eminently.

Red face, turning pale when rising is characteristically aconite, and often distinguishes it from belladonna which becomes redder on rising.

Restlessness, anxiety, fear, thirst, are well known and strong indications for aconite.

My second case is one of religious mania, alternating with melancholia. The patient a hyper-sensitive young woman of twenty-two. Here again is a long history, a case which even with much study eluded me for a time. At length I learned that what troubled her most was largely a fear of someone discussing religious topics. Then I found that she feared loss of reason and

memory (Calc. c.) fearful hallucinations at night: fearful dreams (Bell.); cannot bear music (Ign.); fear of crossing a street lest she be run over; fear that buildings would topple over upon her or sharp objects come hurtling through the air and strike her (Arg. Nit.). Here there was no fever, congestion, sensitiveness to cold, dry winds, no flushed face (it was very pale), no dry mucous membranes, no thirst. On the contrary there was a mass of evidence against what we so commonly hear as the characteristics of aconite. But, for this ungovernable fear of most everything, opium is about the only rival to aconite. The case, examined critically was aconite, and aconite one dose, thousandth, ended the whole matter. That was five years ago and now she laughs over her former perplexities. I omitted to mention that the alternation of moods from extreme gayety to sadness was of the degree of crocus or ignatia.

I have so repeatedly verified the indication "diarrhea like chopped spinach," especially when it occurs in children, that I will not multiply cases - thinking it must have been equally serviceable in other hands.

When little, sharp bodies enter the eye, especially the cornea, if you do not give aconite, I advise you to try it whether the foreign body has been previously removed or not. Oftentimes I have been able to remove such bodies by very simple means after a few doses of aconite had been given, whereas previously they had been so imbedded as to make one hesitate at inflicting the damage necessary to picking them out. This applies particularly to those numerous cases where the magnet is useless. Often these bodies will disappear of themselves under aconite and the irritation with them. At any rate it is surprising to see how nicely the cornea heals after wards with the help of aconite.

I have in my collection a splinter of wood half an inch long, which had impaled the margin of the cornea, piercing it. I gave aconite internally, every three minutes. I could not cocaineize the eye sufficiently to permit my removing the splinter. "Dirty; infectious," you say? Yes. "Antiseptics?" No! The man wanted a lotion and I gave him a solution of aconite thirtieth. The same every two hours internally. "How about sympathetic ophthalmia," you ask? Repair began at once. There has been no impairment of vision since it healed, though the eye was such a sight as to make one think it could not be saved. You will have to hunt hard to find the scar. And yet that splinter came from a very dirty plank. The aqueous humor was soon replaced and all is well and has so remained for years.

If you wonder why aconite is so useful in these conditions, forget your pathology for the nonce and look up the eye symptoms that aconite produces. Our time is too short to enumerate them here. I may add to the above that in better hands than mine I have seen several cases of ophthalmia in the newborn stopped and cured by aconite when silver, Pulsatilla and the rest had failed. But lest you conclude that in these conditions the efficiency of aconite is only during the primary congestion, let me briefly cite another case.

A boy of five years fell from a ladder, and with the impetus of his full weight struck the rounded projection of a chair's back. It fitted the orbit to a nicety. The eye closed immediately and so remained. Swelling soon involved the whole side of the face, looking like a terrible case of mumps plus erysipelas. In an hour or so the whole mass was a livid hematoma. Not even one of our best oculists was able to see the eyeball or tell the extent of the damage. Arnica, hamamelis, hot water and, later, ice pads, had been employed externally. The oculist tried first leeches then incision to relieve the immense swelling and get a view of the eye. He even suggested the operating table and most likely removal to save the uninjured eye. Very likely fear, anxiety, high, tense pulse, overacting heart, red face, had been originally present. Certainly the congestion, if such you wish to term it, was there. But when I saw the case the face was pale, the skin clammy, the pulse slow and thready, the patient drowsy and stupid and showing all the later symptoms of shock. It was in the early years of my practice and I dared not tackle such a case alone. I summoned my father and he prescribed aconite. I well remem-

ber the oculist's exclamation "Well, Doctor, How the Devil do you make aconite out of this case?" But although all the aconite symptoms had disappeared even the terrible pain, fright, anxiety and anguish, it was an aconite case at the start and the period for giving aconite had *not* passed, although it was twelve hours or more since the accident. Aconite 200th every half hour, led to a quick recovery. The next day the lids could be parted sufficiently to see the eye, which was almost unrecognizable. But no one today can say which was the injured eye.

So we see that aconite is often demanded as the only curative drug in conditions showing one or more contradictions of what we usually expect. For example: - lowered temperature, pale face, no anxiety, thirstlessness, slow, soft pulse stages long after the primary congestion, etc.

Just a few words to recall to mind the wonderful efficiency of aconite in many cases of true erysipelas in all stages of the disease. It is usually not thought of and is much neglected. But, in the number of cases whose symptoms homoeopathically call for this drug, it is hardly second to belladonna and precedes in my practice both rhus and apis. Prescribe for your patient and not for the "bugs" or pathological name is as true here as everywhere."

(Spencer Carleton, M.D., New York, Aconite in its less common aspects, The North American Journal of Homoeopathy vol. 54 (1906) p. 19-22. Read before the New York Homoeopathic Materia Medica Society.)

"After graduation in Philadelphia, on my return home (Candor, N.Y.), I was called to an adjoining town (Danby) to a patient who had been in bed twenty years from what was diagnosed then by several physicians as "nervous prostration".

I thought this was a hard case for a novice to undertake, but on examination was informed by the patient that her whole trouble was brought on at first by an exposure to *dry cold air* on a long ride, 20 degrees below zero. She had never been well since. Now she was troubled with insomnia of long duration. She was *afraid* to go to sleep for fear she might die. On these indications I prescribed *Aconite* 6x notwithstanding the chronic character of the case.

A month after she came walking into my office. She said, I did not report as I promised, because I slept good the first night, and have done so ever since, I feel well. This was my first case after graduation, many years ago. It was a remarkable cure, for it helped both the patient and me; me in the establishment of my faith in homoeopathy, and the patient so long sick to perfect health. (E. E. Snyder)."

(Eugene B. Nash, M.D., The Testimony of the Clinic, Philadelphia 1911, p. 123-124)

How long it would take to cure

"I have learned this in the treatment of this disease, and I think a good many physicians have also learned the same thing, and that is, in cases of gonorrhoea not to suppress the gonorrhoea, that bad effects follow from its suppression. This fact has been lost sight of. There is a certain class of remedies that are commonly used in gonorrhoea simply because the trouble is gonorrhoea. I have cured cases of gleet that have been running for months, with remedies that I never had used for it, and that I never had found any one else to use for it, simply on the indications that were presented at the time when the patient came to me. I remember curing one of the worst cases of gleet that I ever had or ever saw with Kali Hydriodicum.

About two months ago a young man came into the office and wanted to know how long it would take to cure him. I always explain to patients when they want to know how long it will take to cure them, and tell them frankly that I do not know. 'I do not know whether it will take me six days, one month, or six months to cure, but you pay me your money, so much money now, and I will cure you if it takes me a year to do it. There will be no more charges. I take the responsibility of this case from now henceforth.' But if we can only make our patients see the fact, and there are plenty of instances that we can bring to prove these facts, that the Allopaths would in many instances only suppress. The first thing they do is to suppress the dis-

charge, and that is the worst treatment that could be practiced.

This young man said that a certain physician was treating him. The physician was a fashionable gonorrhoea doctor of the place, because he cured them quickly, and he always did it with injections. With what result? This patient to whom I have referred had a discharge of slimy mucus, from ten to fifteen drops or a tablespoonful. It looked like milk. This was undoubtedly a discharge from the prostrate gland - prostatic gleet. His symptoms were covered by Selenium.

I gave him one dose of 40m. (Fincke) and Sac Lac, and to follow directions and return at the end of the week. At the end of the week he returned and said: 'Doctor, I have had only one discharge of that kind since I took that dose of medicine.' Two weeks after he returned, and that was the end of the whole business."

(Gonorrhoea can kill, Proceedings of the 8th annual session of the International Hahnemannian Association held at Long Branch, New Jersey, June 21-24, 1887, Discussion, Eugene B. Nash, p. 286-287)

“Doctor, what was in that powder you gave her yesterday morning?”

„I remember one such tiresome case of rheumatic fever which occurred in the early days of my medical career, while acting as an assistant to a very good practitioner. I *had to treat* the patients allopathically and this particular case gave me many anxious hours; even though I had the moral support of my chief and several specialists. This good lady developed acute rheumatic fever during the war as a result of exposure during a snowy wintry spell. She was a very headstrong, self-willed party and liked to order her own treatment, and thought she knew all about how to cure herself. She ruled the whole house from her bedside with an iron hand, maids, nurses, specialists, and poor me had no chance to stand up against her. The acute rheumatic fever was followed by pericarditis, endocarditis, double pleurisy with effusion; the temperature became swinging, going up to between 103° and 104° every night and dropping down to 99° every morning. So it went on, week after week, month after month; several times she nearly died, but still she hung on to life with a grim persistence.

In the end, after a nine months' illness, she was a pathetic sight, "sans teeth, sans hair," it had all fallen out; so weak she could not even raise a finger to fasten a button, she was nothing but a skeleton, the skin was just hanging loose over her bones, and there was an enormous collection of fluid in her abdomen, a tubercular peritonitis. I have often noticed since that tuberculo-sis is closely related to rheumatism; and tubercular families produce more cases of rheumatism than other families who are not tubercular. The specialists shrugged their shoulders, nothing more could be done. She had had all the different varieties of salicylates in small and ever-increasing dosages, and official medicine was stumped. She received the last rites of her faith and awaited the end, quite indomitable, even to the last.

She had no longer got sufficient strength to question the treatment she was receiving, so *Tu-berculinum* 30, one dose, was given, the next day the temperature only went up to 101.8° instead of 104°; I was on the right track, I thought, at last. Then the *Repertory* was made use of and after much searching a remedy was found which corresponded to her symptoms, mind you, not her physiological or pathological state, no notice was taken of diagnosis, her rheumatic fever, her past rheumatic-tubercular condition, the tubercular peritonitis. But I only considered and looked up her little idiosyncrasies, the extreme weakness following prolonged fever, the great and excessive general emaciation, the withering of her limbs, the falling out of the hair, her inability to take lemonade and any stimulants such as wines and alcohol in any form, which was followed by diarrhoea; also diarrhoea after any fruit, diarrhoea after tea, so weak even after first waking up after a long sleep, extreme sensitiveness to the slightest draught even to a current of warm air. All this was found in the *Repertory* and pointed to *Se-*

lenium. I had not got *Selenium*, I had not even heard of it before; but according to the tenets of the homoeopathic laws, *Selenium* was indicated, and therefore a hurried visit was made to the chemist, and *Selenium* 30 was obtained as a last resource.

I hardly dared to hope for any results, the patient was really too far gone. The next day arrived; I almost hesitated to ring the bell; the nurse opened the door.

“Doctor, what was in that powder you gave her yesterday morning, the temperature went down to normal and remained normal during the last twenty-four hours, the first time for nine months?”

And from that moment everything changed with a dramatic suddenness, the temperature never went up again, the hectic flush disappeared from her face, the white smooth hairless scalp began to cover itself with hair again, the limbs filled out, the fluid in the abdomen became gradually less and less; the diarrhoea disappeared. The single dose of *Selenium* 30 remained active for eight weeks, then three more doses were given in quick succession, and no further medicine was required; no tonics - nothing. Three months after the first dose was given, she started to walk again and five months afterwards her weight was up again to 8 stones and she was discharged as cured and sent to the seaside. Ten years later she was still alive and active; no recurrence of her disease, heart and lungs and abdomen were sound.

That was the effect of a very few powders of the indicated homoeopathic remedy - prescribed according to the law that like cures like - and such unexpected cures any good Homoeopath who follows closely in the footsteps of the great master Hahnemann, can produce by the score.

These cures are not accidental, one can explain the reason. There is no need to boast. The same thing has been done ever since Hahnemann discovered the laws of Homoeopathy, the books are full of such cures and they happen every day in the practices of the many thousands of homoeopathic practitioners all over the world. These cures are not happy flukes, but hard facts.”

(Dorothy Shepherd, M.D., *Magic of the Minimum Dose*, 2nd edition 1946, Rheumatism, p. 139-141)

Sick dogs

“Having had some difficulty in purchasing a reliable retriever for this year's partridge and pheasant shooting, I had to be content with borrowing. There is an old saying that those who go borrowing go sorrowing, and so it was in this case. I found that the dog which I had got on loan, though an exceptionally good retriever, had a circular spot on its left ear, the size of a penny piece, totally denuded of hair, and exuding slightly a clear fluid, giving the sore an angry and raw appearance. The flies seemed to like it, and but for them the dog seemed to care or feel no discomfort from it. It spoiled the appearance of the animal greatly, and as it had been there more than three months, and was getting no better, but if anything, the longer the worse, I made up my mind to give *Tellurium* a trial. On Saturday night, the 15th of last September, after a hard day's work, and not being required before Monday forenoon, "Ben" got one small powder of *Tellurium* 1 M. (F.C.) dry on his tongue. It is just possible that "An Astounded Layman" may be surprised to learn that without the slightest local or any other direct or indirect interference, this most obstinate and specific inflammation of the skin, which had existed for nearly four months, *was completely dried up and healed in one week from this single dose of Tellurium 1 M.*, made by myself on my "Fluxion Centesimal Attenuator," an instrument which cannot err, and which makes each centesimal attenuation separately. During the week, when the healing-process was going on, it so happened that my keeper produced a young retriever bitch of his own, which he desired should see some field-practice. "Ben" and this young bitch had been "keeping company," the result being that "Ben" became jealous of

any dog that approached his sweetheart. As it was, a fine old pointer of my own, who is a bit of a "gay Lothario," began showing attention to Miss "Judy," upon which "Ben" sprang upon "Wallace," and seized him by *the left ear*, and a free fight ensued. Within a week or so of this canine duel "Wallace's " ear showed unmistakable signs of ringworm; a circular patch of hair came off and the skin with it, exposing a denuded surface secreting a clear fluid identical in appearance with "Ben's" ear before the *Tellurium* was administered, only there was a decided tendency to spread in patches all over the ear.

On Saturday, the 29th September last, "Wallace" got one small powder of *Tellurium* 1 M. (F.C.), dry, on his tongue. In one week the ear was very much better, but not quite well, and on his rump three or four patches had broken out, exuding the same fluid, smelling very "doggy" and nasty, and totally denuded of hair. I gave the keeper three powders of *Tellurium* 1 M. (F.C), one to be given each night for three nights, or to be stopped if the inflammatory action seemed checked - i.e., the exudation having ceased, and a scab or scurf having formed. "Wallace" never "looked over his shoulder," as the saying is, after the third dose.

COMMENT. - Both dogs remain perfectly well, their skins whole, and the patch on "Ben" is covered with young hair, and "Wallace" the same, only not so far advanced, he being ten years old, and "Ben" rising three. There was no change whatever made in their diet or hygiene further than burning the straw of their beds, avoiding touching the sore places with water or picking off the scabs, and giving the older dog, "Wallace," full meals of oatmeal porridge and greaves. "Ben" hunted as usual; "Wallace " was not required, as the birds were wild and rarely or never lay. Some say that the higher attenuations are "moonshine," that they can only act through influencing the imagination, etc. It would appear from the above cases that "moonshine" is not so impotent as some think, and that dogs have imaginations and "a reason for the faith which is in them," if we could only find it."

(Thomas Skinner, M.D., Liverpool, Ringworm in Dogs - *Tellurium*, The Homoeopathic World vol. 18 (1883), p. 535-537)

Cures with high potencies

"As an earnest believer in the efficacy of high potencies, a belief produced by witnessing their effects in disease, I propose to submit a few instances of their curative action.

1st. Cough. - A man of nervo-bilious temperament had a cough of three weeks' duration, which presented the following symptoms: Cough was greatly aggravated about 4 o'clock P. M., from which time until bed-time it was almost incessant. The irritation was about the centre of the sternum, with a sore, bruised feeling through the chest, and attended with difficult expectoration of a hard, lumpy, muco-purulent character. The cough was entirely relieved by lying down and absent during the night. In the morning the cough was infrequent, and accompanied by an easy, profuse expectoration of yellowish greenish lumps, coming up even without coughing. The voice was hoarse and rough. Manganum 200 was given, one dose at 11 A. M., and another dose at 3 P. M. The cough came on about 7 P. M., but was very slight, with the soreness in chest gone and expectoration easy. The following morning the expectoration was almost entirely absent, and there was no further return of the cough, and the patient convalesced with no other medicine, excepting a third dose of the Manganum, given on the morning of the second day.

2d. - A lady about 25 years of age had facial neuralgia of some weeks' duration. Was worse in the morning. The pain was excruciating, burning, and greatly aggravated by warmth. The only relief that could be obtained was by holding cold water in the mouth and moving about. Several remedies were used without any good results, and the patient was growing worse. Bismu-

thum 200 was then given with almost instantaneous relief, and with permanent benefit, as there was no further pain for upwards of three years after it had been administered.

3d. - A young lady had suffered for some months with a feeling of soreness through the chest, with a feeling of oppression when in the open air and when reposing. She also had headaches, which were better in the open air, but otherwise her general health appeared good. Senega 200 was given, and was followed by an immediate improvement. The pains and oppression in the chest, as well as her headaches, disappeared very soon after she had taken the remedy.

These three cases were undoubtedly *cured*, and the only remedies that were given were those of the 200th potency, and as they were prepared by the late Carroll Dunham, there can be no doubt about the potency employed.”

(George M. Ockford, M.D, Burlington, Vt., Clinical Cases, The American Homoeopath vol. 5 (1879), p. 290-291)

Ein schon für verloren gehaltenes Kind

„W. Fritsch, ein 5jähriges äußerst schwächliches Kind, litt seit mehreren Tagen an trockenem Husten mit beschwertem Atemholen. Dabei war der kleine Patient stets heiß anzufühlen, hatte starken Durst, äußerst unruhigen Schlaf und vermochte in keiner Lage lange auszuhalten (mutmaßliche Symptome einer Lungenentzündung).

Als eines Nachmittags das Übelbefinden des Kindes sich plötzlich ungemein verschlimmerte, und besonders das äußerst schwierige Atemholen, so wie die verstörten Gesichtszüge des Kindes die Mutter in Angst setzten, lief sie, das Kind auf den Armen haltend, eilends zu einem allöopathischen Bezirksarzte, den sie dringend um Hilfe ansprach. Als er das Kind erblickte, wies er die Mutter mit dem Bedeuten ab, dass hier alle Hilfeleistung schon vergeblich wäre, und dass sie das Kind anstatt zum Arzte lieber in die Leichenkammer tragen sollte. Die gänzlich trostlose und verzweifelnde Mutter wurde bei ihrer Nachhausekunft an mich gewiesen, der ich alsdann bei meinem Besuche folgendes Krankheitsbild vorfand: das Gesicht war blassgelblich, wie wächsern, mit bläulicher Färbung um Mund und Nase, das Auge eingefallen, matt, kalter Schweiß auf der Stirne, das Atmen äußerst mühselig und kurz bei fast gänzlichem Ruhen des Brustkorbs, der ganze Körper kalt, der Puls schnell und unregelmäßig.

Unter solchen Umständen zu einer höchst ungünstigen Vorhersage veranlasst, legte ich dem Kinde dennoch versuchsweise 2 Kügelchen Phosphor X auf die Zunge. Nach einer halben Stunde besuchte ich den Patienten wieder und fand die Symptome noch ganz wie früher, nur waren die Extremitäten etwas wärmer anzufühlen. Ich ließ das Mittel fortwirken, und bei meinem nach 2 Stunden wiederholten Besuche fand ich das Kind am ganzen Körper brennend heiß, die Atmungsbeschwerde wie früher, jedoch mit hin und wieder erfolgreichem kurzem trockenem Husteln, das Gesicht war gerötet. Dem Symptomenkomplexe entsprechend reichte ich Aconitum X^o in 4 Esslöffeln Trinkwasser aufgelöst, jede Viertelstunde einen Kaffeelöffel voll zu nehmen. Schon nach dreimal gereichtem Mittel, stellte sich ein allgemeiner warmer Schweiß ein mit Nachlass der früher brennenden Hitze, zugleich waren die Brustbeschwerden in sofern geändert, als das Atmen abwechselnd bald rasselnd bald pfeifend wurde, als wären die Luftröhrensäcke durchgehends mit zähem Schleime angefüllt. Ich reichte nun Hepar sulphuris X^o in Wasser aufgelöst, so wie das frühere Mittel zu nehmen, und als darauf nach einer Stunde noch keine Erleichterung erfolgt war, gab ich Scilla X^o. Auch dieses Mittel brachte nicht die geringste Änderung hinsichtlich des äußerst schwierigen und geräuschvollen Atmens hervor, so dass ich nur eine halbe Stunde abwartete und alsdann Senega VIII^o reichte. Kaum eine Viertelstunde darauf wurde das Rasseln zwar heftiger, jedoch war deutlich das Freierwerden des in den Bronchien angesammelten Schleimes zu erkennen, nach und nach bewegte sich der Brustkasten vollkommener und zugleich erfolgten einige starke Hus-

tenstöße. Als ich das Kind, um den Husten etwas zu erleichtern, mit dem Obertheile erheben ließ, entstand plötzlich ein sehr heftiger Anfall von Husten, dem das Auswürgen etwa einer Tasse voll zähen Schleimes nachfolgte. Von diesem Augenblicke an war der Zustand des Knaben ganz metamorphosiert, das Atmen war beinahe ganz frei, lockeres Hüsteln und Schleimrasseln stellten sich selten ein, die Bewegung des Brustkastens war beinahe normal. Das Kind trank nun eine gereichte Tasse Milch mit vieler Begierde, schief darauf den übrigen Teil der Nacht ruhig durch, und des anderen Tags war außer einem zeitweilig sich einstellenden feuchten Husten nichts Krankhaftes vorhanden, und auch diesen kleinen Rest hob eine nochmals gereichte Gabe Senega binnen 2 Tagen und vollendete die Genesung des schon für verloren gehaltenen Kindes.“

(Homöopathische Heilungen, aus brieflichen Mitteilungen des Med. et Chirurg. Dr. Hirsch in Prag entnommen, Allgemeine homöopathische Zeitung Bd. 5 (1834), S. 198-199)

A grateful old lady

„Another remedy has often helped me in old people, namely *Senega*. This is a common ingredient as an adjuvant to the allopathic cough mixture in half oz. doses. We give it in very minute doses and it works better still. The cough is like a *Rumex* cough, it comes on, on first going into the cold air and is a dry, violent cough, with difficult expectoration.

There was a very old lady, some twenty years ago, well over 80, quite active and brisk except for these frequent attacks of asthma, and she got easily and safely through two or three attacks every winter for about five years with *Senega*. I gave it her in the 15th potency, the only one I had got, at 3-hourly intervals. Her chest used to be full of loud coarse râles, the mucus was so tough and ropy she could not raise it, she was always gagging and coughing, the throat was so dry and yet in less than a week we had conquered the asthma and the phlegm came up easily and the cough had almost disappeared. The dear old lady was always so grateful, one of the world's smilers, always a cheery word for everyone, it did one good to be with her. She used to say: 'I'm always so breathless, I can only sit propped up in bed, and I rattle and rattle and wheeze, and I feel my chest is like a water-bag so full and I can't raise the phlegm, and then after one dose of medicine which is almost tasteless, I feel so different, I can lie down better, I can sleep and the weight goes and the breathlessness goes: such a blessed relief! - and with the other doctors, I had to go on taking their stuff all the winter. I was in bed for weeks and never left the room for months. I can hardly believe it is possible that something which tastes like water can make such a difference.'

Yes, I must be allowed to express my gratitude to Dr. Nash - for it was due to his tip which I read in one of his books - rattling chest, especially valuable in old people - which enabled me to cure this old lady and many other old people since; one does not always meet with gratitude, or even recognition on getting a patient well quickly.”

(Dorothy Shepherd, M.D., More Magic of the Minimum Dose (1946), Respiratory Diseases, p. 59-60)

A mining accident

“On 1st March last, I was sent for, about 7 o'clock A. M., to try if anything could be done for a number of men, who were found in the Leadhills Company's mines, who appeared to be suffocated.

On the 30th December 1816, a young man, who kept a fire-engine, nearly 600 feet below the surface, was found dead, and the air where he was, not to be at all agreeable: - the usual modes of resuscitation were tried, but without any good effects.

On 24th of February 1817, there were several men very severely affected from the bad state of the air; but, by giving them gentle laxatives, and keeping them quiet, they got pretty well again in the course of a few days.

On the 1st of March, none of the men had got to bank when I arrived, except a few who had been down only a very short time, and returned upon finding the air so bad. By and by, a number of those who had been down for a short time, at 25 fathoms, were brought up, and most of them quite furious. Some were disposed to fight, - others, supposing everyone they saw disposed to lay hands on them, made efforts, under the most extreme terror, to escape, - others, quite listless, appeared to take no notice of what was going on around them. Some were singing, and some praying. Many were as if intoxicated with ardent spirits: - those who had seen them in that state assured me their actions were very much the same.

Many of them vomited, and others had the inclination, but could not do so. Some evacuated the contents of the rectum, and others had the desire, without effect. The pulse was different: - in some remarkably quick and feeble, in others slow, feeble, and irregular. Most complained of insufferable headache, which was somewhat relieved after vomiting. To those who had a desire to vomit without effect, I gave an emetic of sulphate of zinc, and to those troubled with tenesmus, a laxative glyster; - both were followed by an alteration of symptoms.

In the course of two or three hours from the time they were brought to bank, the pulse was greatly accelerated, and hard. I prescribed a brisk purgative; after the operation of which they found themselves greatly relieved; and, by enjoining a cooling regimen, most of them got pretty well, in the course of a few days, without any other medicines. Upon inquiring at the men how it affected them, they said, they first felt a difficulty of breathing, and had frequent involuntary deep inspirations, - then a violent pain and beating in the head, with ringing of the ears, - the inferior extremities became weak, and very painful immediately above the knees, and they could, with difficulty, support the body, - the heart palpitated violently, - great anxiety, and in some followed by vomiting. They now became giddy, and lost all recollection, and were, as has been remarked, affected as if they had taken a large dose of ardent spirits.

There were four men, however, at 25 fathoms, who were irrecoverably lost through their own imprudence of going to work at irregular hours. Though six o'clock A. M. was the proper hour, two had gone before four, and other two a little after, in order that they might get out so much sooner. Such practices are not sanctioned by the masters. When they came to the bad air, they had thought to force their way through it, expecting it to be better below; but it had soon produced its deleterious effects upon them, so as to make them unable, either to go further, or to retrace their steps; and then, unable to support themselves, they had fallen, and remained amongst the bad air till assistance came too late. Animation must have been gone two or three hours before they were brought to bank, for they had been down not less than four hours. Had they not gone till the regular shift, when the air was found to be so bad, they would not have proceeded so far; and if one or two had fallen, the others would have found some means to have rescued them, before they had been irrecoverably gone.

It is presumed, the accident happened from a quantity of smoke escaping from the chimney of the engine underground, into the way-gates, about the 25 fathoms, and so contaminating the

air in the workings, from the quantity of sulphurous acid gas which the smoke contained, such as to render it unfit to support animal life, or rather, highly deleterious. The men described the air to be the same as where sulphur is burning slowly, and, consequently, sulphurous acid gas forming.

At the time the accident happened, the atmosphere was foggy, and there was a want of a proper current of air in the workings; and, in consequence of the stagnation, the air in that part of the way-gates where the smoke was escaping, became so contaminated, by sulphurous acid gas, as to render it highly deleterious to animal life. A trap-door being opened, in order to save those who were still alive, about the 25 fathoms, (that is, those who went at the time for a regular shift), the four who had gone in before, were dead when these men went to them; and, to enable others to give them assistance, with safety to themselves, the bad air immediately rushed down to the lower workings, and began to exert its deleterious effects upon those at 80 fathoms, who were effecting their escape by another shaft. All who were any length of time in this situation were violently affected in the manner already mentioned, and three (two of whom went down to, save others) perished at the 80 fathoms, from the air all below the 40 fathoms becoming so bad, as to render it imprudent, or rather impossible, for any person to go down to their assistance; and by this time, they were unable to assist themselves. Those in this situation were drawn up by an engine; and the last who got on the rope from the others, either, by this time, not being able to secure him properly, or not having time to do so, from him giving the signal too soon, fell from the rope, after he was within 20 fathoms of bank, and was thrown into the landing-box of the water-engine, which threw the water from the landing-box (which is situated at the 50 fathoms) to the bottom of the shaft, so that it had 40 fathoms to fall. Water was also thrown from the top, with buckets, before the engine water was diverted by this poor fellow tumbling into the landing-box. The water, by falling down the shaft, caused a circulation of air; and likewise, by absorbing the sulphurous acid gas, improved the air so much, that one who had lain at the side of the shaft, in an insensible state, for more than an hour, was restored. Other two, who were only at a very little distance from him, but were by so much further from the shaft, and consequently where the air could not be so much improved by the waterfall, were brought up immediately after him; but, though the usual modes of resuscitation were tried, neither of them could be restored. One of these last had had a very florid countenance. I took away a considerable quantity of blood from the jugular vein.

Those of a plethoric habit were much sooner, and more violently affected, than those of a spare habit; and, from what I saw, I make no doubt but one of a spare habit might remain in some degree active, whilst one of a very plethoric habit would be irrecoverably lost. When it becomes necessary for men to go into such situations, would it not be proper to take away a quantity of blood from those of a plethoric habit? I shall certainly be disposed to try it, if ever the air shall again become bad.

The candles burnt, though faintly, where the men perished, which was generally considered as an extraordinary thing; and the only hypothesis which I can conceive proper to be advanced on the subject, is, that, in a mixture of sulphurous acid gas and atmospheric air, the acrid nature of the sulphurous acid gas prevents respiration, or rather produces peculiarly deleterious effects, which, continued a certain length of time, will destroy animal life; whilst it has no further effect on combustion, than merely mechanically preventing the more free supply of oxygen it would have from pure atmospheric air, and, consequently, causing it to burn more faintly.

Leadhills, 3d May 1817.

(Account of the fatal Accident which happened in the Leadhills Company's Mines, the 1st March 1817. By Mr. James Braid, Surgeon, Leadhills. Read before the Wernerian Society 7th June. The Edinburgh Medical and Surgical Journal vol. 13 (1817), p. 353-356)

Air pollution and homoeopathy

“Air pollution today affects everyone. It adversely affects and at times endangers the health of people with respiratory difficulties, emphysema, and bronchial asthma, and bronchitis. Until air pollution is diminished to a tolerable level many years will elapse because the present U.S. Government legislation called the “Air Quality Act of 1967” leaves “too many time lapses in many situations, and in some instances no deadlines are set” for reducing noxious pollutants (report of the Philadelphia Department of Health, Air Pollution Section). In the meantime people will continue to suffer which in some instances is a danger to their lives.

The generally recognized main factor in air pollution and its consequences is the sulphur dioxide content of the air. Sulphur dioxide is converted through the ever present humidity of the air to sulphurous acid, and inhaled as such. Sulphurous acid is one of the great irritants of the respiratory tract.

Considering these facts we decided to embark upon a trial of desensitization against sulphurous acid, as one would against an allergen, and organized for this purpose a national and international team of physicians interested in this project. A potentized micro dilution of *Sulphurous acid* 30th was prepared according to our specifications, and was distributed among a number of cooperating physicians. I started this undertaking only after several positive clinical experiences which are described as follows:

A 65 year old chemist was suffering from emphysema for about 10 years. As a chemist he was used to detecting the characteristic odor of sulphur dioxide in the air. Whenever the monitored amount of air pollution was increased he would experience a “choking sensation in the trachea as if the air was being cut off” particularly when passing on his way to the laboratory in a certain section of the city where the emission of air pollutants was greatly increased. This patient received *Sulphurous acid* 30th on March 10, 1966. Contrary to my prescription of one tablet, he took one dose every day for several days, whereupon he experienced a reaction unexpected by him. He felt “as if he had been exposed to an extreme degree of exhaust gases.” Following this aggravation he was, despite his continued unusual exposure, free of his former complaints until the middle of April, 1966 when another single dose of SO₂ was given, because of a slight recurrence of reaction to air-pollution. Another dose as given at the end of May, and he was free of symptoms until November when he felt another dose might be needed, but managed to do without it. This case has been observed for two years until May 1968, and has had no further reaction to air pollution as he had been previously. Occasionally he has to go to the basement, and is exposed to the concentrated fumes of a leaking oil burner (sulphur dioxide), but has had no more than a normal slight discomfort as everyone would have under the circumstances. Remarkable is his observation that his nose has no more the former particularly keen sense of smell for sulphur dioxide, which underlines the fact that a true desensitisation has taken place. Altogether this case had received no more than five single doses in the course of two years.

The next observation concerns a 60 year old female, suffering from periodic attacks of bronchial asthma, aggravated when the air pollution is increased, as monitored over the radio. She regularly listened to these reports. I prescribed, without letting her know for what purpose, one dose of *Sulphurous acid* 30th. Next time she reported that although the air pollution was increased, as monitored over the radio, she did not have her usual aggravation. This case received at intervals single doses of the same medication, and her sensitivity towards increased air pollution has since diminished. She is still under observation. We could report other cases from our files, but want to give space to the observations of our colleagues who have participated in this project.

In the course of further trials the surprising experience was made that patients with emphyse-

ma or bronchial asthma were often greatly improved as far as their basic condition is concerned while receiving the medication in single doses at infrequent intervals, each time repeated only when they showed an increase of their complaints. This is a matter of great importance for a double reason. No actual medication exists for the treatment of emphysema, and also the treatment of bronchial asthma presents often great difficulties. The other reason which gives weight to our observations is the fact that according to various reports emphysema has becoming a rapidly increasing disease. The U.S. Veteran Administration states "emphysema is the fastest growing and alarming disease." According to the U.S. Public Health Services emphysema is reaching "potentially epidemic proportions," and air pollution "plays a role in it" (Public Health Service Publication, No. 1715, n.d.). At the annual clinical conference of the Chicago Medical Society, it was stated that emphysema cases are skyrocketing as well as smoking cases, and that air pollution is responsible for this development. The "Archives of Environmental Health," March 1968, state that air pollution aggravates or induces chronic bronchitis. The three day smog on Thanksgiving day 1966 caused according to Dr. Greenburg in New York 168 deaths, and although the smog itself persisted for only three days, its killing effect lasted four additional days. "Even this was only the immediate effect, for lung damage suffered during the period will probably be a contributing factor in diseases suffered by New Yorkers for years to come." (N.Y. State Journal of Medicine, December 15, 1967). Similar reports are coming from abroad.

The seriousness of the situation, also for the average healthy citizen is recognized, but nothing has been really done. Therefore any attempt at a possibility to relieve this situation should be seriously considered by all concerned physicians as well as local, state and government health authorities and not the last, the public itself.

I shall select from a series of 50 cases, some outstanding ones. I do not wish to imply that all patients reacted equally well. A number showed only moderate improvement and some failures have been observed. The great majority of the 50 cases reacted well, a number extremely well, following the administration of potentized microsolutions of *Sulphurous acid* 30th, and in some instances higher potencies.

Here are observations of physicians, cooperating in this project. Dr. Dwight Smith (Glendale, California) reports: "I have used *Sulphurous acid* on quite a number of cases with moderate success, but want to report on one outstanding case: R. W., male, age 59. Severe case of pulmonary emphysema. I have been his physician for over 25 years. During the past few years the patient refused to come because I kept after him to quit smoking. Finally, on July 1, 1967 he was so bad that he felt he had to come. He had marked dyspnoea and cough, he could hardly talk, could not lie down, had to sit up to sleep, unable to work for several weeks. Even talking aggravates. *Sulphurous acid* 30th in a single dose was given. There was a very marked improvement by the next morning and he has gradually continued to improve on higher dilutions of *Sulphurous acid* (200, 1M, 10M). He is a remarkably changed man. His chest is clear when he had rales and wheezing before. He is so appreciative that he almost every month when paying his bill he added 10 to 15 Dollars to his check. After 55 years in medical practice I have never seen a case of pulmonary emphysema responding as he has."

Case 2, reported by Dr. Raymond Seidel (Philadelphia): 58 year old truck driver. Drives a concrete mixing truck for 30 years. December 1955 he developed periods of shortness of breath. He was diagnosed as having chronic emphysema and was informed by many physicians and specialists that they could do nothing for him. His first visit was on December 15, 1966. Unable to work because of spells of dyspnoea. He had musical rales throughout both bases. His EKG was normal, and the blood pressure 150/80. Received one dose of *Sulphurous acid* 30th. He returned on January 5, 1967, stated that he had had only three spells of bad breathing since the medicine and asked for another dose of what he called "the miracle drug".

On this day he was given *Sulphurous acid* 200th, one dose. January 26th, he reported only one spell in three weeks, and that was due to a particularly heavy smog day. On February 26th he reported no spells at all even with his dusty work. On March 3rd he reported little or no emphysema complaints even under exertion, a week of rain and the beginning of the allergic season. On April 11th no symptoms and wished to be discharged. He was told to report for another dose of *Sulphurous acid* whenever symptoms should appear. A phone call on June 1st stated that he was free of symptoms for the first time in ten years.

Case 3: (Dr. Goldberg, Cincinnati) Male, 70 years, emphysema. Comes to the office January 18, 1967 with dyspnoea and loud wheezing. After a dose of *Sulphurous acid* 30th sublingually he stopped wheezing in less than 4 minutes. This was the most dramatic case that I've ever seen in a clear emphysema case. Reports two weeks later "still fine."

Case 4: (Dr. Goldberg) Miss E., emphysema and suffering from several allergies for several years. Breathing embarrassed when atmosphere is "heavy," with increased air pollution. One dose *Sulphurous acid* 30th relieved at once.

Case 5: (Dr. Goldberg) Male patient. Works in basin of industrial establishment. Dyspnoeic on cloudy days when air pollution is increased. March 1967: *Sulphurous acid* 30th one dose. Relief obtained. Five weeks later no aggravation at all in spite of continuing exposure, no further indication for treatment of former symptoms.

Case 6: (Dr. Goldberg) This patient was a patient of a colleague not familiar with our project. At my advice this patient suffering from severe emphysema was given *Sulphurous acid* 30th one dose; within a few days the patient reported that he was much relieved. June 1967: This patient is still enjoying relief from his former symptoms. What is interesting in this case is that the vertigo he had suffered from for so long has also improved.

Case 7: (Dr. Goldberg) Female patient, early 20s: the patient's physician reported that it was the most severe case of asthma bronchiale he had ever seen, and was of the opinion that she should be hospitalized without delay since she was suffering from terrible suffocating dyspnoea with a choking cough. *Sulphurous acid* 30th single dose was immediately given orally; in less than 10 minutes she perked up and stated "I feel better now than I have in two weeks." She had a relapse in 10 days and one more dose of *Sulphurous acid* was administered with the same results. Although she complains of great weakness she has steadily continued to improve as a result of the last dose. Her physician stated "I was thrilled with the results."

Case 8: (Dr. Krynicki, Detroit) Female, 65 years. History of asthma. Came to the office wheezing. *Sulphurous acid* 30th one dose. Forty-five minutes after the patient had left she telephoned to report that breathing was much easier, less wheezing. Returned at request after nearly four months stating that there had been occasional recurrence of the dyspnoea but that in general she "felt so much better." *Sulphurous acid* 30th single dose repeated. Reported May 27 that she felt "very, very good," most unusual for her, does not wheeze anymore even at night, no rattling, all breathing sounds were normal.

Case 9: (Dr. Krynicki) Female, 52 years. Suffers from asthma since she was 10 years old. Allergic to house dust, feathers, worse from higher degrees of air pollution. January 1967 dyspnoea very prominent. *Sulphurous acid* 30th one dose. March 4th one more dose. Then this patient reported "had the best Spring in my entire life," since 10 years old. Has no respiratory symptoms at all up to the date of last report May 1967, although exposed to house dust and air pollution.

Case 10: (Roger A. Schmidt, M.D., San Francisco) Miss S. M., 19 years, has been under my care since 12 years for bronchial asthma and various skin allergies, lives on the other side of the Bay where air pollution is ten times worse than in San Francisco. Always worse in the Fall

and Winter with repeated mild to severe asthmatic attacks. When I saw her October 6, 1967, she had a typical wheezing choking cough and I gave her three doses of *Sulphurous acid* 30th. On November 28, she reported having had some nausea after the first dose. *Sulphurous acid* 200 one dose. January 15, 1968 coming for a check-up reported that she had been entirely free of asthma and her allergic skin eczema since the last dose. One dose *Sulphurous acid* 200 repeated. I saw her again February 21, 1968 and she stated that she never before had a Winter entirely free from asthma as well as of the allergic skin manifestations.

Case 12: (Dr. Flinn) Lucy, 13 years. Daughter of a surgeon, was given a total of four doses at intervals by her father. Her attacks have been definitely less severe.

Case 13: (Dr. Flinn) Paul, age 3 ½, asthmatic attacks since his 11th month of life. Like in other cases, I had been able to interrupt these attacks but not reduce their frequency. Since giving the final of three doses beginning September 25, 1967 up to May 15, 1968, the child has had only two attacks.

Case 14: (Dr. Flinn) 10 year old female child had asthma attacks every three weeks, difficult to control. Worse when the air was heavy. Since having received six doses of *Sulphurous acid* 30th at six weeks intervals only about every three months, much shorter and milder.

Three other cases reacted moderately well, two others negatively.

Case 15: (Dr. Chandra Prakash, Jaipur, India) S. Jain, male, 14 years. Bronchial asthma since early childhood with allergy to dust and smoke. Came asthmatic to the office. One dose *Sulphurous acid* 30th. Reported next day prompt relief with an hour. Report after a month, free from usual asthma attacks, even on exposure to dust and smoke.

Two similar cases reported by Dr. Prakash.

Severe. Shivpuri, head of the Department for Allergic Diseases at the Patel Institute for Chest Diseases at the University of New Delhi, attending our lecture at the Congress in New Delhi, promised large-scale trials with *Sulphurous acid* in microdilution.

Case 17: (Dr. Anthony R. Picollo, Union City, N.J.) J. V., 60 years. Retired two years ago from work because of emphysema, comes with complaints of dyspnoea, cough, weakness. After one dose of *Sulphurous acid* 30th considerable improvement. The remedy had to be repeated several times. In general his emphysematous state has improved up to date, April 27, 1968, since I treated him, beginning September, 1967.

Case 17: (Dr. Picollo) F. B. 59 years. Being retired from work with similar complaints. *Sulphurous acid* 200 was given followed by considerable improvement in his condition. His attacks are less frequent and his general wellbeing has much improved.

I have tried this remedy in quite a few other cases and the results have been moderately successful in some, and fair in other cases.

Case 18: (Dr. Harold L. Trexler, Wets Reading, Pa.) 66 year old female, hypertensive heart disease, considerable fibrotic changes of the lungs. She receives one dose of *Sulphurous acid* 200 approximately every month, or as needed. It has relieved her dyspnoea considerably.

Case 19: (Dr. Trexler) 80 year old male with pulmonary emphysema. He receives periodically a dose of *Sulphurous acid* 200 which relieved his dyspnoea.

Case 20: (Dr. Trexler) 62 year old male, emphysema. Chest symptoms and dyspnoea improve with periodically given single doses of *Sulphurous acid* 30th or 200.

Case 21: (Dr. Trexler) 77 year old male, arteriosclerotic heart disease, chronic emphysema and bronchiectasis improves with *Sulphurous acid* 200.”

An early encounter with the radioactive age

“One milligram of the 1,800,000 activity of pure Radium bromide was weighed out, and the trituration was begun with that amount. The provings were made from the 6x, the 12x and the 30x triturations.

A measurable amount of this active and powerful salt was present in each of these strengths, as was shown by the electroscope and the photographic plate. While taking the 6x the urine of the provers was rendered radioactive. All the experimenters developed symptoms, some of which persisted several weeks after discontinuing the drug. All of them experienced sensations which were characteristic both as to nature and location. The pains were located deep in the joints and were described as being in the articulations. They were of two kinds - sharp pains which came and went suddenly, or came suddenly and gradually wore away. Dull ache which came gradually and stayed with the prover a long time. The sharp pains changed place, and in some provers went from side to side. In two the right side was more affected than the left. Nearly all had pains in one or the other great toe joints. All had pains at the sacro-lumbar junction, deep in the articulation, and the aching was dull and severe.

All the men provers were very restless with the pains, and were compelled to move about. Motion aggravated the pains at first, but continued motion relieved them. They had great desire for the open air, and all the symptoms disappeared or were better on their going out of doors. These two modalities were absent in the women provers.

There was present a great desire to stretch the muscles, and the stretching gave relief. All developed great weakness of the lower limbs with languor. Some had numbness on crossing the legs. In most cases there was marked aggravation of all the symptoms from the latter part of the afternoon until after dinner. The general symptoms were better after eating in most provers. In two there was soreness of the muscles all over the body.

The foregoing symptoms and modalities were the first to appear in the proving, and were present in all cases. Invariably sharp pains occurred within twenty-four hours.

These pains are particularly significant when considered in conjunction with their frequent occurrence in the great toe joints, and confirm the very evident curative value of radium in gout and chronic rheumatoid conditions.

Its selective action in the lumbo-sacral region should prove useful in acute conditions where lumbago is a symptom.

The tired, weak sensation in the lower extremities, as the provers said, "from the small of the back down," was so characteristic as to be considered a keynote of the remedy. This was so pronounced as to make walking a great effort, though continued walking gave relief.

Going on to some special symptoms there occurred: Terrific headache over the left eye, going back to the occiput. This was relieved by warmth and aggravated by cold and pressure. Aside from the headache, however, cold was more agreeable than the warmth.

Dull frontal headache with a tight sensation. Headache from the occiput up over the vertex. One prover, three weeks after having stopped the drug, suffered from extremely dull frontal headaches.

In most of the headaches there was the marked late afternoon aggravation of the drug and relief in the open air. This last amounted in many experimenters to an air hunger.

Those headaches simulated the neuralgic and rheumatic types, never the gastric, and in this respect correspond to the general character of the action of the drug as already suggested.

In two provers vertigo was a prominent symptom. In one this developed after three weeks, and was brought on by rising or reading steadily. In the other, he awoke suddenly with a sensation of an electric shock through the body, followed for a day or two by severe vertigo, with tendency to fall to the left, necessitating walking with the left hand against the wall for support. The following general modalities were strongly expressed in this condition. Relief in the open air. Relief after eating and from lying. Worse when sitting or walking.

The physical cause of this vertigo was not apparent from any of the examinations made, though the symptom was distinctly an effect of the drug.

Mental symptoms were present in some of the provers, but usually developed some time after the physical. First came irritability and easy vexation. Then depression, discouragement and dissatisfaction. Apprehension, as though something would happen, with fear in the dark. Difficult concentration. In one of the women provers the depression reached a very distressing point, so that she would wake at night in fear, and desire light and company. Her sleep was restless, and she was troubled by dreams which would wake her, and she could not for some time be sure if they were real or not. These were always troubled; of fire, of attempting suicide, of physical exertion. Unlike most of the provers she was not particularly better in the open air, but obtained great relief from a bath.

The drug caused heaviness of the eyelids, and in one case a distinct ptosis, worse in the right eye, with lachrymation. This subject, after three weeks, had a yellowish thin purulent discharge from the eyes, which stuck the lids together and formed a yellow crust. In another case there was some irritation of the margins of the lids.

The respiratory organs were affected by rather violent symptoms. These began as rawness or soreness in the throat, which was worse when swallowing and relieved by cold drinks. After a day this was followed by a dry teasing cough caused by a tickling sensation in the larynx, which kept the experimenter awake at night. This was worse lying down, and soon after going to bed. After beginning to cough the subject couldn't stop. The tickling in the throat was very disagreeable and persistent. The open air relieved. With the cough was a distinct aversion to sweets. Two provers, who did not develop the cough, had a bruised sore sensation in the chest, in the region of the sternum, as though the two sides of the chest: were pushed together. In one of these, there was first a soreness of the throat, with a splintery sensation, relieved by swallowing cold water. The sensation of constriction was felt particularly about the heart and was very severe. The cough was so troublesome in one prover that it kept her awake several nights and had to be palliated. *Spongia*, *Ignatia* and *Coccus cacti* were given with little relief, but *Rhus venenata* stopped it at once. *Rhus venenata*, in fact, appears to be the best antidote for Radium, which is another significant point in relation to its gouty symptoms.

Although the cough symptoms were very severe, they did not appear to be due to any inflammatory state of the lungs, but to a laryngeal irritation. In only one case was there any expectoration, and this was where the irritation began with soreness of the throat, followed by a hacking cough and the raising of frothy white mu cous, which soon became tenacious.

The digestive organs were somewhat affected. There was developed an aversion to sweets, and an empty, all gone sensation. One of the men provers had a craving for fresh pork during and after the proving.

In the intestines much gas formed, and there was some griping, the most characteristic point being relief from walking about and from passing flatus. There was decided sluggishness of the bowels, with retarded, though soft stools, or an alternate diarrhoea and constipation, with

offensive flatus. The stool was clayey in consistency and sticky in one case. In the cases which developed diarrhoea the rectum was sore and excoriated during the movements.

The total effect on the digestive organs can be characterized as sluggishness, and appears to be incidental to the general depressing effect of the drug, rather than to any specific or selective relationship to those organs.

Some atony of the urinary organs was caused, resulting in slowness in starting the urine. The urates were increased in amount, and in most of the provers albumen was found in the urine. In one case a few granular casts were observed. The irritative action of Radium on the kidneys may be due to its direct irritating qualities during its excretion, for there was enough Radium in the 6x to make the urine radio-active, and there was enough in the 30x to affect the photographic plate. On the other hand, Radium may have a selective action on the kidneys.

The metabolism of the body was profoundly influenced, as was shown by an increase in the specific gravity of the urine, and an increase in the elimination of the uric acid derivatives. One of the female provers lost several pounds during the experiment.

The male sexual functions were at first stimulated, causing frequent nocturnal emissions and amorous dreams. Later there was diminution of sexual desire.

In the women provers the menstrual flow was more profuse and protracted than usual, also less painful. Their usual menstrual headaches were absent. All the women claim to have been much benefited by the proving in regard to their menstruation and their general health.

There were some decided skin symptoms. Some provers developed small red papules on the face and chest. One prover developed a similar eruption between the shoulders, which itched, worse in the early evening, and worse when undressing. This was better in bed and relieved by scratching. Another developed sensitive papules over the whole body.

An itching scaly eruption on the anterior surface of the thighs and the forearms was caused in another. The itching was better from warmth and scratching and worse from bathing. One of the provers who had worked for several years with the X-ray and with Radium emanations, had for a long time suffered from a scaly eruption on the backs of his hands which always troubled him by cracking and bleeding in cold weather. During the proving itching developed in this eruption, and it partly disappeared. A sebaceous cyst developed over the lower part of the sternum of another prover. Two of the provers observed great sensitiveness of their corns, and old bunions which had not troubled in a long time became inflamed and painful. This last symptom is quite striking, and shows the relation of the drug to the great toe joints and to irritated epithelial structure. Dr. J. T. Kent gave the 200th to an old gentleman on two different occasions, and several weeks after each administration a painless scaly eruption came out on the body, without subjective sensations, and this would exfoliate as bran-like scales, so that the sheets of his bed would be covered in the morning.

The effect on the circulatory system was that of lowered tone, as was evidenced by lowered blood pressure. The elements of the blood itself were altered, resulting in an increase of leucocytes to as much as 30% to 50% above the normal. This was confined to the polymorphonuclear neutrophyles, showing an increase in the protecting cells of the body. The small lymphocytes were decreased.

In the foregoing I have endeavored to select the most characteristic symptoms and modalities as they were presented by the provers. A detailed recital of the symptoms would be both tedious and confusing.

However, a thorough understanding of the drug can be obtained only by studying the complete record, which has appeared in the *Journal of the American Institute of Homoeopathy* and

in the *North American Journal of Homoeopathy*.

The experiment was carried on with seven provers, four men and three women, and was due to the scientific spirit and initiative of Dr. Dieffenbach. Every prover was carefully examined before and during the proving, and observations were made on the urine and the blood. Dr. Copeland, Dr. Crump and Dr. Sayre assisted Dr. Dieffenbach in this task. My work was the lesser one of questioning the subjects and bringing out the modalities.

As far as it has gone this proving has been conducted as carefully and as scientifically as modern clinical methods will allow, and is in every way up-to-date. But it can only be considered a foundation, for with the limited number of provers many of the possibilities of the drug have only been hinted at. Clinical reports are needed also to confirm and fix the value of the modalities, some of which appear to be somewhat contradictory. These contradictions pertain to the aggravations and ameliorations from warmth and motion, and probably have to do with their relation to local and general conditions; e. g., some local conditions were better from warmth, while the general symptoms were better from cold.

The work has demonstrated in a way nothing else could accomplish how wrong is the idea of those who clamor for a boiled down materia medica. On the contrary, a record of every symptom is necessary for a true comprehension of the complete action of any drug. General characteristics are but the composite expression of the complete record of such symptoms as are grouped about some single function or part of the body, or of all taken together, and no symptom can be left out.

In this proving the characters of the symptoms, the appearance, weeks after the administration of the drug, of certain symptoms, and the persistence of other symptoms, show Radium to be a drug of very deep action, and bear out the experiences had with it in more material doses.

Its well-marked modalities should make it a remedy easy of verification.”

DISCUSSION.

Dr. William H. Dieffenbach : Mr. Chairman, as a preface to my short remarks I will say that two weeks ago, as a matter of interest, I took some of the triturations of Radium bromide and placed them upon the orange covering which enveloped a photographic plate (which again was enveloped in black paper) in order to test the action of homoeopathic triturations, to see what reaction we could secure with these preparations. We took the 6x, 12x in fair amounts, the 6x again in very small amounts, and the 30th in fair amounts. These were put upon the outside of this paper and placed in the dark room for ten days. At the expiration of ten days we developed that plate. That was developed yesterday (showing) and you see its action on the photographic plate; the 6th, 12th, 6th again, and even the 30th trituration showed an action on the photographic plate. For those who think that there is no medicine in the 6th or 12th or 30th x, I think it is a distinct proof that there is some definite material in a trituration of that sort.

I shall confine myself to a few verifications that have come to me since the publication of this proving, and will say that they are not very numerous, and I will not tire you with them.

Symptoms of the mind, the symptoms of depression, as an accompaniment of a general line of symptoms covering the drug, have been verified, and one patient whom I had treated, a case of tuberculosis of the hip, who had vivid dreams of fire and a number of other concomitant symptoms. It occurred to me this being one of the symptoms which was very marked in proving Radium bromide, in fact, causing a burning as of fire on the skin and produces dreams of fire. This patient said she dreamt every single night of fire. I gave the 30th potency of Radium bromide, and after taking two doses she says she has no further dreams of fire. Whether they

will recur or not I do not know. It was within the past month that I verified that distinct symptom. That was the only symptom on the mind that I verified.

Another symptom that occurs very frequently in surgical cases after laparotomy, from taking ether, is the dry, parched condition of the mouth and of the palate that these patients suffer from after etherization, waking up and complaining of this intense thirst and dryness. I found previous to the proving of Radium bromide that *Nux moschata* would help some of those cases. Since then I have had a chance to give Radium bromide 30x in two cases in which this symptom appeared after giving ether, and it apparently palliated that symptom of intense dryness of the palate and the mouth. That was quite a marked symptom and occurred in nearly all provings where Radium was injected into tissues and produced these symptoms in very pronounced manner.

I have not verified any of the stomach symptoms excepting the symptom of flatulence. We know that *Lycopodium*, *Raphanus*, *Terebinth* and *Carbo veg.* do not always stand us in good stead in cases of flatulence. I have one case in which I have attempted to find other symptoms besides persistent flatulence, and have helped that case with Radium bromide I am quite sure. Also in one or two cases of constipation in which, when the other symptoms corresponded, I have given Radium bromide, I believe I have found some distinct benefit in that particular condition.

In regard to the urinary tract it is a source of great regret to me seeing that we received so splendid a verification of the action of Radium bromide in rheumatic conditions that we did not make a quantitative test for uric acid. That was one of the tests that was omitted in making the urinary tests. We did not at that time know what I have subsequently learned that the Germans were using Radium very largely in the treatment of chronic rheumatic conditions. I noted these reports last January in reading one of the German journals. They were exploiting Radium in the shape of local compresses and injections: internally in the shape of Radium water for chronic rheumatic conditions, arthritis deformans and other chronic conditions that heretofore have been refractory. These conditions we could undoubtedly have shown greater scientific verification upon if we had made a test of the uric acid quantitatively. As it is, the urinary tests otherwise are fairly complete.

I have had a chance to prescribe Radium bromide in two cases of dysmenorrhoea, which I believe were benefited, and the dry, spasmodic, irritant cough which we are so frequently called upon to prescribe for I believe Radium bromide has done some good for. I believe the bromide feature of the radium there is practically intensified. If the statement of some of the European physicians is correct, that when making a solution radio-active we increase its medicinal action, that the ions found in the solution that way are rendered more active, there is a possibility that the bromine feature of the radium is intensified, and the dry spasmodic cough of bromine therefore will receive verification in this proving of Radium bromide.

Dr. Stearns has covered the symptoms of the blood. I have given Radium bromide in one or two cases where there was leukocytosis and failed to find any distinct improvement. An important point which might be mentioned in this paper is the fact that six X-ray workers in Europe and one man who worked in a laboratory where they manufactured radium from the pitch blende ores, all seven of these individuals developed lymphatic leukemia and succumbed to it. Those of you who are familiar with X-ray literature know that leukemia has been palliated by means of the X-ray. It may be that the use of radium in potency will be beneficial in that intractable disease. Inasmuch as these men who have worked with and have exposed themselves to the X-ray for many years have developed lymphatic leukemia, and one worker in radium has developed it, we can consider the latter as part of the proving of this drug.

When we come to the rheumatic symptoms, to the action upon the back, upon the muscles, upon the extremities, we have in this proving 135 distinct symptoms secured from seven or eight provers. All of these individuals who took the powder, whether the 6th, 12th or 30th, developed these pains which the doctor has emphasized were worse on motion but would eventually, after a great deal of exercise, wear off. They all were anxious for fresh air, had an air hunger, and I believe that is quite a characteristic. In prescribing Radium bromide on distinct symptoms we have a few of these distinct modalities on which we can hang our prescriptions. I have personally verified that in a number of cases that have come to me for other treatment, by giving this incidental to the other treatment, and I have found possibly quicker results than I had previous to this. I have also received several letters from physicians who have used radium bromide in the 12th potency, who have reported distinct aggravations in some of their chronic cases, saying they thought the medicine was too strong. One patient refused to take the medicine, saying it made him worse and that he got distinct aggravations. It seems to me from the test I made with this photographic plate that we still have with the 12th x a material part of the radium there to act on this photographic plate through these two sheets of paper, and, therefore, personally, I shall in the future favor the giving of it in much higher potency than the 12th. It seems we must go higher in order to avoid a distinct physiological effect and to secure the dynamic or homoeopathic effect.

The repetition of the dose, as I talked it over with Dr. Stearns today, is a matter of future development. It seems to me that in giving Radium bromide in the higher potency a repetition should not be given until the action of the remedy has worn off. Being a new remedy we do not know exactly when this occurs, but it seems to me that a frequent repetition is a thing that should be avoided. Perhaps one dose a day, or one dose a week, would be sufficient in some chronic cases that require a long time for a change.

On the skin I have received a number of verifications. Dr. Perkins, of Princeton, N. J., wrote me that he had a case of psoriasis of eight years' standing that he gave Radium bromide to, and he claims that after a course of treatment with the 12x remedy that case has improved so that there is not a single scale left. Of course, we all know that psoriasis has a tendency at times to spontaneously improve and disappear, so that this is not an absolute case of correct verification. However, he makes this statement, that the patient had psoriasis for eight years; he gave Radium bromide on the indications he found, and the psoriasis has disappeared. If the rest of the members will make similar tests of Radium bromide, we may get more verifications than that of Dr. Perkins. It is certainly an interesting case.

In conclusion, I wish to say that in my judgment we have in this remedy an addition to our materia medica, particularly in the treatment of rheumatic and gouty conditions, as the proving has impressed me. Of course, we may find it indicated in almost any other condition, but the main impression I received as a prover myself, and by associating with those who proved it, was the intense pain in the joints, pain in the muscles, pain in different parts of the spine, which this proving produced, and I believe it will prove a sovereign remedy in rheumatic and gouty conditions in addition to Rhus tox. and other remedies with which we are more familiar."

(Guy Beckley Stearns, M. D., Assistant Professor of Materia Medica, New York Homoeopathic Medical College and Flower Hospital, The Proving of Radium Bromide, The Chironian vol. 28 (1911-1912), p. 277-287. Read before the Homoeopathic Medical Society of the State of New York, Oct. 11, 1911)

"The sole object of a remedy should be to increase the reaction of the body against disease. For prescribing, the qualities which characterize the reaction caused by a drug are not the physical nor the chemical nor the obscure physiological ones; they are the effects which a child can describe or its mother observe where the child has been poisoned by a drug. The

other qualities are important but not essential.

The chemical and physical properties of radium are intensely interesting; so striking are they that it is difficult to force them into the background while studying radium therapeutically. Its spectacular qualities not only obscure its essential characteristics but tempt the careless to try it on the slightest clinical indications.

Cases of arthritis, neuritis, psoriasis, enuresis, arteriosclerosis and rhus poisoning have been reported cured; most of its verifications are of arthritis. Many verifications of symptoms have been reported and many of the clinical cases have been very striking. Few, however, have been linked up in such a manner that one can determine, from the reports, on precisely what indications the remedy has been prescribed.

Of cases of chronic arthritis reported by His, where radium was used empirically, 2 ½ % were cured and about 47 % were benefited. It causes pain in all the provers and these pains are located both in the muscles and the joints; to understand the remedy, we must study the character of the pains, their predominant localities and their modalities. All parts of the body are affected, but the great toe joints and the sacrolumbar regions are the most important seats of pain. The pains are of two predominant types, sharp pains (in some cases described as lightning like) coming or going suddenly, or coming slowly and going gradually. These are apt to change places and in some cases go from side to side. The other type of pain is a severe, dull aching, ranging from a pain situated deeply in the joints, to an aching all over the body, which torments the patient to a restless moving about all night, leaving him exhausted next day. This type comes on gradually and slowly wears away. Often the pains are hard to describe.

Throughout the proving appears relief from continued motion, though often motion aggravates at first. Pressure relieves and warmth is disagreeable. Radium causes a marked desire for and relief in the open air. It should be noted that there is great weakness from the lumbar region down, a sort of parietic languor and a great desire to stretch the muscles, which stretching gives relief. Sometimes nothing relieves the pains; they simply gradually wear away. Although local heat is disagreeable, there is marked relief of pains and other symptoms from a hot bath. Vasomotor disturbances occur so that some experience a sensation of internal chilliness, relieved by warmth, and others have a sensation of heat all over, so that they have to throw off the clothing. Another expression of this same type is a feeling as if the whole body were on fire, with the sharpest kind of needle pricks. In the provings there is no record of any actual increase of temperature. Many of the symptoms appear late in the afternoon and continue until after supper. Most symptoms are better after eating.

A most striking unintentional proving was made on a chauffeur of 45, who was given a 12x tablet at night and another next morning, for lupus of the nose. He became so dizzy he "could not stand up or do anything." Every movement made him dizzy and he was "so weak" his muscles "just gave out." It was two weeks before he was normal, when the experiment was repeated. This time the symptoms were much more intense. He became so weak and dizzy that he could not stand and had to go to bed. When in bed the vertigo left, but his legs, arms and neck felt hard and brittle, as though if he moved they would break. He had no pain and was all right when lying still, but if he got up he felt, as he expressed it, "queer." It was three weeks before he was able to do his regular work.

So, to the other sensations, we must add intense vertigo, with weakness and a feeling as though the muscles would break if they are moved. The peculiar dis-equilibrium of the radium atom seems to be equaled by the lack of equilibrium it causes in human beings, for vertigo is a marked symptom: "so dizzy had to walk with the hand against the wall," "tendency to fall to the left," are expressions used by the experimenters. This symptom is entirely relieved in the open air and when lying down, but remains when sitting, and is brought on or increased on rising.

A woman of 65, with high blood pressure but no kidney lesion, had, on two successive mornings, severe vertigo, worse from motion, better in the open air. She had to support herself against the wall. Radium bromid 200th relieved her in a few hours. She had several circular red, scaly spots that itched maddeningly on the calves of her legs; these were not helped by radium, but were cured by tellurium. Probably the relief of the vertigo, although a verification, was only palliative, as tellurium causes vertigo in the morning and was probably the remedy from the start. To sum up these generalities, note the peculiar pains and their locations, especially in the toe joints and the lumbosacral region; paretic weakness from the lumbar region down; persistence of the pains gradually wearing away; aggravation from motion but relief from continued motion; general aching with restlessness; relief from hot bath; amelioration from pressure; aggravation in the late afternoon until after supper; relief after eating; overwhelming vertigo; marked craving for and relief in the open air. Remember that all the foregoing appeared early and characterized the first attempt at reaction. But many organs and functions are disturbed and a knowledge of them must enter into our understanding.

Headache is a prominent symptom. Like the pains in the muscles and the joints, there is in the head two types - a dull pain anywhere from a simple dullness to an intense, dull, incapacitating ache. This type is usually in the occiput or forehead, at times in the vertex. These headaches are better in the open air, better from cold, better from pressure and aggravated from lying down. The other type of headaches is characterized by sharp pain which sometimes becomes throbbing. Usually beginning in the right temple or over the right eye and extending backward to the occiput, or up toward the vertex. Sometimes it is on the left side; in one prover, pain began in the occiput and extended up over to the right eye. The aggravations and ameliorations are the same as described before, although in one case warmth relieved and pressure aggravated.

The muscles of the eyes are affected by the same paretic weakness as are those of the extremities and ptosis occurs, so that sometimes the eye has to be opened with the fingers. The right eye is more affected than the left. Sharp pains occur over and in the eyeballs. Radium causes the lids and conjunctiva to become inflamed and irritated, with a feeling of dryness. There is also a sensation of soreness and burning. In one proving, the right eye was inflamed and a yellow discharge formed that ran down the nose and formed yellow crusts.

The nasal mucous membrane becomes dry and hard crusts form in the nostrils. In the lower respiratory tract marked symptoms develop. It causes irritation and soreness of the throat, with inflammation beginning on the right side. This is followed in a day by tickling in the larynx, which causes a severe dry, spasmodic cough. This is worse at night and when lying down, and it is impossible to suppress the cough after it once starts. It is relieved in the open air. The irritation is in the larynx and the suprasternal fossa, as though dust was in the throat. Dryness appears to be a characteristic of radium bromide, as appears from the symptoms in the eyes, nose, throat and lungs. It causes rawness and dryness of the throat and the hacking of small amounts of white stringy mucus. The throat symptom is relieved by a drink of cold water and swallowing. It causes a sensation of a lump in the throat. The cough is irritated by smoking and from being indoors; better out of doors and after eating. Expectoration is usually absent, and if present is scanty and stringy, yellow or white. Note that there is a consistency in the character of yellow discharge from the eyes, the yellow, stringy discharge from the throat and the crusts from the nostrils. The cough does not seem to originate below the larynx, though there is a constriction of the chest that centers about the heart and is accompanied by palpitation and sharp pain. The same character of dryness is observed in the mouth. The sensation in the mouth is dry and parched and one must sip cold water to moisten the mouth. The breath feels hot. The tongue becomes coated a bluish white and is thick and feels swollen, so that speech is difficult. This last is probably due to the paretic state of the muscles. The teeth become painful and feel too long. In one prover a gum-boil formed on the lower jaw back of

the molars and she could not talk on account of the soreness and swelling. The month has a metallic taste.

The digestive function is disturbed as shown by the coated tongue, also by the symptoms related to the appetite, stomach and bowels. Radium causes a craving for fresh air, lasting for several weeks. Dr. C. M. Boger says this symptom is occasionally observed in persons who later have consumption. Aversion to sweets is marked, also a mild craving for sour. Like many of the antipsoric remedies, it causes an all-gone, empty feeling in the stomach. This is relieved by eating, but a small amount of food satisfies. Much gas is formed throughout the digestive tract. There is an eructation of tasteless gas. The sum of its effects on the digestion is sluggishness. Lower down, gas rumbles around in the abdomen and causes sharp, colicky pains. These pains are better when the flatus passes or the bowels move. Pressure, bending double, and heat also relieve. Much flatus passes without pain, at times quite offensive. McBurney's point is the seat of sharp pains which come and go quickly. A physician, after one dose of the 30th, suffered for three months with pain in the epigastrium, like a bruise on the second day. He lost fifteen pounds in these three months and in two years has not regained his former weight. At times, griping localizes around the navel.

The stools are markedly changed in character, but the effects are so varied as to be difficult to sum up. It causes both constipation and diarrhea, which may alternate. The soft stools vary in different provers, from clay color to watery brown or yellow. The points that stand out most prominently are that the stools are apt to come with a gush, even though normal in character, and are accompanied with much flatus and the passage of the stools relieves all abdominal and rectal distress. Sharp stitches occur in the rectum. Upon hearing the abdominal and stool symptoms, Dr. Boger remarked, "Radium must be a great gout remedy."

The muscular effects of radium are manifested in the bladder, causing great difficulty in starting the urine. Clinically it has cured enuresis, a condition naturally following retention through muscular weakness.

The sexual organs are disturbed both in men and women. In men emissions are frequent with dreams. The effect on women provers was to make the menstrual period easier and stop the usual monthly headache. It causes delayed and intermittent menstruation. It causes also a white, cheesy leucorrhea.

The skin hardly escapes a remedy of the magnitude of radium bromid. It causes macules, papules and pustules, which itch and burn, are aggravated from scratching, and better in the open air. It causes a general scaly eruption, with desquamation of large amount of dry, bran-like scales without sensation. Sebaceous cysts develop under its influence. Very significant is its effect in causing bunions and corns to become inflamed and tender.

The last to be studied, because appearing last in the proving, are the mental symptoms. There is irritability and touchiness, which tend to develop into depression. Great apprehension as though something was going to happen, characterizes the depression. Provers get blue and discouraged and dislike to be alone. The desire to have someone near is particularly marked. Fear of being alone in the dark. The mental state projects itself into the dreams, which are vivid and troubled. "Dreams of fire, and when waking it is hard to realize that she has been dreaming." Bad dreams at night and low-spirited by day.

Reviewing all these local symptoms, note how the general modalities already mentioned appear. In addition, the right side is affected more than the left, as is shown by the effect in the right eye, the right temple, the right side of the throat, and in some cases pains are more in the right side of the body. Cold usually ameliorates and warmth is not agreeable, though warm bathing gives marked relief. Dr. Boger reports a case of neuritis in which burning pains relieved by a hot bath were his indication. All abdominal symptoms and some general ones are

relieved by passage of gas up and down and by defecation. One prover, after the 30th had pain in an old empyema scar every time the weather changed. Even now, two years later, always before a storm he becomes exhausted and has bruised pains deep in the joints.

Of less specific interest as therapeutic guides, but of general interest as showing the ultimate result of the disturbances of reaction, are the tissue changes induced. Albumin and casts appear in the urine, showing that either the kidneys are deranged through the effects of the radium as it is excreted, or that the radium has a specific action on these organs. The urine was radioactive from the dilution used in the proving, so that the kidneys may have been irritated by the drug.

A patient, 39 years old, had for years excreted an excess of uric acid. For a year her blood pressure had steadily gone up from 110 to 185. Albumin and kidney epithelia appeared in the urine, but no casts were found. Lameness of the right knee developed at first, made better by walking and later aggravated by use. Slight puffiness and heat of the knee. Characterizing symptoms were pain like a needle in the right hip joint and pain like a string down the right sciatic nerve. Indescribable pains in the lumbar region and the right side of the neck and shoulder. Hopelessness of recovery and of the future. Too frequent urination and sudden urging. Occasional diarrhea attacks, especially if emotions were disturbed, sudden gushing; skin dry and the hair becoming gray within a few weeks. Brown spots on the skin. Awkward and drops things; flatulence; frontal headache in the morning as though the forehead were loaded. All symptoms were worse in the late afternoon, and hot weather prostrated. Everything was better in the open air. Lycopodium relieved the bladder and bowel conditions. This was followed in a few months by radium bromide. Marked improvement of all other conditions occurred for several months, when an acute cold developed causticum symptoms, which remedy appears to be finishing the case. The kidneys are now normal, the lameness is nearly gone and the blood pressure is down to 125. Note the sequence of lycopodium, radium and causticum.

It causes a marked increase of the nitrogenous excretion of the kidneys and loss of flesh, demonstrating its profound effect on metabolism. It lowers blood pressure, which is consistent with the muscular weakness and let-down conditions which it causes. Blood changes are very interesting. It causes a marked increase in the type of blood cells that attack and destroy bacteria. Undoubtedly to this quality is due its effect in causing gum-boils and pustules.

All verification should be reported, not as isolated symptoms, but as complete symptomatic and clinical pictures.

Its abdominal symptoms, its effect on the joints, especially of the great toe, its irritating effects on bunions, and its upset of nitrogenous balance all point to its relation to gouty and chronic rheumatic conditions.

Its loss of flesh, its craving for pork, and its prostrating effect link it with the beginning of chronic wasting diseases, especially tuberculosis. I verified it in a case of incipient tuberculosis of the right apex in a woman of 42. She had not been well since a hard cold two years before, and a recent miscarriage had lighted the latent infection. Her urine showed low elimination and her blood an increase of leukocytes. Systolic pressure 100.

She was mentally and physically prostrated, was worse late afternoons, and could not stand the least hot weather. She had pains all over the body which shifted about and made her restless. Stiffness of the muscles and pains that followed the nerves. Tired weakness, though if she walked in the open air she braced up; vivid dreams and apprehension. Pulsatilla and lycopodium failed to help. After sulphur, her temperature, which had been subnormal mornings and normal evenings, became normal mornings and one or two degrees high afternoons. Other wise no change. Under radium bromide in ascending dilutions, beginning with the 200th, she steadily improved. A year later no evidence of the lesion could be found.

Skin diseases come under its influence, especially seborrheas and dry scaly eruptions. The fact that it makes scar tissue sensitive hints at its relation to keloid and perhaps to cancer. Von der Goltz says it is indicated in cancer to arouse reaction, much as sulphur does in sluggish reaction in other conditions.

Acute conditions accompanied by much pain such as grippe, inflammatory rheumatism, neuralgia and neuritis, fall within its scope. It is related symptomatically to rhus tox and rhus radicans and often cures where these help but do not hold. Intractability seems to be one of its keynotes in rheumatic conditions. Digestive symptoms and modalities relate it to lycopodium and pulsatilla. Its catarrhal symptoms are like kali bichromicum and kali carbonicum. It resembles causticum even more closely and complements it.

There is a variability about the action of radium, in that it affects different people differently, e. g.: in one, there is a marked aggravation before a storm and in wet weather. In my verifications, this has been absent, but there has been intolerance of summer heat. The chauffeur prover had no pains, but only weakness, a stiff feeling and vertigo. One young man prover simply developed a frontal headache with no modalities.

This variability makes it a hard remedy to understand. Low potencies should not be used. Dangerous aggravations have occurred from the 30th.

DISCUSSION.

Dr. Dieffenbach, New York: I would like to compliment Dr. Stearns upon his arrangement of this proving. It was his close questioning of the provers that helped us to give what has been published. Since the publication of this proving about five years ago, I have received many communications from physicians, some expressing their satisfaction with results achieved, and others expressing disappointment. It would seem that a number of physicians, hearing of the use of radium in cancer, used it internally and as a local application, hoping radium would cure. This is an unfortunate deduction. If, as homeopathic students, they had consulted the proving, they would have seen that in no case had we stated that this was a cure for cancer. Condemnation of radium in its use in this lesion was not just when applied in this manner. Radium must be applied in crude, massive doses if its effects are to be noted upon local tissue growth.

Dr. Stearns has emphasized the action upon the skin. I developed a number of small swellings, sebaceous enlargements, irritability, burning of the skin. That was the extent of tissue changes I noticed in my own case, and I had the heaviest dose in the 6x. It shows an action upon the skin, and the possibility of some form of hyperplasia should be borne in mind. In my own case, the proving removed the results of an old x-ray dermatitis which had persisted for years.

The effect of radium in rheumatic and gouty conditions is something that gave us a good deal of pleasure when we consider that the old school is now busy on the subject of radium in rheumatism. They claim that a large percentage of cases of arthritis, rheumatoid arthritis, gouty arthritis are cured by radium in hypodermic doses, or taken in the form of capsules in a very weak preparation of the salts. When we made the provings there were over one hundred and twenty-five symptoms referable to the nerves, muscles and joint involvement of a rheumatic character. A number had suffered backache. Three of the provers had distinct lumbago. Others had pain in the muscles. Others' symptoms referred to neuritis and rheumatism. Thus we have a definite corroborative list of symptoms indicating the application of this remedy to rheumatoid conditions. But we must not consider it a specific. As specialists and therapists we must select the cases in which the therapeutics will fit. First we must know the symptoms. The radium bromide patient is hungry for air. In some provings they want to open the window

and get air. That is a cardinal symptom, and it can be explained on a physical basis. Radium is the greatest oxydizing agent we know, therefore this craving for oxygen is a symptom which we can verify. The pains are better from exercise and gradually wear off. The action on the kidney and blood, the objective symptoms, have been interesting. Five provers developed albuminuria. We made preliminary tests for a week. Some developed hyaline and epithelial granular casts. They developed symptoms of nephritis. One man claims he is not well yet. In cases with lowered elimination of solids, radium increased the solids markedly, showing that catabolism was increased. The blood work, which was conducted with a great deal of care, showed some contradictions. There was leukocytosis in some cases, and leukopenia in others. But every one of the provers in whom the blood work was done, had an increase of polymorphonuclear neutrophils, the protective cells of the blood. All these "pollies," so called, were increased, indicating that something had taken place to rouse the protective agents of the blood, and their fight on radium produced this peculiar reaction.

These objective symptoms, which in former studies have been neglected, can be utilized undoubtedly, or subjective symptoms may lead to the selection of this remedy.

The mental symptoms were also verified. We had one report about which we hesitated. The prover dreamed of fire, and her skin that night was hot. It is possible the radium produced that symptom. Dr. Stearns suggested that it be left in the proving because it was so unusual. Shortly after that I had a patient that curiously enough gave me that symptom. She said, "I have had restless nights, and I dream of fire." I gave radium bromide 30th, and she came back and said, "My mental symptoms disappeared."

As a whole, the proving has met with a good reception by those who have studied it. I especially call your attention to it in rheumatism and gout, and ask you to differentiate it from rhus tox, bryonia, and other rheumatic remedies.

Dr. George Royal, Des Moines, Iowa: You know there are two groups of symptoms which apply in the treatment of all cases. Besides those coming from the prover, I am sure that the verified symptoms are the most important ones. Then, again, our essentials of a symptom should be taken into consideration, especially location. In deciding between rhus and radium, I have found that if the former is indicated, the sheaths of the muscles are affected; whereas, if the latter be indicated, the periosteum and the bone itself are affected; and when, as in the case cited, the symptoms are almost identical in the two patients, I decide by making sure which tissue is affected.

Dr. Grimmer, Chicago: This excellent paper and splendid discussion by Dr. Dieffenbach ought in some way to be given great publicity. It shows an accurate method in studying drug action. I have verified radium in one case of rheumatism in which the joints chiefly were involved. The patient had the modality of relief from motion. Rhus palliated, but succeeding potencies failed, and radium promptly cured the case.

Dr. Dieffenbach: This modality that Dr. Grimmer spoke of, "relief from motion," is quite marked. After a patient moves around, the improvement is gradual. The pain will stop and return again when the drug is given the second time, indicating that the drug was producing the pain, and the increased elimination from exercise reduces the pain. I would also emphasize Dr. Royal's remark, that the drug has marked action on the joints producing and curing many cases of arthritis.

Dr. Krauss, Boston: Dr. Stearns has presented a paper that might be taken as a model for materia medica men to follow. It is an excellent paper, and it has been a pleasure to listen to it. I have used radium in one case. It was a case of chronic nephritis, due to arteriosclerosis, rather than to any other cause. with which there was connected a distinct neuralgia of the face. I believe radium is good for overcoming pain. We have learned from this paper and from Dr.

Dieffenbach's discussion that we should not jump at conclusions, but that we should prove all our drugs first on healthy human bodies, before we apply them to diseased bodies.

Dr. Anna Johnston, Pittsburgh: At the 1911 meeting of the Institute while listening to Dr. Dieffenbach read his paper on "The Proving of Radium Bromid," I thought of a patient of mine whose symptoms seemed to be similar to those produced by this remedy. He was very susceptible to erysipelas following colds. The next attack that he had I prescribed radium 12x. He recovered quickly and has not had an attack since.

Dr. Stearns (closing the discussion): Dr. Dieffenbach should have the thanks of the Institute for the generous manner in which he has given this remedy to us."

(Guy Beckley Stearns, M.D., New York City, Radium Bromid, The Journal of the American Institute of Homoeopathy vol. 8 (1916), p. 1123-1132. Bureau of Materia Medica A.I.H. 1915)

A fatal epidemic

"The past year has been a terrible one to the South. Yellow fever has fearfully depopulated, not only the cities, but also the interior. It spread its terrible ravages to remote and healthy locations, formerly blessed with immunity from the scourge. Opinion as to its infectious or contagious character can hardly be divided now. In proof, I point to the facts of persons fleeing from an infected to a perfectly healthy locality, and the pestilence following in their wake - with different degrees of severity - often very violently. I, myself, have been in at least twelve epidemics, encountering it in its worst forms in the West Indies, Bahia, Acapulco, Rio Janeiro, Buenos Ayres, Havana and Mexico, and in different parts of the Southern coast of the United States; but, although blessed with immunity and fearless of contagion or infection in these localities, I was overpowered in 1878. My constitution might have resisted even this year, but extreme fatigue, bodily and mentally, together with my advanced age, paved the way to infection.

The Causes of Yellow Fever.

This is the mooted question, and I incline to the belief of the Homoeopathic Commission, when they present a double cause - importation and spontaneous production. The spontaneous development of yellow fever requires not one cause or factor, but a multiplicity. This is treated of so extensively by the Commission and the paper of Dr. Falligant that there is no new field for thought. But I would like to mention a curious fact, which may throw light upon the subject.

In cholera epidemics, our planetary system is always near the constellation of Persus, where hydrogen abounds. We had been nearing it since 1828. All the years from 1828 to 1833, the years of contact with the hydrogen, were years of cholera over the whole world. If hydrogen abounds in one part of space, carbon must in another, and if hydrogen has an influence on the globe, carbon must, also. When cholera appeared, in the years named, intermittent fevers disappeared only to re-appear when the dread disease passed away. Is yellow fever one of the consequences of a preponderance of carbon, and, therefore, an absence of ozone? Ozone was notably absent in 1878; carbon must have been in preponderance. We had yellow fever in the Western hemisphere - in the East the plague. Both are typhus, and both are treated by nearly the same remedies, homoeopathically. It is singular that arsenicum, carbo veg., belladonna, aconite, lachesis, anthraxin and ipecac are the remedies most successful in both diseases. I encountered the plague in Egypt and Asia Minor, and used the above remedies, with the exception of lachesis, which had not been proved in 1830. We have to thank Dr. Hering for this remedy, which has a wide and useful sphere of action in so many diseases of mankind. A great many symptoms in the plague, as well as in yellow fever, point to cadmium sulph.,

which has, undoubtedly, relieved much suffering in Vicksburg, and saved many lives, at the hands of myself and Dr. Harper, to whom I recommended it, he using it with most gratifying results. More properly, I should speak of this remedy in another place, so I pass on to the subject at issue. There is a fact in my possession which is a strong argument in favor of the theory of spontaneous growth or production of yellow fever. Near Bastrop, La., lived a family who were seized with attacks of a pernicious fever, which was not amenable to treatment. One after the other they died, and the allopathic physician in attendance pronounced it yellow fever. He, himself, was attacked with the fatal malady and gave up his life. Believing it to be the fever, he had no communication with the rest of the neighborhood, and the spread was stopped. Now the whole of the United States has heard of the shotgun quarantine of that section of country, and their subsequent escape. Ministers, priests, boys and men stood picket night and day, forming an impenetrable cordon around whole parishes. A stranger did not dare show his face, for no one could answer for his life if he tried to run the blockade. No goods of any description were allowed to be imported, and it is safe to say the quarantine effectually prevented the ingress of anything that might bring with it the fever. Still, in the midst of this cordon sanitaire, cases of a fatal fever, which a competent physician pronounced yellow fever, occurred with such quick and fatal results as to remove all doubt of their character. How did it occur, if not imported? Still, some localities were blessed with immunity where most exposed. In the jail of Warren county, situated in the heart of the city of Vicksburg, not a case occurred. We know that occupants of ground floors are first attacked, which leads us to believe that yellow fever poison is heavier than the atmosphere and creeps along the surface of the earth. Did the twenty-five-foot walls of the jail present a barrier? True, there was a door, but it was never opened at night, as in a jail there is not much egress or ingress, particularly at night. These are curious facts, perhaps of great value in tracing the habits of yellow fever.

It is at the urgent request of my friends that I have undertaken, in my old age, a task that fifty years of practice warrants. The disease is so simple, in its homoeopathic treatment, the symptoms, as in all acute diseases, are so clearly marked, that the homoeopath is rarely at a loss for a remedy. By the law of symptomatology, one of the foundation stones of our practice, we have a remedy to cover any phase of the disease. So after reading this little treatise, I think the youngest and most inexperienced of our school will be able to plunge into the horrors of an epidemic with confidence in himself, and faith in the grand law of Hahnemann.

Symptoms General.

To fully cover the ground, we will suppose some cases of yellow fever, of a pure form, and without treatment, following them, in their various stages.

The attack is sudden, although the patient may have complained of weariness and feelings of general depression, bodily and mentally, for several days preceding it. (But, on this point reports are conflicting, as many have the perfect enjoyment of health, up to the very moment of attack.) The greater number of attacks occur between one and six o'clock in the morning, although some come on at odd hours. It is generally preceded by a chill, which in itself has no peculiar symptoms. A violent headache immediately follows, with feeling of extreme lassitude, especially in the limbs and extremities, pains in the back and back of the neck, sometimes excruciating. The patient at this stage vainly tries to find a comfortable position, but tossing about only augments the agony. The chill does not last long, and a fever sets in without an interim. The headache and various pains increase, the temperature of the body rises to a fearful heat, while the pulse does not, necessarily, become accelerated.

Mind. - Confused, delirium, very excitable, fretful and quarrelsome. Sensitive to light or noise, either monotonous or sudden, apprehensive of future; fears death. Reproaching attendants for mere trifles. (Sometimes exactly the opposite).

Sensorium. - Senses acute; giddiness; cloudiness, as from intoxication. Fainting feeling, on rising from recumbent position, with paleness, or sudden flush of face.

Eyes. - Appearance of inflammation; dull heavy pain in the ball, deep seated; the globe tires in rotation, and is very sensitive to light. Eyes protruding; lids hot, dry, burning, sensitive to the air.

Face. - Expression anxious, inquiring, doubting, bright red or purplish hue.

Tongue. - Sometimes clean, generally coated. Tips red, incline to dryness in middle. Swollen. Bad taste, but water tastes good; extreme thirst. Wants to drink often and in quantity or little, gums red and swollen. Tongue pointed.

Desires. - Ice, ice water, lemonade.

Stomach. - Burning pain, uneasiness, nausea and vomiting; pit of stomach is the general location of all these symptoms.

Hypochondria. - Region of spleen very sensitive to touch. Can tolerate no pressure or jar. Liver engorged.

Abdomen. - Violent shooting colic - extending to small of back. Colic as if a spot were seized by a clutch of the hand.

Limbs. - Violent rheumatic aching, not particularly located at any one joint, but universal.

Back and Neck. - Shooting and gnawing pain in spinal column.

Urine. - Albuminous, fetid. (Nearly always a sure prognostic of yellow fever, when it is highly charged with the poison).

Nervous System. - Particularly the point of attack. Through it I believe the system is impregnated with the poison.

I could go on, indefinitely, and cite the different symptoms of this erratic disease; but these are the principal ones, occurring in groups or singly. Some cases do not present one-half of those enumerated, while others possess all these and even more. These are only the symptoms of the febrile stage, from which we are to draw our conclusions as to the nature of a suspicious case of fever, occurring under circumstances which may point to the dreaded malady. When the chill is off, and the heat commences, if perspiration has to be brought on by artificial means, there is an unfailing sign of yellow fever, if on being exposed to the air, the perspiration of the patient ceases instantaneously. A yellow fever patient may be in a nice gentle perspiration, and an arm uncovered will check it instantly, and with the worst results. Toward the end of the second day, the never to be forgotten yellow fever smell will be found in the clothing, often rendering a room, if kept close, overpowering to one coming from fresh air.

If the foregoing symptoms do not abate, the fever rapidly passes into the third stage, that of torpor. The kidneys refuse to perform their functions, the urine is suppressed, the burning pain in the pit of the stomach increases and black vomit soon follows. The first symptom of black vomit is, generally, an expectoration, in which are mucosities, coiled with a tiny streak of blood in the center. This points to the mucous lining of the stomach becoming loosened and the little blood vessels emptying their contents into it. Should the abrasions refuse to heal soon, the blood poured into the stomach is decomposed by the gastric fluids, changing its color and character, and the coffee ground substance is ejected by the mouth and alimentary canal and called black vomit. This stage, although exceedingly dangerous, is not, altogether hopeless, as numerous black vomit sufferers can testify to, who have had this dreadful symptom and survived.

On the other hand, when the violent headache and high fever is not arrested, congestion of the

brain ensues, and the patient, dies, after intense suffering, petechial, and at last putrid symptoms, with profound collapse, ending life.

Hemorrhage occurs in any and all parts of the body, internal and external, even from the wrists, face, breast, limbs or trunk, but often from the gums, lips, nose, ears and eyes, bladder and bowels.

Hiccough, belching, etc., come on in the last stage, generally, and the hiccough, particularly, is a grave symptom.

I have given the symptoms of this fever in its most common appearance, but the reader must remember that it manifests itself in manifold forms, from those of the most manageable to the most aggravated and unyielding types. Proteus-like, never to be trusted, it requires the most careful medical attention and the strictest, most prudent and most intelligent nursing - the least mistake, either on the part of physician, nurse or patient, precipitating a seemingly safe convalescent into his grave.

Conscientious allopathic physicians acknowledge that they have no remedy, advising brethren to try remedies and treatments which they, in despair, resort to by way of experiment. I admire the candor of one eminent allopath who openly acknowledges this want of knowledge in regard to remedies for the treatment of this fever. Every physician of the allopathic school treats his patients according to his theory (a law to guide is not to be found in their practice), hence we find the noticeable diversity of opinion among them in treatment. They all agree on one point, however, and that is to attack the bowels with purgatives or laxatives. No homoeopathic practitioner does this. Certainly, in our experience, nothing is more detrimental to the chances of recovery of the patient than to aggravate the irritation of the sensitive and diseased stomach and bowels still more, when such remedies prove themselves entirely inefficient in grave cases, often precipitating a mild case into a serious or dangerous state. If the attack comes on after a hearty meal, nine cases in ten empty an overburdened stomach by an effort of nature, the good old dame causing the patient to relieve himself by a painless, natural vomit. If such does not occur, it is not only unnecessary to produce either it or evacuation by artificial means, but, on the contrary, it destroys the comfort of the patient and aggravates the irritation and inflammation of the mucous membranes, rendering them more liable to destruction or removal. A yellow fever patient, during his whole illness, will not eat a teacupful of solid food, reduced from tea, toast, rice-water, beef tea, chicken broth, etc., and when nature refuses to rebel against the insignificant amount, man should not meddle. The fact of numerous living patients lying in bed, without action on the bowels, for various periods, ranging from ten to *twenty-two* days, ought, I think convince a public that the danger in yellow fever does not lie in the inaction of the bowels. When the patient had so far regained his strength as to be able to eat solid food, if nature required assistance, a few doses of *nux vomica*, in minute doses, always had the desired effect, in my experience, and I certainly had a sufficient number of cases to thoroughly test this question. I can imagine nothing more sensitive than the system of a person attacked with yellow fever. Is it reason to handle it roughly, and pour down nauseous drugs? In the proportion that it is sensitive, it is also susceptible; and is it not reason to assist nature in healing by the most gentle means, and in the dose of medicine is it not sound logic to avoid irritation, using only minimum doses? Can we imagine the infinitesimal quantity of poison that *produces* the disease? It is not appreciable by weight, taste, smell, or to the sight under the most powerful microscope. If this minute cause will prostrate the vigorous man, and thoroughly disease his whole system, is it unreasonable to apply the remedy in like proportion? The human system is a delicate pair of scales when in perfect health, on a perfect poise. Disease is not a pound weight thrown upon one arm, nor is a pound weight of physic required to restore the balance. Little by little we drop the delicate weights on the scale, until the equilibrium is restored. The human system is a delicate piece of mechanism, comparable

to the most delicate watch. If a wheel is out of place, we do not grasp it with a pair of blacksmith's tongs; we use an instrument as delicate as the part affected. The diseased system is a target with the point we aim at of a very small size. We do not load a blunderbuss with slugs and destroy the whole thing; we aim at the mark with an accurate rifle, with a good marksman behind the gun. Does the carpenter tack on the shingle with a spike and sledgehammer? So in everyday life we find thousands of instances illustrating the law of nature in not regarding brute force as power. This is the theory of small doses, but do not imagine that small doses constitute the homoeopathic law. Small doses are simply the medium of the proof of the grand law, *similia similibus curantur*. We respect nature; we follow her teachings against the current of all creeds and doctrines. Hygiene is our close study, and in no disease do we have such happy illustrations as in yellow fever. Fresh air, water and food are the three great supporters of life; still, all can be abused. Air is essential to all life, and the yellow fever patient must have it in abundance, but to let him be in a draft will kill him. Water must be given, but a false desire must be restricted somewhat. The patient never wants it warm, and it must be given to him cold, but he must not drink it at the temperature of melted ice. Nourishment he must have, but it must be in quality and quantity that will not tax or overburden a weak stomach. Another great error is the habit of opiates, among the old school practitioners. If brain symptoms produce insomnia (sleeplessness) no homoeopath would produce unnatural sleep. Does not everyone know that patients, under this treatment, very rarely recover? Never, for an instant, think of using any kind of opiate.

But, no matter how plausible a theory may be, we must bring to our support *facts*, stubborn and insurmountable. As to the general rate of mortality, in the two schools, there is a noticeable difference, We will take as authority the statistics of a well-known life insurance company (The N. Y. Hom.) This company takes risks among all classes, but to persons who use the practice of Homoeopathy, they give lower rates, and on this ground. This company had issued policies as follows:

To Homoeopaths.....	4470
To non-Homoeopaths.....	1437
The deaths up to January, 1874, were as follows:	
Homoeopaths.....	32 or 7-10 per cent.
Allopaths.....	67 or 2 ¼ per cent.

Here, we have a mortality, on the Allopathic side, over three times as great as that on the Homoeopathic. Still, no fairer test can be made, for everyone knows how carefully the insurance companies calculate their chances. But this company found that its Allopathic patrons died in the ratio of three to one of the Homoeopaths, so it changes its rates to cover its losses. Can this be disputed?

Now in regard to the relative mortality in yellow fever, we are at a loss for a comparison, as they do not publish or even make out a report of cases. But as for Vicksburg, we have sufficient figures to make a comparison. We have a published list of 988 deaths. In the death list 46 of my patients are numbered; but it should show 54. Dr. Harper has a death list of 20. The volunteers, who treated cases Homoeopathically, under direction of myself and other ones of our school, did not have to record a death. This can best be explained, when I say, that such persons, not wishing to take the risk of a patient's life in their hands, would not, of course treat a case which was in a desperate condition, but such cases, without exception, almost, were turned over to either Dr. Harper or myself. My two sons, both medical students, when the epidemic was at its height, treated a great many cases, for, without their help, it would have been impossible for me to have treated the number. Their record is embodied with mine, as they were acting, always, on my advice.

Now, the number of cases of fever treated Homoeopathically in Vicksburg was at least 1600,

in round numbers. Of this amount we have records as follows, which can be proven up if disputed.

CASES TREATED BY HOMOEOPATHIC MEANS.

Dr. A. O. H. Hardenstein and Sons.....	781
Mr. Tilford Pegram.....	22
Mr. John Haszinger (in Vicksburg).....	17
Mrs. H. R. Pease.....	60
Dr. T. J. Harper.....	350
Total.....	1,230

DEATHS IN THE SAME.

Dr. A. O. H. Hardenstein and Sons.....	54
Dr. T. J. Harper.....	20
Total.....	74

This is a mortality, as far as records show, of exactly 6 and 1-60 per cent. But mind well; while we have accurate records of deaths, we have lost run of 200 cases of fever treated by the law of Hahnemann, but we will take the recorded result of 6 per cent.

This leaves 5270 cases and 914 deaths to be accounted for. Now what is a liberal estimate of cases without a physician? Not exceeding 300, and most of them from choice. Now how many of this number died? Only 75 at the outside, for the law of ordinary epidemic only places it at 20 per cent. Now is this estimated liberal? I think so.

This then will leave 4970 cases for the Allopaths and 839 deaths, or 17 per cent. I have been told that the estimate of my son's is too high for Vicksburg, when he places the number of cases at 6500. If it is less, it will make the death rate of Allopathy more. There is, however, a word of justice to be said to the other school. While the individual record of death loss of all the Homoeopaths, in the great field is very near the same, the records of the different Allopaths vary. The people of Vicksburg find that the death rate of some of the Allopaths is light, while that of others is enormous. Thus, when taken as an average, it places an unjust burden on the shoulders of some, while lessening the mortality of those who did not much more than save the percentage of loss of others. I do not know of any other doctors in the city keeping an accurate record, but I had blanks printed, and on them noted the name, date, age, residence, occupation and final disposition of each case. This work was under the particular care of my son Ernest Hardenstein, but during his attack, (from Sept. 8 to 22) in the height of the epidemic, and in the busiest time for me, the record was abandoned, for the cases of fever in my own family only received professional visits from me, and no time was left for notes of age, etc. There is one fact, in regard to the Allopathic treatment, in Vicksburg, which an observing public soon found out. The physician who did not burn his patient with piles of bed clothes and used but little medicine was more successful than his brother who stuffed down the bolus-like pills and denied the sufferer the comforts nature demanded.

The Treatment.

To insure the lowest rate of mortality, and, consequently, the highest degree of success, in the treatment of yellow fever, we require:

First. - A proper regard for hygiene and as cleanly a location as possible. The room, of a yellow fever patient must be well ventilated, and if not naturally so, it must, at once be so arranged. The bed must be made comfortable, for the reception of the patient. The mattress must be soft and springy, free from lumps or inequalities, yet I do not, by any means, wish a feather bed. In the first place, it would be too warm, and then again, there is no adaptability for a change of position. Place the bed, diagonally approachable from both sides, in a corner

of the room, where there is no window or door. If this is not possible, close such doors or windows and keep them so. If there are cracks in them, from which a draft might fall upon the patient, stop them up. From the other doors and windows, let there be a continuous current of air, so directing it that none will fall directly upon the patient. In the inception of the attack, change the linen of the patient, and the bed clothing, starting with everything clean, for no change can be made until after he is fully convalescent, This should be done at the start; but if neglected for two hours, it is best not to do so. Have good, cold water at hand; if cistern water feels cold enough to the patient, it is all that is necessary; if not, let it be cooled by ice, but not too icy cold. Half a glass of water every twenty-five minutes is not too often for the patient to have it. A foot bath is desirable in a great many cases, and creates a comfortable feeling in the patient. But if he strenuously object to it, and you think it will make him uncomfortable, do not use it. But it is a universal primary hygienic remedy, and the patient rarely, if ever, will object to it, so then administer it of hot water alone. *Give no purgative or emetic*, but to induce perspiration let the patient drink a cup of hot tea. Wait ten minutes, and if the perspiration does not start, let him or her drink a teacupful of ice cold water. Cover up warmly, yet lightly to the neck, keep the hands and arms under cover, and a moisture will soon be apparent. Keep up this moisture, but do not sweat the patient. Let comfort ever be the ruling thought.

Use black or orange leaf tea, prepared to suit the taste of the patient. There is a very important auxiliary to the supply of fresh air in the sick room. The fetid odors exhaled from the body can be neutralized, not by a disinfectant, offending the delicate nostrils of the patient, but a disinfectant, nevertheless. Common charcoal, in shallow vessels, placed in different parts of the room, under the bed, on chairs and tables, will absorb a great deal, if not all of the poison that the diseased system throws off. It costs ten or fifteen cents a bushel, and is available in every community. Change it often, and the chances of infection for the exposed attendants is greatly lessened. On this point we have ample testimony from the series of letters published in another place. Do not stint the quantity: a bushel or two, in shallow boxes in a room, will not be in the way, and all that is required is to take it out of the room every morning and stir it up to change the position of the lumps, which should not be pulverized, only broken in lumps as large as a pigeon egg, thereby exposing the greatest possible amount of surface. Would that charcoal had been favored with as extensive a trial as carbolic acid, a substance whose only effect was to destroy - not yellow fever miasma - comfort, and perhaps life. A whole city can be disinfected with it at a cost of ten cents per capita. There is, however, another requisite for the successful treatment, and as hygiene is first, it stands

Second. - Conscientious, intelligent and educated nursing. We need, in these epidemics, not only experienced physicians, but, above all, good, reliable nurses. Congress should endow institutions for the education of such, and we Homoeopaths should be particularly careful that a fair share of them should be taught in Homoeopathic principles. If Congress cannot or will not act in this matter, each State should have an institution of this kind. They should be taught the principles of nursing in all diseases, and especially in acute epidemic diseases. The schools should be connected with asylums, hospitals and infirmaries, where the students can receive practical instruction and illustrations. After taking a full course, a diploma should be issued to them. Men and women of this kind are needed - in fact, they are indispensable. To such, in epidemics, the best of wages would be paid, and it would really be cheaper labor to the public, for we could then dispense with the rabble of so-called nurses, who, too often, are the dregs of humanity and, unprincipled adventurers and rogues. If we had such nurses, how much time would be saved. They would know, without direction, how to keep the patient covered, how to administer the remedies, and prepare the nourishment, thus saving the physician hours of valuable time every day. On the nurse depends mainly the chances of recovery. How different it would be to see a skilled nurse gliding about the room, instead of a shuffling

boor, who, even if well-meaning, cannot instill in the mind of the patient cheerfulness or confidence. There is no more difficult task on earth than waiting on a yellow fever case. A single fret or irritable toss may weigh down the balance of life. Cheerfulness in the sick room is a remedy that must be constantly kept up. The perceptions of patients are very keen, and a look is readily interpreted by them. If you betray your doubt of his recovery, or a look of yours implies you know he is in a dangerous state, it may frighten him to a fatal termination. If his condition warrants conversation, the nurse has it in his power to direct the patient's thoughts into pleasant channels. To practice deception is necessary sometimes, but if discovered by the patient it were better to have told the truth. How many instances were there, in 1878, when form after form was hurried away, and other sufferers kept in profound ignorance. In stricken families we would see the mother inquire after the daughter she missed from the bedside; and to tell her her child was well, when she was even then sleeping the long sleep, was a falsehood which was not recorded on high, and was the means, perhaps, of saving a life to be darkened, in convalescence, by the terrible reality. What agony did the mother suffer in deceiving one child in one room - in the other a little form in its shroud. In a great epidemic such scenes are so common that the horror is not noticed.

First Stage - Erethic - Chill.

The chill may come on quite naturally, but at this time, although it may be a simple ague, if the symptoms of camphor or veratrum present themselves, they are the remedies. It is charged by the Allopathic school that Homoeopathy does not treat diseases, that it is a practice of symptoms. Now the answer is this: By those symptoms we arrive at a true diagnosis, but it is sometimes very difficult to diagnose yellow fever *ab initio*. Must we wait until the patient is fairly under way before we give a dose of medicine? We treat the prevailing symptoms, letting further developments decide the nature of an attack. If it proves to be only a case of simple chill and fever, our treatment would be the same, if the symptoms were those of camphor and veratrum. But, when yellow fever is epidemic, remittent fevers verge into yellow fever, and there is rarely ever a mistake made. Now for the remedy when the patient is first attacked: Camphor and veratrum present almost identical symptoms, but while camphor has, particularly, *coldness of limbs*, veratrum is indicated when the patient is *cold all over*. Camphor has the trembling *internally*; veratrum, trembling and jerking of *external* parts.

First Stage- Erethic - Fever.

When the fever comes on, which is immediately, generally, we find belladonna, bryonia and aconite to be the remedies indicated. The first two to compare are aconite and belladonna, but there are a great many diverging lines from the parallel of symptoms. In the pulse is a slight difference. In aconite, the pulse is a full bounding pulse, not always so quick as belladonna, which is an accelerated pulse, but also full, hard and tense, large or full and slow, and at times small and soft. Any practitioner of our school can instantly detect the pure aconite pulse, but the lines are so close, it is hard to explain the difference. The belladonna pulse is, however, clearly indicated in the throbbing of the carotid and temporal arteries, which is visible. The great difference is in the color of the face. Both have flushed faces, but while that of belladonna is a *bright scarlet*, aconite is indicated, clearly, when the face is *dark red* or *purplish red*. Besides, in belladonna the body is warm, while the feet are cold, which is not the case in aconite. Aconite was only useful a short time, under my observation. I would use it when indicated only five or six hours, following it with belladonna, as the symptoms generally changed to that remedy. In the start I gave it or belladonna every half hour or hour in dilution with water (a teaspoonful), gradually widening the interim of doses to two hours. If the temperature was not reduced, I did not drop the remedy, but continued it patiently. Sometimes the action of these remedies was marvelous, seeming to arrest the unfavorable symptoms and tide the patient safely over the different stages to convalescence. Belladonna, again, can be com-

pared to bryonia. Belladonna has the headache in the *front* of the head. Bryonia has the headache in the *back* of the head, extending to the neck and shoulders, particularly on the light side. Belladonna has oppressive pain in the neck when leaning back, with backache, while bryonia, hi presenting almost the same symptoms, is particularly indicated by pleuritic and rheumatic pains in the, chest, with or without cough. Belladonna is also suitable to the first symptoms of the meningital form. Bryonia follows well after belladonna when it does not check the pains in the back, or the pains are decidedly rheumatic Now, although we are giving belladonna, bryonia or aconite, we must watch for symptoms denoting other remedies. Nausea simple may come on, when it will be necessary to drop the remedy and give a few doses of ipecac, returning to the remedy in hand when the trouble is past. If the nausea is accompanied by an uneasiness or burning pain in the pit of the stomach, arsenicum album is to be given every half hour or hour, and if improving, every two hours. If the nausea still continues, and is not checked, either by ipecac or arsenicum, use cadmium sulph. The effect of this remedy is worthy of especial notice. It is a remedy generally unused in our practice (never before in yellow fever), partly because there has been no extensive proving, and again, because its symptoms so nearly coincide with ipecac and arsenicum. These two well-known and proven remedies, in ordinary diseases, very rarely fail in their action but, in yellow fever, my experience of 1878 has taught me to rely more upon cadmium. Where I have used it, I do not think I have had to record a single failure in its action, when the peculiar symptoms have manifested themselves. I do not know of any proving in English, mine is in the German of Hirschel, but it is a remedy that should now be fully proven, as it has shown itself to be prompt in action in 1878, although I do not remember when I have used it before. But, in the experience of all physicians, long disused remedies are sometimes, resurrected and used with the most happy results. During this stage (the fever), lasting from 24 to 36, 48 hours (and even as long as 96, as in the case of my son) the physician must be on the *qui vive* for unfavorable or grave symptoms. Further on is a list of phases of the disease - hardly called symptoms - with the time opposite when they are most *likely* to occur; and a glance at them is of great help to an inexperienced physician, perhaps causing him to avoid a surprise.

Local Measures.

We do not use leeches, practice blood-letting, blistering or put the patient in an ice-box. All this, to say the least, is needless cruelty. Certainly the patient needs all the vitality he has in his system, and cupping may give a moment's relief, but it is prostrating. Nor do we buoy the patient up with quantities of liquor, for a patient on stimulants has no real strength. But we use outside measures, especially in the grave symptoms of black vomit, or after the vomit has occurred.

During nausea, put ice cold cloths on the stomach clear to the throat. If black vomit is imminent, make two mush poultices quickly, cool them, spread on a cloth and sprinkle powdered willow charcoal thickly. Place a muslin cloth over this and put on a block of ice. Place the charcoal side next to the stomach, and change, when warm, to the other one, which is to be kept on ice - always the charcoal side next to the stomach.

I do not like the practice of putting ice cloths on the head of the patient during a burning fever. It has a tendency to check perspiration, which is so essential.

When the pulse sinks, and the patient is very freak, give a teaspoonful of very weak brandy toddy every half hour. Two teaspoonfuls of brandy in half a glass of water, is strong enough to produce exhilaration. In the progress of the disease, it is also requisite in extreme debility and exhaustion. The idea is not to use it, except in cases of necessity, for if the patient is constantly under the influence, in a pinch, its action fails. When entirely convalescent, it is good to help build up the body and strength, when taken in moderation.

Second Stage - Synochal - Fever.

This stage is really a continuance or full development of the disease. In it are manifested or developed most of the grave phases of the attack.

The physician cannot be too careful and circumspect, in watching all symptoms. Do not be deceived by an apparent improvement. The patient who is doing well in the morning may perhaps be dead in a few hours, too often by an act of imprudence of the nurse or the sufferer himself. With what feelings of pain does the physician behold the work of a direct draft of air, or, in convalescence, a too hearty meal, on a stomach that has to be gradually accustomed to food. I have seen the tippler, fully recovered from his attack, after three or four days exercise in open air, die in two hours from the effect of a glass of whisky, which a craving appetite could not resist. But nourishment is life to the yellow fever patient, and *from the first* I nourish the case. A cup of tea, while the fever is on, toast in the smallest quantity, dry and brown through, should be given to the patient if relished, three times a day. Tea according to taste. Consult, as far possible, persons' tastes, and give nothing that is not relished, or which disagrees with them. Gently humor them, if reasonable; always cheer them up. When the fever has left, make chicken broth, (beef tea is better if they like it) and give them, in addition to their regular allowance of toast and tea, a teaspoonful or two every two and a half or three hours, gradually increasing the amount. As they surely convalesce, make foods of corn starch, rice, tapioca, etc. Let them chew a piece of steak or chicken and swallow only the juice. According to the attack, dress them in ten or fifteen days, never under ten, and let them stay in a room a day or two. *Not too much exercise.*

In no case let them eat ordinary food for five or six days after getting up. Use your discretion, and do not be guided by their desires. Do not starve them; only accustom a very weak stomach to its usual functions in digesting ordinary food.

Neaves' infant food is very valuable, being very nutritious and palatable. It can be ordered by any Homoeopathic pharmacist. It was fully tried in English hospitals, and comes across the water highly recommended. For a yellow fever patient I have found its use invaluable.

Third Stage - Torpid - Collapse.

When the fever has run its course, there is a marked change in the patient's condition. If the case has dragged its length along without any unfavorable symptoms, we should not be too sanguine, for the patient is not yet out of danger. Even if he has not been attacked with nausea, cerebral symptoms, etc., a decided reaction takes place. The pulse, heretofore at or above the standard, rapidly sinks and we find a treatment necessary for this stage. The old school, rely now on stimulants, and to use their own expression, try to "pull him through" by heroic doses of brandy or champagne. While I do not condemn their use, I will simply state that in 1878 I did not order two dozen bottles of both together, finding our remedies gave all the strength required, in assisting nature. In convalescence, a little stimulant is necessary; but by this time they have long passed from the hands of the physician and require nothing but prudent diet and exercise for a few days to enable them to regain their natural vigor. Then liquor is good, and I would avoid its use until that time. But what does the Homoeopath do, when after perhaps 48 hours of fever the pulse sinks and the patient is on the sure road to collapse? There comes our grand remedy *carbo vegetabilis*, a potentization of common charcoal. I have seen the pulse go down to the lowest ebb and under the effects of the medicine creep up stronger and stronger until the standard was attained. The fever may pass off without, any symptom of danger presenting itself, and then the trouble may begin. Black vomit symptoms, pervigilium, singultus, nausea, emesia, emesis, insomnia, hemorrhage, anuria and dysuria even may present themselves, and suddenly our seemingly safe patient is on the brink of eternity. The least imprudence of nurse or patient may consign the sufferer to the grave. At this time the patient is generally free from all pain, and this fact works against him, causing him to

go beyond his strength. He may want too much to eat, or perhaps will stubbornly persist in rising from his bed. How many lives have been lost this way, and how many could have been saved by the firmness of a well-trained and fully educated nurse. It is hard for a physician to dismiss a patient from treatment, and find that two days after he has killed himself by yielding to the enormous appetite of a convalescent. Yet this has been my experience. It is hard to think of a patient on his eighth day changing his clothing and bedding, walking around a room and then dying in twelve hours from a relapse brought on by his own imprudence, after receiving the strictest cautions from me, yet I have known this in 1878. These are cases which have occurred, when during the fever they had passed with safety over the various stages to convalescence. In this, the third stage, when the physician has been battling with a stubborn case and lighting the battle of life for the patient, after all he may be saved, even after reaching collapse. Do not despair, he may yet survive, but if he die, remember he is one only of the number to swell our small death roll, which every locality and every epidemic shows to be larger on the side of the old school. To those who have never combated the dreaded disease, the following-table of symptoms may be found useful. Others besides physicians will read this book, so I have expressed in plain language all the information it is intended to convey:

TABLE OF SYMPTOMS.

Pervigilium (restlessness, sleeplessness). - An unfavorable symptom, occurring, generally, toward the end of the synochal stage, and in the torpid. Though it may not occur in the early part of the attack, the patient may roll and pitch about even while asleep; but this is little better than insomnia, as the apparent slumber is too often an unnatural torpor of the fever. Aconite and belladonna (if occurring while the patient is under their influence) covers this symptom, if in an ordinary form; but if very marked it should be looked after with the following remedies: If the mind is very much excited, *cofea cruda* is the remedy. If with delirium, opium is beneficial. Tossing about, *arsenicum album*. *Constant* tossing about, aconite. Excessive nervous irritation, *moschus*. Daring convalescence, *calcareo carbonica* and *sepia*. If caused by pain in the bones, *daphne indica*.

Singultus (hiccough.) - A grave symptom in yellow fever, occurring generally toward the end of the synochal and in the torpid stage. It must be promptly treated. *Arsenicum album* stands at the head, as so many other symptoms at this time point to it. *Belladonna* also covers it.

Eructation (belching). - A minor symptom, indicative of gastric troubles. It is covered by almost all remedies used in the stage in which it occurs. But if a particularly acid fluid is belched up, scratching or burning the throat, give *lobelia inflata*.

Nausea. - Simple nausea commences, generally, in the first or erethic stage. In the end of the synochal and in the torpid it assumes a graver form, being accompanied by burning pains. Simple nausea, if continued, rapidly throws the patient into a dangerous state, and should be very promptly treated with intermediate remedies. *Ipecac* generally chocks the simple form. If it does not, look at *arsenicum*, *cadmium sulph.* and *carbo vegetabilis*. *Carbo vegetabilis* is indicated by frequent empty eructations, pinching in abdomen, sour, rancid, pyrosis. If pyrosis is very severe, and *carbo vegetabilis* does not help, use *lobelia inflata*.

Emesia (ineffectual desire to vomit). - See nausea.

Emesis (vomiting.) - See nausea.

Insomnia (sleeplessness). - See *pervigilium*, which covers all this.

Meningital Symptoms. - These dangerous symptoms occur, generally, in the synochal and torpid stages, and sometimes in the erethic. *Belladonna* stands at the head. *Bryonia* when with constant sopor and delirium, starting from sleep, particularly suited after *belladonna* and *argentum nitric*. *Argentum nitric*: violent headache with vertigo, sharp pains from back of head

to the front, head thrown back. If there are petechial spots or hemorrhages, at an early stage, stinging pains and pulsation from back of head to front, small pupils, or symptoms of pneumonia, give phosphorus. Argentum runs nearly parallel with phosphorus, but has not the petechial spots. Tartar emetic when with drowsiness and stupid headache, twitchings and cold sweat, with pain. Veratrum album is indicated by headache with delirium or unconsciousness, vomiting, with cold and pale face, accompanied by stiffness of neck, rolling the head from side to side in the pillows, short screams. Raising the head causes convulsions and vomiting, collapse with intense congestion.

Ischuria, Anuria (suppression of urine).- This grave symptom occurs from the synochal to the torpid stage. Belladonna, which is generally the remedy in hand when the symptom manifests itself, usually covers it. The symptoms of stramonium are that the kidneys secrete little or no urine, and I found its use in one case to be desirable. Opium, when drowsy and stupid. There is so little trouble in the Homoeopathic practice, from this symptom, that I seldom found use for outside remedies, as most of the medicine given at the time of suppression covers the symptom. Plumbum has difficult emission of urine, mixed with blood, paralysis of bladder and suppression.

Dysuria (retention of urine). - This is not so grave as suppression, and is generally relieved by parsley tea, watermelon seed tea, a drop of turpentine on a lamp of sugar - old common-sense remedies not allied to any practice, and which nurses administered often without my orders. But the effect was always good, and I never forbid them. Warm clothes on the abdomen, over the region of the bladder are very beneficial. Cantharis and nux vomica are the remedies employed when necessary. Opium is particularly indicated when lying in a sopor and snoring.

Hemorrhage. - This grave symptom manifests itself during the synochal, the torpid or collapse stages. If the bleeding is much from the mouth or gums, and the blood coagulates like healthy blood, hamamelis is the, primary remedy. If the blood does not coagulate, look then to lachesis aud crotalus.

COMPARATIVE MATERIA MEDICA.

A Table of Analogous Symptoms, With Diverging Character Noted.

Camphora.	Veratrum album.
Trembling of <i>internal</i> parts. Coldness of <i>limbs</i> .	Trembling and jerking of <i>external</i> parts. Coldness <i>all over body</i> .
Aconitum Napellus.	Belladonna.
Fear of death; doubt, despair. Low spirited. Face <i>dark</i> or <i>deep</i> red. Pulse full, strong, bounding. Restless, tossing about in great agony. (Rarely ever delirious.) (Rarely, if ever.)	Weary of life. Face <i>bright</i> red or pale and cold. Pulse full, bard tense; accelerated, or full, large and slow, <i>at times small and soft</i> . Restless, etc. <i>Delirium</i> ; afraid of imaginary things. Burning heat in face, some times without redness of cheeks; or burning heat, <i>body warm, feet cold</i> . Throbbing in carotid aud temporal arteries.

<p>(Eyes not so sensitive, and other symptoms not so marked.)</p> <p>[I have found aconite useful only a short time - five or six hours - after it belladonna follows well.]</p> <p style="text-align: center;">Belladonna.</p>	<p>Dislike to light, bright things. Heat and burning in eyes and eye balls. Eyes red and prominent. Vomiting of blood, ringing in ears. Feeling of fullness and warmth in stomach.</p> <p>[Belladonna covers the first symptoms, generally from 24 to 48 hours. Particularly suited to people of full habits (plethoric) or lymphatic; jovial and talkative in health, but angry and violent in sickness.]</p> <p style="text-align: center;">Bryonia.</p>
<p>Headache more in <i>front</i> of head.</p> <p>Oppressive pain in neck when leaning back. Backache.</p> <p>[Suitable to first symptoms of spinal meningitis.]</p> <p style="text-align: center;">Ipecacuanha.</p>	<p>Headache more in <i>back</i> of head, extending into neck and shoulders. Pain in muscles of neck, more on the <i>right</i> side.</p> <p>Particularly indicated by pleuritic rheumatic pains in chest, with or without cough. Back and every spot of body painful.</p> <p>[Follows well after belladonna when it does not check the pains in neck and back part of head, or rheumatic pains in chest and body occur.]</p> <p style="text-align: center;">Arsenicum Album.</p>
<p>Indicated when gastric symptoms commence with nausea, vomiting and aversion to food. Retching after drinking water. Useful as an inter-current remedy to subdue nausea; therefore it may be given while the patient is on <i>any</i> remedy if nausea supervenes. (To be followed by cadmium sulph. if relief is not soon found.)</p>	<p>Indicated in the graver form of nausea, accompanied by an oppressive feeling in the pit of the stomach, burning pain in stomach or bowels. Nausea, with vomiting of black or brown and black masses (not necessarily black vomit), with great thirst, but <i>drinking little</i> - sometimes no thirst. Pain in liver, more in spleen, Diarrhoea also, with tenesmus; stool green, fetid, bloody. <i>Short breath, suffocation, neck stiff.</i> Important in black vomit.</p>

Ipecacuanha.	Cadmium Sulphuricum.
<p>Symptoms the same as in comparison with arsenicum album, but, <i>sometimes</i>, black, pitch-like masses are vomited, or bitter, sour, acrid smelling water.</p> <p>Vertigo only on motion.</p>	<p>Taste like pitch in mouth. Salty, rancid belching. Nausea in mouth, chest and abdomen, often with pain and cold sweat in face; pain in abdomen, vomiting of sour, yellow and black matter; burning and cutting, pains in stomach. Acts well during pregnancy, and with drunkards. Useful after cramps in the stomach. Pain, stiches in the <i>left</i> hypochondria. Pain and <i>pulsation</i> in sides of abdomen. Cutting pain in bowels and region of the kidneys. Palpitation. Useful if any of the grave symptoms appear after being exposed to a draft of air or when perspiration is checked. Of the utmost importance to arrest nausea when other remedies indicated fail, and to check black vomit.</p> <p>Vertigo; room and bed seems to spin around.</p>
Arsenicum Album.	Carbo Vegetabilis.
<p>Nausea with faintness; retching, hiccough, vomiting food. Gastric juices, alter eating and drinking, bitter, green, yellow, liquid brown, tur bid, <i>streaked</i> with blood. Bloody, black. Heat and burning in stomach. Stomach heavy, tender, painful to pressure; sweet milk relieves. Pain in liver and spleen. Spleen enlarged. Pains in abdomen; warmth relieves pains; involuntary stool and urine. Diarrhoea slimy, green with mucous, tenesmus. Vomiting black, acrid, putrid blood and water. Urine scanty, difficult, burning. Retention of urine; paralysis of bladder, discharge of pus and blood, or blood.</p> <p>Pulse <i>accelerated</i>, quick and weak, small, irregular, sometimes imperceptible, thread-like. Petechial spots on body.</p> <p>[Cadmium relieves the nausea if Arsenicum or ipecac fail, also, particularly black vomit.]</p>	<p>Plainest food disagrees; nausea, vomiting. Dread of eating on account of after pains. Burning in epigastrium and abdomen. Excruciating heart-burn. Vomiting of blood, burning in stomach, spreading to small of back and shoulders. Body ice cold. Painting. Stitches in liver, pain in spleen. Stool burning, light colored, fetid, tenesmus, putrid. Pressure on bladder and anus. Collapse, cold breath, blood stagnates in capillaries, blue face, cold face and limbs, cold sweat, <i>impending paralysis of heart</i>.</p> <p>Pulse <i>thread-like</i>, intermittent or totally imperceptible.</p> <p>[Suitable to follow belladonna, when the pulse sinks to a state of weakness and exhaustion supervenes. Also after arsenicum.]</p>
Crotalus Horridus.	Lachesis.
<p>Delirium with <i>open</i> eyes. Terrible headache, with led, puffed face. Pain in all limbs and body, turning about, restless. Pains in chest. Pulse very small, with fainting spells. Sometimes cannot move or speak, with quick, feverish pulse. <i>Bloody sweat</i>. Bleeding of gums. Stomach weak; cannot retain anything but brandy or gelatine.</p>	<p>Delirium at night. Drowsy. Red face. Slow, difficult speech. Drop ped jaw. Loquacious. Condition worse after sleep; better after nourishment. Comatose. Tongue heavy, cannot open mouth wide; tongue trembles, dry and red, cracked at tips; red tips, brown centre. Nausea after drinking. Weakness.</p>

<p>Hemorrhage from anus and other orifices. Painful retention of urine. Pains in bones, <i>purple spots</i>, <i>yellow</i> color of skin.</p> <p>Acts more on <i>right</i> side. Suitable for <i>fat</i>, or <i>plethoric</i> persons.</p>	<p>Dyspnoea. Palpitation. Cold sweat. Cannot bear pressure on throat or chest. Anxiety about heart, cannot lie on left side. Fainting. Stiff neck. Difficult speech. Blood in hemorrhage dark. <i>Does not coagulate</i>. Cellulitis (inflammation of cellular tissue of intestines) particularly of rectum or anus, with burning and blue color of skin.</p> <p>Acts more on <i>left</i> side. Suitable for <i>lean</i> or <i>slender</i> persons.</p>
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OTHER REMEDIES.

Argentum nitricum. - Particularly employed in meningital symptoms. For its peculiar symptoms, see "Meningital Symptoms."

Arsenicum hydrogenisatum. - Dark brown skin all over; total sleeplessness. Pulse frequent. Excited, wants to talk constantly. Face greatly changed. Nausea; uninterrupted belching up, spasmodically, of a large quantity of tasteless air, with great pain in abdomen. Very troublesome and annoying singultus (hiccough). Vomiting of mucous, yellow, green and bitter; and constant retching and vomiting alter taking the least thing to eat or drink. Pressure in the kidneys, extending to shoulder blades, with pain in region of the kidneys during desire to urinate. Urine dark, blackish red with pure blood. Abdomen burning, outside; cold feet.

Lobelia inflata. - Very seldom indicated, but of great importance when it comes into use. For its symptoms see nausea.

Cantharis. - An important remedy, rather in the retention of urine, not so much in suppression. See dysuria.

Hamamelis virginiana. - In hemorrhage, particularly the gums and mouth. If the blood does not coagulate, crotalus is an important remedy.

Nux vomica. - Particularly useful, in convalescence to relieve constipation. Useful also in dysuria (retention of urine) which see. To be given if purgatives or sedatives have been previously used.

Calcarea carbonica. - During convalescence, this remedy is particularly useful, if headache occur, the pain being seated in the crown of the head, or from the back to the crown, or one sided headache with eructation (belching) or with weak memory, waking early in the morning, cannot sleep after three o'clock in the morning. Often suitable after belladonna.

Chamomilla. - An intercurrent remedy for colic or colic pains. If not relieved give colocynth, if the pain is sharp and cutting, in paroxysms.

Colocynthis. - See Chamomilla, with which it runs nearly parallel. Both are useful, in yellow fever, for symptoms indicated.

China. - During convalescence, particularly after severe cases, and where a great deal of animal fluid has been lost. After hemorrhages, vomiting and diarrhoea. *Night sweats*; if fruit disagrees.

Coffea cruda. - Full of *clear* ideas; cannot go to sleep on account of them. Quick actions following intentions. Acute hearing, smell or taste. Talkative (lachesis); colic from overloading stomach; sleeplessness from over-excitement.

Pulsatilla. - Not much used in yellow fever. During fever, absence of thirst with moisture or sometimes dry tongue; or thirst with little drinking. Suitable particularly for women and children, especially light haired.

Hepar sulphuris calcarea. - To be used if mercury, in any form, has been given. To counteract salivation, if the patient has been so abused. During convalescence, if boils or abscesses develop themselves (which is frequently the case). After belladonna for boils. Other eruptions, *sensitive to touch*. Ulcers with bloody pus, foul smell and pulsation in them. Dyspeptic symptoms.

Rhus toxicodendron. - In meningitis *after* bryonia. Neck stiff; spinal membranes inflamed. Pains in shoulders and back, with stiffness, as from a sprain. Pain in small of back, *better when lying upon something hard*. Sleeplessness from pain, must turn often to get ease. Rheumatic pains, numbness and tingling in limbs. In a typhoid sequel to yellow fever: Mild delirium, talks slowly; stupefaction. Putrid taste in mouth in the morning and after eating. Food, bread, etc., taste bitter. Tongue dry red tip, covered with brown mucous; imprint of teeth. Watery diarrhoea, bloody mucous, involuntary stools.

Opium. - An important remedy in pervigilium, acting parallel with coffea cruda to a great extent. See pervigilium.

Sepia. - A minor remedy in pervigilium, which see.

Daphne indica. - A remedy in insomnia when caused by pain in the bones. See pervigilium.

Phosphorus. - Hemorrhagic form with petechial spots or meningitis. Particularly indicated by pneumonia pains, after bryonia or with it.

Tartar emetic. - In meningitis, when drowsy with stupid headache. See meningitis.

Plumbum metallicum. - Used in suppression of urine. See ischuria.

I have written this treatise plainly, but I have named in it a great many remedies which are not used once in a hundred cases. To those who are not physicians and who would perhaps be perplexed in a choice of remedy, I will state that the following remedies will treat almost any case of yellow fever, occurring in any epidemic, with results far superior to any other treatment:

Aconite	3
Arsenicum album	6
Belladonna	3
Belladonna	30
Bryonia alba	3
Cantharis	30
Chamomilla	3
China	3
Colocynthis	3
Cadmium sulph.	30
Camphor	3
Coffea cruda	30
Crotalus horridus	30
Lachesis	6
Hamamelis virg.	3
Ipecac.	3
Nux vomica	3
Veratrum album	3

For their use, the investigator has only to look at the ready reference tables I have prepared, and I trust, he will find all directions explicit. During the chill, I give live or six pellets of camphor or veratrum (which ever one is indicated) every 10, 15 or 20 minutes. During the fever I gave the remedy indicated every hour for four hours, then every two hours. Intermediate remedies for nausea and other unfavorable symptoms have to be given frequently, say 15, 20 or 30 minutes; as the patient gets better, always widen the time of doses. When he is well of the immediate danger, go on with the remedy he has been taking. In severe cases, if ipecac does not relieve vomiting, go on with Cadmium or whatever remedy may be indicated. During 1878, numbers of people were treated by means of a little treatise, not taking up more than two of these pages, and the employment of the before mentioned remedies. The homoeopaths had all they could attend to, and an observing public preferred *solus* treatment, with homoeopathic remedies to castor oil and calomel, in the hands of the old school. When I make the assertion that over one-fifth of the entire cases of yellow fever were treated by Dr. Harper, myself and two sons, against twenty-five or thirty doctors of the old school, who treated the balance, the people of the United States will understand that Homoeopathy in Vicksburg inspired confidence, and that confidence was brought about by a *comparison of result*.

This was my method of treatment, or rather our treatment, for we Homoeopaths have a grand law in common, from which there is no departure. How many cases I actually treated, I do not know, for calls would come in such quick succession that records were not kept. I am positive I have treated 1000 cases (with the help of my two sons) of which I have the recorded names of 781, and a classified recapitulation shows the following:

CASES.

Total whites.....	334
Total blacks.....	447
Males.....	306
Females.....	390
Unclassified sex.....	85
Adults.....	493
Children.....	288

RESULT.

Whites recovered.....	287
Blacks recovered.....	440
Whites died.....	47
Blacks died.....	7
Total number of black vomit cases.....	47
Recoveries in same.....	17
Deaths in same.....	30
Deaths from other causes.....	24

These black vomit cases were genuine, unmistakable ones, and of the total number I have a recorded loss of only 64 per cent, of the cases who were in this desperate condition. I have published this, for the good it will do our school, in placing it in the front rank of medicine, and not for self-interest, as I have no doubt my brother Homoeopaths in the great field had equally as great success, compared with the most flattering reports of Allopaths. In closing this treatise, I, as a representative of our school, wish it known that our school courts investigation, in any yellow fever epidemic, cholera or in the results in any class of diseases.

To those who would avail themselves of self-treatment, I would state that the remedies used can be purchased at a trifling cost in any of the large cities, or from any Homoeopathic physician. By a comparison, it will be seen by an intelligent public that self-treatment, Homoeopathically, will give far better results than the most accomplished old school doctor can show,

with his purgatives, blisters, plasters, quinine, calomel, cupping, leeching, refrigerating process, etc. Let common sense rule, and not hamper nature with drugs which she in vain resists.”

(A. O. H. Hardenstein, *The Epidemic of 1878 and Homoeopathic Treatment*, New Orleans 1879, *Yellow Fever, A Treatise on the Disease, and a Concise Method of Treatment*, p. 87-105)

Anhang / Appendix

Zitate

Samuel Hahnemann

„Bisher erwies überall die treu befolgte, homöopathische Heilkunst, wie sie in meinen und meiner Schüler Schriften gelehrt worden war, ihren natürlichen Vorzug vor jedem allöopathischen Verfahren bei allen die Menschen nicht nur schnell befallenden (akuten) Krankheiten, sondern auch bei den epidemischen Seuchen und sporadischen Fiebern sehr entschieden und auffallend.

Die venerischen Krankheiten wurden von der Homöopathie ebenfalls weit sicherer, unbeschwerlicher und ohne Nachwehen gründlich geheilt, indem sie, ohne die örtlich entstandenen Übel weder zu stören noch zu zerstören, das innere Grundübel durch das beste spezifische Mittel einzig von innen vernichtete und heilte.

Aber die Zahl der übrigen langwierigen Krankheiten auf der weiten Erde war ungleich grösser, ja ungeheuer gross, und blieb es.

Ihre Behandlung durch die bisherigen allöopathischen Ärzte diente bloß zur Erhöhung der Plagen dieser Art Kranken; denn es ward von ihnen mit aller der Menge ekelhafter Gemische, aus heftigen Arznei-Substanzen in grossen Gaben vom Apotheker zusammengesetzt, deren einzelne wahre Wirkung ihnen unbekannt war, mit allen den vielerlei Bädern, den Schweiß oder Speichel in Menge hervortreibenden, den (schmerzstillenden?) Betäubungsmitteln, den Klistieren, den Einreibungen, Bähungen, Räucherungen, den Ziehpflastern, Exutorien, Fontanellen, vorzüglich aber den ewigen Laxanzen, Blutegeln, Blutabzapfungen und Hungerkuren, oder wie die, gewöhnlich der Mode folgenden, medizinischen Qualen sonst noch alle heißen mögen, teils das Übel ärger gemacht und die Lebenskraft, allen Zwischengebrauchs angeblicher Stärkungsmittel ungeachtet, mehr und mehr vermindert, teils, wenn eine auffallende Änderung von ihnen bewirkt worden war, statt des bisherigen Leidens ein anderer, schlimmerer krankhafter Zustand, namenlose Arznei-Krankheiten (ungleich schlimmere, unheilbarere als die anfängliche natürliche) herbeigeführt unter der Tröstung des Arztes: "die alte Krankheit habe er glücklich gehoben; es sei zwar Schade, dass sich eine neue (?) Krankheit zeige, er hoffe aber, mit deren Besiegung eben so glücklich fertig zu werden, wie mit der ersten." - Und so ging es dann, **unter Abänderung der Formen desselben Übels** und unter Zusatz neuer, von den unrechten, schädlichen Arzneien erzeugten Übel, in der Steigerung der Leiden des Kranken fort, bis mit dem letzten Atemzuge auch die Klagen des Bedauernswürdigen auf immer verhallten und die Angehörigen mit der tröstlichen Vorspiegelung beschwichtigt wurden: "es sei doch nun alles Erdenkliche bei dem Verblichenen gebraucht und angewendet worden."

Nicht so die grosse Gabe Gottes, die Homöopathie!

Selbst in diesen übrigen Arten chronischer Krankheiten leisteten ihre Jünger - wenn sie den Kranken nicht schon zu sehr durch allöopathische Kuren (wie doch leider so oft, im Falle etwas Geld an ihm zu verdienen gewesen) verderbt und zu Grunde gerichtet fanden - unter Befolgung dessen, was meine bisherigen Schriften und meine ehemaligen mündlichen Vorträge hiervon lehrten, doch bei weitem mehr, als alle bisherigen sogenannten Kurarten.

Nach dieser naturgemäßen Handlungsweise konnten sie den gegenwärtigen, chronischen Leidenszustand, welchen sie nach allen sinnlich wahrnehmbaren Symptomen ausgeforscht vor sich liegen hatten, mit dem unermüdet aufgesuchten, unter den bisher auf ihre reine, wahre Wirkung prüften, am meisten passenden, homöopathischen Mittel in der kleinsten Gabe

(ohne Beraubung des Kranken an Säften und Kräften, wie die Allöopathie der gewöhnlichen Ärzte) in oft kurzer Zeit beseitigen, so dass der Kranke gebessert wieder frohe Lebenstage genießen konnte - Besserungen, welche alles, was je die Allöopathie in seltenen Fällen durch einen Glücksgriff in die Arzneibüchsen irgend einmal erreicht hatte, immer noch bei weitem übertraf.

Die Beschwerden wichen durch eine sehr kleine Gabe desjenigen Arzneimittels, welches die gegenwärtige Reihe von Krankheitszufällen am gesunden Menschen ähnlich hervorbringen zu können, schon erwiesen hatte, größtenteils, und wenn das Übel nicht gar zu alt, nicht in hohem Grade und nicht zu sehr allöopathisch verderbt war, oft auf eine geraume Zeit, so dass die Menschheit schon ob dieser Hilfe sich glücklich preisen konnte und, nicht selten, wirklich pries. Der so Behandelte konnte sich ziemlich für gesund halten und hielt sich selbst nicht selten dafür, wenn er seinen nunmehrigen, gebesserten Zustand billig beurteilte und ihn mit dem weit leidenvolleren vor der homöopathischen Hilfe in Vergleichung stellte. ^[1]

[1] Von dieser Art waren die Heilungen von Krankheit aus nicht vollkommen entwickelter Psora, die durch gute Behandlung von meinen Schülern mit Mitteln, die nicht zu den später für Haupt-Antipsorika sich erwiesenen Arzneien gehörten, behandelt worden, weil sie damals noch nicht bekannt waren, sondern nur mit solchen, welche die vorhandenen mäßigen Symptome homöopathisch bestens deckten und von der Hand beseitigten, wodurch eine Art Heilung bewerkstelligt ward, welche die auftauchende Psora wieder in ihren latenten Zustand zurückbrachte und so eine Art Wohlbefinden vorzüglich bei jungen, kräftigen Personen erzielte, was jeder nicht genau forschende Beobachter für wahre Gesundheit halten musste, oft von vieljähriger Dauer. Aber bei chronischen Krankheiten von schon völlig entwickelter Psora reichten die damals nur bekannten Arzneien zur vollständigen Heilung nie hin, so wenig als sie jetzt noch hinreichen.

Doch oft schon etwas grobe Diätsünden, eine Verkältung, der Zutritt einer vorzüglich rauhen, nasskalten oder stürmischen Witterung, so wie der (auch noch so milde) Herbst, besonders aber der Winter und der winterliche Frühling, dann eine heftige Anstrengung des Körpers oder Geistes, besonders aber die Gesundheits-Erschütterung durch eine äußere, grosse Beschädigung, oder ein sehr trauriges, das Gemüt beugendes Ereignis, öfterer Schreck, grosser Gram und Kummer und anhaltende Ärgernis brachten oft, (wenn die anscheinend geheilte Krankheit eine schon weiter entwickelte Psora zum Grunde gehabt hatte, oder) bei einem geschwächten Körper, gar bald wieder das eine oder mehrere der schon besiegt geschienenen Leiden, auch wohl mit einigen ganz neuen Zufällen verschlimmert, hervor, welche, wo nicht bedenklicher, als die vordem homöopathisch beseitigten, doch oft eben so beschwerlich und nun hartnäckiger waren. In letzterem Falle gab der homöopathische Arzt das nunmehr hier, als gegen eine neue Krankheit gerichtete, unter den gekannten am meisten passende Arzneimittel natürlich wieder mit ziemlichem Erfolge, welcher den Kranken abermal in einen besseren Zustand vor der Hand versetzte. Im ersteren Falle hingegen, wo bloß die schon getilgt geschienenen Beschwerden sich, nach oben erwähnten Veranlassungen, wieder erneuerten, half das zum ersten Male dienlich gewesene Mittel doch weit weniger vollkommen, und bei seiner abermaligen Wiederholung noch weniger. Dann kamen wohl gar unter der Wirkung des angemessenst geschienenen homöopathischen Arzneimittels, selbst bei untadelhafter Lebensweise des Kranken, neue Krankheits-Symptome hinzu, welche mit anderen möglichst passenden Arzneien doch nur dürftig und unvollkommen beseitigt werden konnten - auch wohl gar nicht gebessert wurden, wenn obgedachte widrige Ereignisse von aussen die Besserung hinderten.

Es pflegte doch zuweilen ein freudiges Geschick, oder eine durch Glück verbesserte äußere Lage seiner Umstände, eine angenehme Reise, günstige Jahreszeit und trockene, gleichförmige Witterung einen merkwürdigen Stillstand in dem chronischen Übel des Kranken hervorbringen von kürzerer oder längerer Dauer, wo dann der Homöopathiker den Kranken für

ziemlich genesen halten konnte, und der Kranke, wenn er erträgliche, mäßige Übel gutmütig übersah, sich selbst für gesund hielt; aber dieser günstige Stillstand war doch nie von langer Dauer, und die Rückkehr und öftere Rückkehr der Übel ließ am Ende auch die bestgewählten, bis dahin bekannten, homöopathischen Arzneien in der geeignetsten Gabe, je öfterer sie wiederholt wurden, desto weniger hilfreich; sie blieben zuletzt kaum schwache Erleichterungsmittel. Gewöhnlich aber blieben nach öfters versuchtem Besiegen des immer etwas abgeändert sich wieder hervortuenden Übels Beschwerden übrig, welche die bisher ausgeprüften, nicht wenigen, homöopathischen Arzneien ungetilgt, ja oft unvermindert lassen mussten - immer andere und andere Beschwerden, auch wohl immer beschwerlichere und in der Folgezeit bedenklichere - selbst bei tadelloser Lebensweise des Kranken und bei pünktlicher Folgsamkeit desselben. Das chronische Siechtum ließ sich durch alles dies im Grunde nur wenig in seinem Fortgange vom homöopathischen Arzte aufhalten und verschlimmerte sich dennoch von Jahre zu Jahre.

Dies war und blieb der schnellere oder langsamere Vorgang solcher Kuren aller unvenerischen, beträchtlichen, chronischen Krankheiten, selbst wenn sie genau nach den Lehren der bisher bekannten homöopathischen Kunst geführt zu werden schienen. Ihr Anfang war erfreulich, die Fortsetzung minder günstig, der Ausgang hoffnungslos.

Und dennoch war die Lehre selbst auf die unumstößlichsten Pfeiler der Wahrheit gestützt und wird es ewig sein. Die Beglaubigung ihrer Vortrefflichkeit, ja, ich möchte sagen (- so weit sich dies von menschlichen Dingen sagen lässt -) ihrer Untrüglichkeit hat sie durch Tatsachen der Welt vor Augen gelegt.

Sie, die Homöopathie, lehrte **allein und zuerst** die grossen, in sich abgeschlossenen Krankheiten, das alte, glatte Sydenhamische Scharlachfieber, das neuere Purpurfriesel, den Keuchhusten, die häutige Bräune, die Feigwarzenkrankheit, die Herbstruhren mit den spezifisch helfenden homöopathischen Arzneien heilen; selbst die hitzigen Seitenstiche und die typhösen kontagiösen Seuchen müssen durch wenige kleine Gaben richtig homöopathisch gewählter Arznei sich sehr bald von ihr in Gesundheit verwandeln lassen.

Woher also jener weniger günstige, jener ungünstige Erfolg von fortgesetzter Behandlung der unvenerischen chronischen Krankheiten selbst durch die Homöopathie? Woran lag es bei den Tausenden fehlgeschlagenen Bemühungen, die übrigen Krankheitsfälle langwieriger Art so zu heilen, dass dauerhafte Genesung davon erwüchse?

Vielleicht an der noch zu geringen Zahl der auf ihre reinen Wirkungen ausgeprüften, homöopathischen Heilwerkzeuge!

Hiermit trösteten sich bisher die Schüler der Homöopathie; aber dem Gründer derselben genügte diese Ansicht oder dieser sogenannte Trost nie - auch schon deshalb nicht, weil auch der von Jahre zu Jahre sich mehrende, neue Zuwachs an geprüften, kräftigen Arzneimitteln die Heilung der chronischen (unvenerischen) Krankheiten um keinen Schritt weiter brachte, zumal da doch akute (nicht schon beim Beginn den unvermeidlichen, nahen Tod verheißende) Krankheiten bei richtig angebrachtem homöopathischen Arznei-Gebrauch nicht nur erträglich beseitigt, sondern mit Hilfe der nie ruhenden Lebens-Erhaltungskraft in unserem Organismus bald und völlig hergestellt zu werden pflegen!

Warum kann nun diese, durch homöopathische Arznei wirksam affizierte, zur Herstellung der Integrität des Organismus erschaffene, und unermüdet zur Vollendung der Genesung bei selbst schweren akuten Krankheiten tätige, erfolgreiche Lebenskraft in jenen chronischen Übeln, selbst mit Hilfe der die gegenwärtigen Symptome bestens deckenden homöopathischen Arzneien, keine wahre, dauernde Genesung zu Stande bringen? Was hält sie davon ab?

Dieser so natürlichen Frage Beantwortung musste mich auf die Natur der chronischen Krank-

heiten hinführen.

Den Grund also auszufinden, warum alle die von der Homöopathie gekannten Arzneien keine wahre Heilung in gedachten Krankheiten bringen und eine, wo möglich richtigere und richtige Einsicht in die wahre Beschaffenheit jener Tausende von ungeheilt bleibenden - bei der unumstößlichen Wahrheit des homöopathischen Heilgesetzes, dennoch ungeheilt bleibenden - chronischen Krankheiten gewinnen konnten, diese höchst ernste Aufgabe beschäftigte mich seit den Jahren 1816, 1817 bei Tag und Nacht und, siehe! der Geber alles Guten ließ mich allmählich in diesem Zeitraume durch unablässiges Nachdenken, unermüdete Forschungen, treue Beobachtungen und die genauesten Versuche das erhabene Rätsel zum Wohle der Menschheit lösen.“ (...) ^[1]

(Samuel Hahnemann, Die chronischen Krankheiten, Erster Teil, 2. Auflage, Dresden und Leipzig 1835, Natur der chronischen Krankheiten S. 1-6)

[1] Den vollständigen Text findet man auf dieser Webseite im Bereich „Die homöopathische Heilkunst“.]

Henry C. Allen

“One of the obstacles which confronted Hahnemann in the development of the science of therapeutics was the tendency of many acute diseases to return after an apparent recovery, or to relapse after a partial improvement. This it was that set Hahnemann at work in search of a cause for many of his imperfect cures and finally resulted in his theory of chronic diseases and his antipsoric remedies. Of this he says, Organon, § 80:

‘I spent twelve years in investigating the source of this incredibly large number of chronic affections, in ascertaining and collecting proof of this great truth, which had remained unknown to all former or contemporary observers, and in discovering at the same time the principal remedies which are nearly a match for this thousand-headed monster of disease in all its different forms. Before I had obtained this knowledge I could only teach how to treat the whole number of chronic diseases as isolated, individual maladies, just like an idiopathic disease.’

For many years I failed to relieve or cure many chronic diseases, because I regarded them and treated them as "idiopathic diseases"; and because I had never put Hahnemann's theory of chronic diseases to the test of actual practice, hence did not believe in its truth or its practical worth.

I also failed to realize that without one month of close study or careful investigation, I pretended to know more of the cause and nature of chronic diseases than Hahnemann - the ablest observer in the history of medicine - did after he had studied this subject twelve years. Now, after twenty-five years of labor in the treatment of all forms of chronic diseases, I am prepared to verify the truth of every statement made by Hahnemann in his theory and treatment of these numerous, annoying, persistent and often incurable ailments.

Perhaps some of my colleagues may be in the same anomalous position of disputing the truth of a verified fact, before they have even investigated it, or put it to the test of practical experience and published its failures to the world, as requested by the master.”

(Henry C. Allen, Psorinum: The Great Antipsoric, The Medical Advance vol. 41 (1903), p. 64-65)

Nachkrankheiten, welche auf vertriebene Krätze folgen - J. H. F. Autenrieth 1808

„Die furchtbarste und in unsern Gegenden häufigste Quelle chronischer Krankheiten der Erwachsenen, sind die mit Schwefelsalben oder überhaupt mit fettigen äusserlich angewandten Mitteln schlecht behandelte Rauden - oder Krätzausschläge. Ich habe das Unglück, das bei Randen der unteren Stände, und denen, die eine sitzende Lebensart haben, dadurch entsteht, so häufig hier gesehen, und ich sehe es täglich in so mannigfaltiger trauriger Gestalt, dass ich keinen Augenblick anstehe, es für einen der Aufmerksamkeit jedes Arztes, selbst jeder Obrigkeit, der irgend auch das Gesundheitswohl ihrer Untergebenen am Herzen liegt, würdigen Gegenstand laut zu erklären. Die Gleichförmigkeit der Zeichen, welche auf eine solche durch unvorsichtiges Schmieren vertriebene Raude erscheinen, und die jetzt mehr als hundertmal wiederholte Erfahrung, dass nur auf unvorsichtig vertriebene Raude die mannigfaltigen schrecklichen Krankheiten kommen, von denen hier die Rede sein wird, überzeugen mich so sehr von der Wahrheit der folgenden Beobachtungen, dass ich jeden blos theoretischen Einwurf: Raude könne nicht zu schnell vertrieben werden, höchstens könne gehinderte Hautausdünstung, nicht aber ihr eigentümliches Produkt, innerliche Krankheiten folgen machen: traurig und ekelhaft finde. Es ist freilich lächerlich, eine Raude durch innerliche Mittel heilen zu wollen, sie kann nur durch äusserliche geheilt werden; aber es ist schrecklich, durch unvorsichtiges Anwenden äusserlicher Mittel bei einer sonst ganz gefahrlosen Krankheit auf einmal, oft unwiederbringlich, die Gesundheit der sonst blühendsten Menschen zu Grunde zu richten. Die vielen durchreisenden Handwerksburschen welche als krank ihre Zuflucht zu dem Clinicum in Tübingen nehmen, überzeugen mich, dass auch in andern Gegenden von Deutschland Raude so häufig als bei uns ist, und so viele Opfer als bei uns durch schlechte Behandlung dem Tode in die Arme stürzt. Jeder Arzt, dem es am Herzen liegt, das seinige zur Linderung der vielen Übel beizutragen, welche die ohnehin unglückliche grosse Masse der niedrigen Volksklassen erdrücken, wird mit mir hierin übereinstimmen. Wer aber blos den höhern Ständen dient, wo bei Reinlichkeit (die dem Wohlhabenden leicht fällt, aber nicht dem, der von der ganzen Last der Gesellschaft zu Boden gedrückt ist,) diese Übel gar nicht vorkommen, der mag à priori beweisen, es könne keine Schwindsucht, keine fallende Krankheit, keine Lähmung von zurückgetriebener Raude geben; er wird eben so leicht und eben so wahr beweisen können, dass niemand aus Hunger und Kummer in polizierten Staaten zu Grunde gehen könne. Ich glaube daher, eine Verbreitung, auch durch diese Schrift, der hiesigen clinischen Beobachtungen über diesen Gegenstand ist nicht unzweckmäßig. Einer unserer vorzüglicheren Schüler, Hr. Med. Licent. Wagner von Pfullingen, sammelte sie schon, und machte sie zum Gegenstande seiner im Jul. 1807. verteidigten Inaugural-Dissertation: De morbis ex scabie orientibus, magistratum attentione non indignis. Folgendes ist eine Erweiterung derselbigen, indem ich meine übrigen Beobachtungen über diesen Gegenstand deswegen einschob, weil hier nur die genaueste Diagnose helfen kann. Nicht eine unbestimmte Angabe von einem Heere von Nervenübeln und Kachexien, welches auf zurückgetriebene Raude folgt, aber wohl eine genaue Angabe, wie lässt sich die von übelbehandelter Krätze entstandene Schwindsucht, Epilepsie, Lähmung u. s. f. von jeder andern Schwindsucht, Epilepsie, Lähmung &c. unterscheiden, wird auch andere Ärzte in Stand setzen, den Streit zu untersuchen, und die schwankenden Meinungen bald auf die Wahrheit zurückführen. Nur so, nicht von theoretischen Speculationen aus, ist Hilfe hier möglich.

Die meisten Kranken heilen sich selbst an der Raude, bei uns häufig blos durch eine Salbe von Schwefel und Fett, oder von Schwefel, Baumöl und Eigelb, oder durch das salbenähnliche Fett, das eine Zeitlang diente, die eisernen Achsen der Mühlräder einzureiben, oder sie lassen sich in der Apotheke die Tellerische Raudensalbe des württembergischen Dispensatoriums geben, welche aus weissem Quecksilberpräcipitat und Fett besteht. Mit einer solchen Salbe schmieren sie sich gewöhnlich alle Gelenke zumal ein. Selbst wenn der Arzt nur eine

kleine Stelle einzureiben befiehlt, bleibt der ungeduldige Kranke, der sich im Besitz der Salbe sieht, hierbei nicht stehen; die Reibung der Kleider verbreitet leicht die Salbe über die ganze Fläche der Glieder, und meistens in drei Tagen ist die Raude verschwunden, auch wenn sie schon sehr verbreitet über den Körper war. Überhaupt vertreibt häufig jedes, selbst unvermischte, Fett schnell die Raude, wenn es reichlich über die Oberfläche des Körpers hergestrichen wird; wenn es nicht blos in so geringer Menge darauf kommt, dass es nur die Masse des Schmutzes vermehrt, der vorzüglich von den Talgdrüsen ausgesondert, auf der Haut in halbe Fäulnis übergeht, und dann einen fruchtbaren Boden für die Erzeugung der Raude abgibt. Vielleicht ist es Störung des Lebensprozesses der Haut, (der wenigstens bei keinem ausgeschnittenen noch lebenden Teil unter Öl erweckt so werden kann, wie eine Zeitlang an der Luft oder im Wasser) was hier den pathischen Prozess der Raudenbildung so schnell auf hebt, der zwar selbst erst von den Raudenmilben erweckt wird; aber wie die wiederkehrende Krätze und die Krätzmetastasen auf innere Teile zeigen, vorhanden sein kann ohne Tierchen. Seien es aber auch noch andere Ursachen, welche hierbei die Haut in dieser pathologischen Rücksicht in einen asthenischen Zustand versetzen; und zu vieles kaltes Baden vertreibt vielfältigen Untersuchungen nach, häufig die Krätze so gut, als Salben dieses tun; so zeigt doch folgende Berechnung, wie viele Menschenleben ein so schnelles Vertreiben der Raude durch Salben kostet. Aus den Registern der clinischen Anstalten wurden mit Ausschluss der in den öffentlichen Häusern wohnenden ohnehin fast allgemein krätzigen Kranken, alle für sich in ihren Familien lebende oder einzeln behandelte Kranke aus der Stadt und den umliegenden Gegenden vom Sommer 1802. bis zum Sommer des verflossenen Jahrs 1807. zusammengählt, und 1697 gefunden, unter welchen 133 wegen der Krätze, und 73 wegen Krankheiten, welche auf die, nach der eben angeführten Art plötzlich geheilte, Krätze folgten, ärztliche Hilfe verlangten. Ist nun freilich anzunehmen, dass mehrere Kranke mit Raude und Rauden-Nachkrankheiten aus den umliegenden Gegenden Hilfe im Clinicum suchen konnten, als Kranke anderer Art, welche nicht in der Stadt waren, und zu Hause das Bette hüten mussten: so wird dieses doch weit dadurch überwogen, dass verhältnismäßig zu andern Krankheiten Krätzige, und solche Menschen, welche nur erst an den anfangenden Nachkrankheiten leiden, seltener es für der Mühe wert halten, Meilenweit deswegen über Feld zu gehen. Da nun Tübingen weder sehr hoch liegt, in welchen Gegenden überall die Raude mehr zu Hause ist, noch sehr niedrig, wo es keine Raude gibt; da die Unreinlichkeit hier weder gering, noch gegen viele andere Orte sehr auffallend ist, und die Armut im Verhältnis zu grösseren Städten ungefähr eben so zu schätzen ist: so wird man annehmen dürfen, dass jenes Verhältnis der Raude zur Summe der bei uns gewöhnlichen übrigen Krankheiten gewiss nicht kleiner ausfallen würde, bei der Summe aller Kranken, die zu einer gegebenen Zeit in unserm ganzen Lande sind. Eine Berechnung einer Anzahl bekannter Familien zeigte, dass **wenigstens** ein Mensch von acht jährlich krank ist. Von 1,200,000 Menschen würden jährlich 150,000 krank sein, und unter diesen nicht weniger als 6452 an Nachkrankheiten leiden, welche von unvorsichtig geschmierter Raude entstanden. Eine zweite Rechnung, zu welcher alle Kranke dieser Art gezogen wurden, die ich seit 10 Jahren von den clinischen Anstalten aus zu behandeln hatte, zeigte, dass **wenigstens**, zählt man die schnell tötenden Nachkrankheiten wie die Raudenschwindsucht, und die langsam tötenden, wie Epilepsie und Lähmung zusammen, um eine Mittelzahl zu erhalten, jährlich der fünfzehnte unter denen stirbt, welche an solchen Nachkrankheiten leiden. Somit würden unter 1,200,000 Einwohnern eines Landes jährlich 430 an Übeln sterben, welche die Blüthe des Menschenalters befallen, und durch keine Notwendigkeit, durch bloße Unwissenheit, und eine Nachlässigkeit, an welcher selbst die Ärzte nicht unschuldig sind, hervorgebracht werden. Aber die oben bemerkten Umstände erweisen, dass die Zahl der jährlich so Sterbenden gewiss noch grösser ist. So verlöre jede Menschengeneration von 1,200,000, wenn man 30 Jahre auf sie rechnet, 12,900 Menschen auf die unverzeihlichste Weise; wie ungeheuer wird nicht die Zahl derer sein, welche in dem etlich und zwanzig Millionen Menschen enthaltenden Deutschland auf diese Art zu Grunde gehen. Und dafür

sind keine Anstalten, keine öffentlichen Warnungen vorhanden, während man überall die einzelnen wenigen Unglücklichen, welche jährlich in das Wasser fallen, mit einer Art Gepränge als gerettet aufweist.

Schon in älteren Zeiten lag gleichsam die Vorsicht der Ärzte, Raude nicht zurückzutreiben, im Streite mit der Beobachtung, dass Raude nur durch äusserliche Mittel geheilt werden kann. Die Fruchtlosigkeit innerer Mittel bei der Krätze sprach gegen jene; der Schaden unvorsichtiger äusserer Behandlung gegen diese. Es ist traurig, dass der Streit nicht längst durch die einfache Frage entschieden wurde: Wie muss die allein nützende äussere Behandlung beschaffen sein, wenn sie nicht, statt zu nützen, unglücklich machen soll? Morgagni schon (ep. anat. med. LV. art. 7.) dem das Dasein der Krätzmilben wohl bekannt war, sagt: „Gesetzt auch, die Krätze entstehe immer von solchen Milben, so bilden doch ihre Pusteln kleine Geschwürchen, die vereinigt ein Ungeheures darstellen würden; welcher Arzt aber würde unvorsichtig ein solches schnell schließen, wenn es schon eine Zeitlang gewährt hätte?“ Ist es nicht, möchte ich hinzusetzen, die grösste Unwissenheit eines praktischen Arztes, wenn ihm der Grundsatz nicht bekannt ist, dass ein in den Körper wieder eingesogenes pathisches Produkt nicht mehr durch die normale Ausstoßungsorgane aus dem Körper entfernt werden kann, wenn indessen das krankhafte eigene Sekretionsorgan, das jenes Produkt bereitete, verschwand, das heisst, heilte, und wenn nicht ein neues ähnliches Organ erzeugt wurde.

Die gegenwärtige allgemeine Tendenz der Ärzte in Deutschland, die körperliche Materie des Organismus, was ihre Veränderungen betrifft, ausser Acht zu lassen, und blos die Gesetze der Bewegung desselbigen zu berücksichtigen, zu vergessen gleichsam, dass unser Körper nicht blos ein ätherisches Phänomen ist, sondern mit durch das Dasein einer theils sehr trägen Masse konstruiert wird, hat die Humoralpathologie zum Beweise der Einseitigkeit unserer Kunst gänzlich verdrängt; weil sie ehemals ebenfalls zum Schaden der Kranken allein berücksichtigt wurde. Dazu kommt, dass es seit Brandis Schrift über die Metastasen an der Tagesordnung ist, materielle Wanderungen eines Stoffes oder eigentliche Metastasen vollkommen zu leugnen. Während man nicht leugnen kann, dass nicht der Färbestoff der Färberröte, der Rhabarber, der Schwefel, das Quecksilber, an einem Orte des Körpers aufgenommen, und an einem andern Ort abgesetzt werden; soll dieses nur bei keinem krankhaften Produkte des Organismus selbst geschehen können. Man hat solche Stoffe noch nicht in der Blutmasse eines Kranken gesehen, das ist richtig! aber man hat sich nicht nur nie die Mühe gegeben, zu untersuchen, wie dann die Blutmasse durch ihre Beimischung verändert sein würde, und ob sie nicht wirklich bestimmt in solchen Fällen dadurch verändert werde; sondern man weiss auch, dass Quecksilber durch den Darmkanal aufgenommen, in Höhlen des Körpers, auf der Haut &c. in metallischer Gestalt wieder erschienen ist, und dass es doch nie, bis auf Versuche die hier angestellt wurden, im Blut gefunden wurde. Ist es endlich erwiesen, dass es keine Wege ausser den Kreislauf gibt, durch welche fremdartige Stoffe den Körper durchirren können? Wege, welche zu untersuchen man freilich noch weniger bedacht hat. Hat man doch auch noch nie Versuche gemacht, wie Blut aussehe, das man einem Tiere lässt, während seine Knochen durch in den Magen gebrachte Färberröte nach und nach gerötet werden. Es sind Milben, welche die Krätze erzeugen, das ist richtig; aber deswegen hat doch gewiss das Produkt, welches diese Milben mittelst der Rückwirkung des belebten Körpers erzeugen, eine eigentümliche Mischung; warum ist es denn, könnte man sonst fragen, nicht auch Eiter, was die Läuse bei dem sogenannten bösen Kopf der Kinder, durch ihren Reiz herbeilocken, sondern immer nur eine honigartige, aus verdicktem Serum bestehende Flüssigkeit? Und das eigentümliche in wahren Eiter sich verwandelnde Produkt des Krätzmilbenreizes sollte zurückgenommen in den Körper nicht schädlich wirken können? Man reibe eine spirituöse Auflösung von Euphorbium Gummi in Verbindung mit caustischem Ammonium in die Haut ein, und man wird nach einiger Zeit Petechien ähnliche Flecken entstehen sehen. Man reibe nun aber eben dieses caustische Ammonium in Verbindung mit gepulverter Rinde von Daphne mezereum ein, und

ein der trockenen kleinen Raude ganz ähnlicher Ausschlag wird zum Vorschein kommen. Eiternd und den Pocken ähnlich wird der Ausschlag, den Brechweinstein in Verbindung mit Fett eingerieben, hervorbringt. Und auf ganz anderem Wege wieder entstehen hier zuletzt Hautgeschwüre, als die Hautgeschwüre entstehen, welche bei Kindern das öftere Auflegen kleiner Parthien einer mit Spiessglasbutter und corrosivem Quecksilbersublimat vermischten Cantharidensalbe veranlasst. Hier lockert sich zuerst das ganze Gewebe der Lederhaut, gleichsam durch wässerige Infiltration auf, ehe es gangränös abstirbt; dort ist es eine eiterige Zerstörung blos von der Oberfläche aus. Von der letzteren Salbe sah ich nie Pusteln an den Geschlechtsteilen entstehen, wenn die Salbe nicht an diese gebracht wurde, von der Brechweinsteinsalbe entstehen sie immer auch hier, wenn sie gleich an ganz entfernte Stellen des Körpers ein gerieben wurde. Es sollte bei so vielen Beispielen doch nicht nötig sein, den Satz ins Gedächtnis zurückzurufen, dass das Produkt einer widernatürlichen Reizung jedesmal verschieden ist, nach der verschiedenen Qualität des Reizes. Es bedarf also keines Wanderns der Krätzmilben oder ihrer Eier, um die Metastasen der Krätzmaterie zu erklären; aber es bedarf der Annahme der Einsaugung und Versetzung des eigentümlichen pathologischen Produktes der Krätzmilben, um die Augen nicht gegen tägliche traurige Erfahrung zu schließen, und das konstant Eigentümliche der Krankheiten zu erklären, welche immer nur auf schnell vertriebene Raude, aber nie auf eine andersartige, wenn gleich oft stärkere Störung der Hautfunktion folgen. Was wäre damit gewonnen, wenn materielle Versetzung des Krankheitsstoffes hier gezeugnet, und auf vikarierende **besondere** Tätigkeit anderer Organe die Folge zurückgetriebener Raude geschoben würde? Jenes führt zu einer sichern Therapie, und zur Möglichkeit, durch Untersuchung das Eigentümliche eines in die Sinne fallenden Produktes kennen zu lernen; dieses zu einer qualitas occulta, die keine weitere Untersuchung zulässt. Nur das Übersehen des Eigentümlichen, das die mannigfaltigen Krankheiten haben, welche auf eine übel behandelte Raude folgen, das Zusammenwerfen dieser Art von Schwindsucht, dieser Art von Fallsucht mit allen übrigen Schwindsuchten und Epilepsien &c. konnte erlauben, allgemeine Ursachen als Entstehungsquellen zu träumen, die gerade deswegen, weil sie gleich gut zu jeder andern Krankheitserscheinung passen, die nächsten Ursachen keiner einzelnen sind. Das Beste wird also sein, die einzelnen Erscheinungen bei der Krätze und ihren Nachkrankheiten durchzugehen.

Die eigentliche ansteckende Krätze, die Milben beherbergt, äussert sich, wie mich genaue wiederholte Beobachtungen lehrten, verschieden nach dem verschiedenen Alter des Menschen, eben so in Hinsicht auf Erzeugung oder Nichterzeugung von Nachkrankheiten. Bei den Säuglingen verlässt sie ihren sonstigen Charakter, das Gesicht unangetastet zu lassen, und wird die eigentliche crusta serpiginosa von Wichmann, der zuerst diesen Ausschlag mit seiner schätzbaren Genauigkeit beschrieb, aber seinen eigentlichen Ursprung nicht ahnend, aus der langsam heilenden Wirkung von Quecksilbermitteln vermutete, er könnte venerischen Ursprungs sein. Zwar beschreibt er selbst in seiner Ätiologie der Krätze (p. 56.) eine sogenannte venerische Krätze der Kinder, als ganz abweichend von der **crusta serpiginosa**, und bemerkte schon bei dieser (Ideen zur Diagnostik. 1. B. pag. 52. u. folg.), dass sie nicht nur seltener bei Kindern ist, die ihrer eigenen (meist reinlicheren und eher, wenn sie krätzig ist, ärztliche Hilfe suchenden, verheirateten) Mutter Milch saugen, häufiger bei denen, die (gewöhnlich unehelich geschwängerten, dienenden, und ihre Übel sorgfältig verhehlenden) Ammen überlassen werden; sondern auch dass bei scharfer Untersuchung es sich immer zeige, dass der Vater, die Mutter, oder die Amme jetzt ein Ausschlagsgift im Körper habe. Ich habe mehrere Mal, ohne einen Gran Quecksilber zu gebrauchen, die in unsern Gegenden bei den Landleuten nicht ganz seltene crusta serpiginosa geheilt, und ohne Schwierigkeit die Quelle jedes Mal in dem echten wahren Krätzausschlag der Personen, welche mit dem Kinde umgingen, entdeckt. Entweder war die ganze übrige Familie krätzig, oder wenigstens war es eine Nachbarin, welche das Kind in Abwesenheit der Eltern bei sich hatte, oder das Kindsmäd-

chen, wozu man bei armen Landleuten in unsern Gegenden meistens arme verlassene Kinder von dem Alter nimmt, in welchem sie am leichtesten, oft von der Schule aus, krätzig werden. Die Classe von Menschen des niedrigen Standes, welche von jeher in der grössten Dürftigkeit lebte, ist bei uns im Gegenteile selten venerisch; mehr kommt diese Seuche unter den verdorbenen Menschen der höhern Classen, höchstens in Dörfern, welche vom Handel leben, vor. Dass Wichmann venerische Spuren bei den Verwandten von mit der *crusta serpigiosa* befallenen Kindern zugleich entdecken konnte, würde durch Bezeichnung der Classe von Menschen, wo er gerade die Krankheit fand, begreiflicher sein. Zu seiner Beschreibung der *crusta serpigiosa* der Säuglinge, „dass dieser Ausschlag anfangs aus, nicht sehr über die Haut erhabenen kleinen frieselähnlichen Bläschen entstehe, die eine dunkle Farbe haben, und bald platzen; ein ausserordentliches Jucken, das die Kinder Tag und Nacht unruhig und ganz elend mache, veranlasse; bald grössere Flächen als die Milchborke, mit dunklerer Kruste als diese, einnehme; im ganzen Gesicht, und auf die Augenlider sich ausbreite, doch den Augapfel selbst verschone; oft auch einen Teil der behaarten Kopfgegend einnehme, über den Rücken, die Lenden und Extremitäten sich verbreite; die Kinder abmagere, zuletzt Fieber veranlasse, und die kleinen Kranken zuweilen dem Tode nahe bringe; gewöhnlich aber Jahre lang daure,“ kann ich noch beisetzen; dass in hohem Grade des Übels die lymphatischen Drüsen der Achsel- und Leistengegend aufschwellen; und eine Reihe von eigentlichen nußgrossen Abszessen unter der Haut entstehe, sowohl am Rumpf als an den Extremitäten, die aufbrechen, und wie grosse Krätzpusteln bei Erwachsenen, blaue Flecken auf der Haut hinterlassen. Die Abmagerung, die das Übel begleitet, unterscheidet sich von der gewöhnlichen *atrophia lactentium*, welcher Schwäche der Unterleibseingeweide, und widernatürliche Säurebildung in ihnen, die zuletzt die lymphatischen Drüsen angreift, zu Grunde liegt, dadurch: dass bei der *crusta serpigiosa* der Unterleib des Kindes nicht aufgetrieben ist, und sein Stuhlgang fest ist, außerdem aber natürlich. Den eigentlichen Raudenursprung des Übels verbarg bis jetzt wahrscheinlich der Umstand, dass man bei älteren Kindern gewohnt ist, nicht nur das Gesicht von Krätze frei und diese vorzüglich zwischen den Fingern und an den Händen wahrzunehmen; sondern auch die Krätzpusteln in mit gelbem Eiter von etwas grünlicher Schattierung gefüllte Blasen sich verwandeln zu sehen; während hier der Ausschlag blos rotbraun, und nicht eigentlich eiternd, bleibt. Aber schon auch bei alten Leuten ist die Krätze nicht eiternd, sondern gibt rotbraune kleine Krusten; das nämliche Übel, was von ihnen aus durch Ansteckung auf ältere Kinder übergehend, die feuchte eiternde Krätze gibt, bleibt trockene Krätze bei ihnen, die sich sogar minder an ihren Fingern und Händen, als an den Schenkeln und Armen, selbst am Körper zeigt, doch das Gesicht verschont. Die Methode, nach der ich bei den Säuglingen die *crusta serpigiosa* behandelte und heilte, bestand in dem innerlichen Gebrauch einer starken Abkochung von *viola tricolor* mit Talk-Schwefelleber, letztere täglich bis zu einem halben Scrupel; jedoch da schon die *viola tricolor* für sich allein laxiert, so verband ich damit einige wenige Tropfen Opiumauflösung. Ein Waschwasser aber, womit eine Stelle des Körpers nach der andern behandelt wurde, aus Kalischwefelleber in 32 Teilen Wasser aufgelöst, bewirkte das meiste bei der Heilung; trank das kleine Kind nicht an seiner Mutterbrust, so ließ ich es mit Eichelkaffee aufziehen; in jedem Falle aber täglich lau baden. Ich habe ein schon jähriges Kind behandelt, bei dem die Krätze noch das Gesicht, vorzüglich Stirne und Wangen, angegriffen hatte; hier aber schon unter der Form unverkennbarer, einzelner, entfernt von einander stehender Raudenbläschen, welche ohne eiternde Pusteln zu bilden, in kleine Schorfe, der trockenen Krätze ähnlich, sich verwandelten. Nur bei Kindern dieses Alters, die von venerischen Eltern erzeugt sind, nimmt die Raude am ganzen Körper die Form von runden eiternden, bald mit einer Kruste bedeckten, zuletzt aber Geschwürchen bildenden, mehrere Linien im Durchmesser haltenden Pusteln an; wo aber doch auch der äussere Gebrauch von Schwefelleberauflösung den Anteil des Krätzstoffes an dem Ausschlag tilgt. Wo von den Krankheiten die Rede sein wird, welche aus der Verbindung von ingeneriertem Tripper- und Krätzstoff entstehen, wird diese Erscheinung ausführlicher betrachtet werden.

Im eigentlichen Knabenalter erhält die Krätze erst die Form, unter welcher sie gewöhnlich allein von den Schriftstellern beschrieben wird; eine Menge von Beispielen zeigte mir jedoch, dass einerlei Ansteckung, wenn eine ganze Familie davon befallen wird, zu gleicher Zeit bei den kleinsten Kindern *crusta serpiginosa*, bei den älteren Kindern und jungen Erwachsenen die gewöhnliche eiternde Raude, bei alten Personen aber die kleine trockene Krätze erzeuge. Nur auf das Knabenalter und auf Jünglinge oder Mädchen, welche erst einige Jahre über die Zeit der Mannbarkeit hinausgerückt sind, doch etwas länger dauernd beim weiblichen, als beim männlichen Geschlechte, passt Wichmanns Beschreibung der menschlichen Krätze vollkommen. „Sie entstehe mit kleinen weissen, zerstreut und einzeln stehenden, juckenden Knötchen zuerst zwischen den Fingern oder an den Händen und dem Handgelenke, welche sich in Pusteln verändern, die über die Haut sich erheben, eine durchsichtige Flüssigkeit fassen, allmählig grösser werden, und durch die Länge der Zeit ihre Flüssigkeit in eine eiterartige, gelbliche verwandeln, oder durchgekratzt eine kleine weissliche Borke bilden. Nur die durchsichtigen Bläschen jucken fast allein, und das Vermehren dieses Juckens in der Bettwärme sei insofern charakteristisch, dass ein Ausschlag, der im Bette kein stärkeres Jucken veranlasse, gewiss keine Krätze sei. Diese wahre Krätze, welche allein anstecke, und höchstwahrscheinlich allein von Milben eigener Art erzeugt werde, verbreite sich von den Händen aus langsam über den ganzen Körper, das Gesicht ausgenommen.“ Zuweilen sind es in diesem Alter keine kleine Pusteln, sondern einzelne wirklich grosse Blasen, mit einem etwas grünlich scheinenden, sonst gelben Eiter gefüllt, welche an den Händen und Fingern zwischen den kleineren Pusteln vorkommen, und keinen sehr entzündeten Umfang haben. Immer unterscheidet ein dunkler bräunlicher Punkt, eine Art Nabel auf der Höhe der Blase, dieses Krätzprodukt vom Blasenausschlag, auch von dem eiternden Blasenausschlag, welcher als kritische Krätze zuweilen von den Schriftstellern aufgeführt wird. Auch die eiternden Pusteln der Krätze hinterlassen keine Narben, aber lange dauernde, durch das durchscheinende Blut in den Gefäßchen bläulich aussehende runde Flecken, die der übrigen Haut gleich sind.

Jener eiternde Blasenausschlag, die sogenannte kritische Krätze, ist schon als Symptom einer akuten Krankheit und durch seinen Verlauf von der gewöhnlichen chronischen Krätze unterschieden. Im Januar 1806 sah ich bei einem 41jährigen erst seit einem Vierteljahre verheirateten armen Manne auf eine auffallende Art diesen Ausschlag erscheinen. Er litt sehr am Typhus mit Brustbeschwerden verbunden, als in der Nacht auf den 14ten Tag der Krankheit, auf einmal über den ganzen Körper, doch weniger an den unteren Extremitäten, und, überhaupt mehr an der rechten Seite des Körpers ein heftig brennender und juckender Ausschlag ausbrach, welcher auf den ersten Anschein ganz den mit gelbem Eiter gefüllten Krätzpusteln jüngerer Personen glich, aus vielen einzelnen, meistens Erbsen grossen, doch teils auch die Größe kleiner Haselnüsse erreichenden, mit weisslichgelbem Eiter gefüllten Pusteln bestand. Diese Pusteln waren aber mit einem bemerkbaren roten Hof umgeben, und hatten den dunklen Punkt der wahren Krätzpusteln in der Mitte nicht; sie trockneten von selbst ab, ohne dass Schwefelmittel gebraucht wurden, und der Kranke erholte sich schnell nach dem Ausbruch dieses eiterigen Blasenausschlags. Auch Schmuckers kritische Krätze, welche er nur einmal, aber bei einer ganzen Typhus-Epidemie, scheint gesehen zu haben (S. seine vermischte chirurg. Schriften 3. B. Anhang zur 10ten Beob.) dürfte hierher gehören, und er dann, als er 40 Jahre später, wieder sich dieser Erscheinung erinnerte, sie mit der in den Lagern so gewöhnlichen wahren Krätze verwechselt haben. Ebenfalls im Winter, zu Ende des Februars, bekamen bei strenger Kälte und veränderter Lebensart Schmuckers Soldaten häufig das Faulfieber, wenige das gemeine Flussfieber, und allemal war, wie er sagt, „die Crisis ein krätziger Auswurf.“ Diese sogenannte kritische Krätze erfordert nicht die von Pringle herrührende Erklärung bei Annahme der Milbentheorie, dass die Rekonvaleszenten nur wieder fähig für die vorher in den Spitälern verbreitete Krätzansteckung würden; dafür aber ist es auch gar keine wahre Krätze. Ich habe keine eigene Erfahrung, um genau bestimmen zu können, ob die von

Medicus, Bang und andern beschriebene kritische Krätze bei Wechselfiebrern, die zurücktretend nach den Erfahrungen von Medicus, von neuem das Fieber erweckt, und mit ihm abwechselt, nicht eben dieser eiterige kleine Blasen Ausschlag sei; doch dürfte wahrscheinlich, was als Crisis einem anhaltenden Fieber zum Grunde liegt, bei minderm Reize oder minderer Erregbarkeit auch ein intermittierendes Fieber erzeugen können. Was in diesen Fällen nach allgemeiner Aufregung des Gefäßsystems sich bildet, scheint ohne diese häufig lokal bei jungen Personen als die oberflächliche blos unter der Oberhaut der Finger an den Nägeln entstehende Eiterung, und als die nicht selten grosse Eiterblasen an den Händen sonst nicht krätziger Personen, wo oft in weitem Umfang die Oberhaut sich erneuert, vorzukommen, und einerlei pathisches Produkt zu sein. Hierher gehört aber nicht das Wiedererscheinen von wahrem Krätzstoff, das Crisis chronischer Krankheiten ist, welche das Zurücktreiben vorher vorhandener echter Raude veranlasst hatte.

Bei älteren Menschen sah ich nie mehr die eiternde Raude, sondern die oben schon beschriebene trockene Raude, die aber immer noch durch das starke Jucken, das sie veranlasst, und durch die Ansteckung, wodurch sie entstand, von verwandten Hautausschlägen sich auszeichnet. Nur zuweilen verschlimmert sich diese trockenere kleine Raude des männlichen Alters bis zu steifen, dicken, zuletzt in der Tiefe eiternden Borken, die ganze Glieder gleichsam überziehen. Am meisten geschieht dieses nach dem Zeugnisse der Feldärzte in unreinlichen Soldatenlazaretten. Der Ursprung eines solchen Grindes aus einer gewöhnlichen ansteckenden Raude wird auch dann noch die Natur eines solchen Hautausschlages zeigen. Sonst scheint bei einer bessern Lebensart im eigentlichen männlichen oder mittleren Alter die Raude durch bloße Reinlichkeit leichter, als in der Jugend zu verschwinden, doch mit Ausnahme der sogleich zu beschreibenden Raudengeschwüre an den Füßen; überhaupt auch scheint der völlig ausgewachsene Mensch, vornämlich der ältere Mann, der Raudeansteckung viel weniger mehr fähig zu sein, als der jüngere, dessen Haut noch weicher ist. Merkwürdig ist aber, dass ganz alte Leute wieder leichter mit Raude angesteckt werden, fast den Kindern gleich; und dass die Raude dann wieder, wie bei den jüngsten Kindern, beinahe die Form der unerträglich juckenden *crusta serpigiosa* annimmt; nur dass hier, wie schon bemerkt wurde, das Gesicht fast ganz verschont bleibt, und die Pusteln einzelner stehen. In diesem höhern Alter verbindet sich die Krätze öfters mit dem von Wichmann (*Ätiologie der Krätze* pag. 59.) treffend beschriebenen, äusserst juckenden Ausschlag abgelebter Leute, der offenbar mit Urinschärfe zusammenhängt, und mit manchen ihrer Beschwerden, namentlich mit Augenübeln; diesen Ausschlag aber hier weitläufiger abzuhandeln, ist der Ort nicht. So wechselt also ein und ebenderselbe Stoff seine Formen in verschiedenem Alter! Welche anscheinend noch verschiedene schwere Nachkrankheiten sein Zurücktreten auf innere Teile veranlasse, wird die Folge der Abhandlung zeigen.

Parallel gleichsam mit der Krätze läuft eine andere doch in unsern Leuten weniger leicht ansteckende und im Ganzen seltenere Hautkrankheit, die dem Grade nach verschieden noch mannigfaltigere Formen, als selbst die wahre Krätze annimmt; im mildesten Grade der kleinen trockenen Raude älterer Personen ähnelt, aber weniger juckt, in keinem Alter, so viel ich sah, eiternde Pusteln macht, leichter aber auch in dem Alter, wo die wahre Krätze vorzüglich die Hände und Finger befällt, diese frei lässt, und mehr über den ganzen Körper und den Anfang der Extremitäten verbreitet ist; die ferner im Sommer leicht von selbst verschwindet, um im Winter, vorzüglich gegen das Frühjahr hin, ohne neue Ansteckung wieder zu erscheinen. Während die wahre eiternde Krätze, ist sie einmal vorüber und nicht blos zurückgetrieben, nie ohne neue Ansteckung, geschähe diese auch nur durch die alten nicht gereinigten Kleider, von neuem sich zeigt. Jene bildet zuweilen Flecken mit dicken Krusten, und lässt nie so lange die übrige Konstitution des Menschen unangegriffen, als die wahre Krätze, sondern verbindet sich bald mit einem bleichen siechen Aussehen und andern Beschwerden des Befallenen. Solche trockene, bei uns wie einige Formen der wahren Raude, ebenfalls sogenannte

kleine Krätze, ist die scabies ferina der älteren Schriftsteller, die scorbutische Krätze der neuern, und leprosen Ursprungs. Schöpff (siehe Hufelands Journal der prakt. Heilkunde 15ter Bd. 2. St. pag. 41.) zeigte, dass der Ausdruck, scorbutische Raude, ein Unding sei, und dass im Gegenteile, wenn der wahre Scorbut sich einfindet, die wahre Krätze verschwinde. Noch ist von dem vor Einführung der syphilitischen Seuche in Europa so furchtbar wütenden Aussatz nicht jede Spur verschwunden, und noch lässt sich deutlich bei uns, wenn gleich nur durch seltene Fälle, eine Kette immer milder werdender Hautkrankheiten von der elephantia und lepra graecorum an, durch die ansteckende tinea capitis, den eigentlichen Erbgrind herunter, führen bis zu dem dickkrustigen herpes und zuletzt bis zu dieser Art kleiner trockener Raude. - Es ist hier ebenfalls nicht der Ort, weder die verschiedenen Folgen dieses besonderen unbezwinglichen Miasma's, für welches es kein Spezifikum wie für das syphilitische, und für das Krätzgift gibt, noch weniger die verschiedenen übrigen nicht ansteckenden ähnlichen Hautausschläge genauer zu betrachten; da blos das wahre Raudengift hier uns beschäftigt. Am meisten sah ich außerdem zurückgetriebene Raude mit zurückgetriebenem Trippergift verbunden und fast unheilbare Krankheitsformen veranlassen; wovon an einem andern Orte mehr.

Wenn Guldener von Lobes (Beobachtungen über die Krätze, gesammelt im Arbeitshause zu Prag) als charakteristische Kennzeichen der wahren Krätze angibt, „dass sie nur durch Ansteckung hervorgebracht wird, nur allmählig ausbricht, wieder ansteckt, und nur die Haut krank macht, indem der übrige Körper gesund bleibt;“ so macht zwar, wie oben gezeigt wurde, die crusta serpigiosa kleiner Kinder in Absicht auf das Gesundbleiben der übrigen Konstitution eine Ausnahme. Aber wirklich zeigen, schon in Absicht auf Kinder nach dem zweiten Zahnen, öffentliche Häuser, wo viele in Schmutz und in verdorbener Luft beisammen sind, dass die eiternde Raude, die Tätigkeit der verdorbenen Haut unterhaltend, eher ein Beförderungsmittel ihrer Gesundheit ist; während im Gegenteile unter solchen Umständen jeder Ausschlag leprosen Ursprungs, oder der mit Scrofelkrankheit verbunden ist, nur um so schneller die ganze Konstitution des armen Kindes siech macht. So fährt die echte Raude bis ins hohe Alter fort, eher eine hässliche Unreinlichkeit als eine Krankheit zu sein; nur in diesem Alter wird sie wieder, wie bei kleinen Kindern, durch Unterbrechung des Schlafes und Verhinderung der Hautfunktion, zur eigentlichen Krankheit. Aber umgekehrt ist es das mittlere Alter, vorzüglich das Alter bald nach erlangter Mannbarkeit, wo die unvorsichtige Heilung dieses Hautausschlages die fürchterlichsten Folgen hat; und leider ist bei uns die Gewohnheit eingeführt, manbar werdende Knaben, ehe sie in die Lehre zu einem Handwerker kommen, schnell vorher durch Raudensalbe zu reinigen, und nur zu häufig dadurch den Grund zum ganzen künftigen Unglück ihres Lebens zu legen; oder Mädchen, indem ihnen vor der Konfirmation die Raude mit Schwefelsalbe vertrieben ist, kränklich in die Zeit der Menstruationsentwicklung zu bringen. Die weiche Haut der Kinder im Knabenalter, die häufige Ausdünstung, welche ihr beständiges Herumspringen veranlasst, das leichte Wiedererscheinen der Raude durch neue Ansteckung auf der Haut, dieses alles scheint Ursache zu sein, warum noch ungestraft bei ihnen die Krätze mit Salbe, selbst unvorsichtig von alten Weibern, vertrieben werden darf; auch ich sah in diesem Alter ausser vorübergehender Kurzatmigkeit selten etwas von dem Heere der Nachkrankheiten entstehen, welche im folgenden Alter zum Vorschein kommen. Daher nun die trügliche Sicherheit fast aller Waisenhausärzte, welche, weil sie ohne Schaden ihre unmannbare Kinder mit Salben behandeln lassen, die grosse Veränderung, welche die Pubertät hierin zur Folge hat, nicht achtend, solche einseitige Erfahrungen zur Norm der Behandlung der Krätze aller Lebensalter und bei jeder Lebensart machen. So hätte Justi, Arzt bei einem Institute in Annaberg, wo 500 Kinder beisammen sind, (Baldingers neues Magazin 10. B. 3. St. und 11. B. 5. St.) auch wenn er nicht die Krätze mit einem Waschwasser, das nicht zurücktreibt, sondern selbst mit zurücktreibenden fetten Salben behandelt hätte, „mit Leib und Seele dafür stehen können, dass er bei mehr als 300 Kindern den geringsten Nachteil nicht

von äusserlicher Behandlung der Krätze erfahren habe, „ und doch hätte diese wahre Behauptung nichts gegen den unsäglichen Schaden bewiesen, den unvorsichtiges Einschmieren bei mannbaren Menschen, die eine sitzende Lebensart führen, hervorbringt. Eine zweite Ausnahme von der Gefahr unvorsichtiger äusserer Behandlung der Krätze machen offenbar die Soldaten im allgemeinen; den Kindern in der ewigen Bewegung gleich, wenn sie im Dienste sind, ist ihre Haut jedes Eindruckes der rauhen Atmosphäre gewohnt, gleichsam kein Organ mehr, das mit dem übrigen Körper in einem genauen Zusammenhange steht, wie bei dem sitzenden Handwerker, oder selbst dem Gelehrten, der in der Stube eingeschlossen, einer des Lichts beraubten Pflanze gleich, zuerst eine bleichere, mehr weiche, und dann leichter erschlaffende Oberfläche erhält. Daher ging in neuern Zeiten von den Feldärzten die dreiste Behandlung der Krätze mit äussern Mitteln aus; daher konnte Jasser versichern, (s. Schmuckers vermischte chirurg. Schriften III. Beobachtet. 10te Beobachtet..) keiner seiner vielen Krätzigen, deren mancher die Salbe nicht blos an einer Stelle mag eingerieben haben, habe den mindesten Zufall, der durch eine zurückgetriebene Krätze sonst wohl zu entstehen pflege, erhalten. Michaelis (Hufelands Journal III. B. 1. St. pag. 187.) wundert sich, warum in Harburg im Jahr 1796, selbst die gewöhnliche Krätze, wenn sie vertrieben ward, besonders für die Brust üblere Folgen, (und teils starken mit Blut gemischten eiterartigen Auswurf, heftiges auszehrendes Fieber, sogar kolloquative Schweisse und Durchfälle), hervorgebracht habe, als er je im Felde gesehen, wo oft 300-500 Krätzige allein durch eine Schwefelsalbe geheilt worden seien, ohne dass auch nur bei einem ein Nachteil davon sich gezeigt hätte. Weniger zu verwundern ist es, dass Schöpff (a. a. O.) der sich keiner Schwefelsalben bediente, durch Sublimatauflösung äusserlich angewendet, seine Soldaten ohne Nachteil von der Krätze befreite; und doch führt er selbst einen Fall an, wo durch Krätzsalbe vertriebener Hautausschlag ein intermittierendes Fieber wieder erweckte. Aber wehe dem Kranken desjenigen Arztes, der unter ganz andern Umständen im bürgerlichen Leben die bei dem abgehärteten Soldaten unschädliche dreiste Behandlung der Krätze mit Schwefel salben anwendet! Sogar der Stand eines Soldaten, kann wohl keine absolute Sicherheit bei der Mannigfaltigkeit der Konstitutionen gewähren; ich habe selbst gegenwärtig einem aus dem Felde zurückgekommenen zu raten, der nach schnell durch Schmieren geheilte Raude Brustbeschwerden, und nun allgemeine Schwäche mit Zittern und partiellen Krämpfen bekam. Auch Dr. Weise erzählt (in Baldingers neuem Magazin 18. B. 5tes St.) ein merkwürdiges Beispiel von den Folgen einer bei einem, im Felde stehenden Dragoner durch Bleimittel zurückgetriebenen Krätze, der Kranke genas nur nach dem Wiedererscheinen der Krätze auf der Haut. Zwar ließ Pringle bei seinen erwachsenen Soldaten jedesmal nicht weniger, als den ganzen vierten Teil des Körpers auf einmal mit einer Schwefelsalbe überschmieren. Aber die leichtere Wiederansteckung in krätzigen Lazaretten bei denen, die dadurch zu erkranken anfangen, nicht gerechnet, hätte er vielleicht bei einem vorsichtigeren Verfahren nicht nötig gehabt, der Lungensucht, als einer Armeekrankheit, ein eignes Kapitel widmen zu müssen, und ihre Unheilbarkeit dem Mangel an Reiten und an Eselsmilch in den Feldlazaretten zuzuschreiben.

Ist gleich die eigentliche Krätze bei Kindern gefahrloser mit Salben zu behandeln, als bei Jünglingen, so ist doch das Zurücktreiben chronischer Hautausschläge bei ihnen nichts weniger als gleichgültig. Schon im ersten Hefte dieser Zeitschrift (pag. 133.) wurde eines Mädchens erwähnt, welches auf unvorsichtig geheilte Raude die Hautwassersucht bekam; unten wird ein Fall von einem Knaben bemerkt werden, wo unter gleichen Umständen Lähmung der unteren Extremitäten erfolgte. Und bei andern von selbst entstandenen Hautausschlägen der Kinder ist das geringste, was öfters auf Vertreiben derselbigen entsteht, eine Beengung des Atems, ein sogenanntes Drücken auf dem Herzen, wie der gemeine Mann sich bei uns nicht ungeschickt ausdrückt.

Ein 6jähriges blühendes Mädchen verlor seine ganze Munterkeit und gesundes Aussehen, nachdem ihm durch Fett der gewöhnliche Kopfausschlag der Kinder vertrieben worden war.

Nach einem Jahre fiel es in eine unheilbare Kopfwassersucht, welche es bald tötete. Selbst die sonst so hilfreiche Heilmethode bei der von selbst entstehenden akuten Hirnwassersucht konnte dieses Kind nicht retten. Mir ist selbst ein Fall bekannt, wo ein anscheinend völlig gesundes Mädchen, dem vorher ein Hautausschlag vertrieben worden, ohne alle wahrnehmbare äussere Veranlassung auf einmal in Konvulsionen verfiel, die ohne aufzuhören bis zum Tode fortwährten. Einzelne konvulsivische Anfälle bekam nach ähnlicher Behandlung in einer andern Zeit sein Geschwister. Auch einen 9jährigen Knaben sah ich plötzlich ohne alle wahrnehmbare Ursache in Convulsionen verfallen, die am dritten Tage mit dem Tode endigten. Gerade diese zuweilen plötzlich, anscheinend ganz gesunde, Kinder befallende Convulsionen, welche mit Bewusstlosigkeit verbunden sind, eine brennende Hitze auf der Haut, zuweilen nach einiger Zeit mit Petechien entwickeln und zuletzt nach einiger anscheinender Ruhe einen leichten Tod herbeiführen, glaube ich, sind nicht ohne Grund jedesmal dem vorausgegangenen Schmieren von Milchborken-ähnlichen Ausschlägen entweder auf dem behaarten Teile des Kopfes oder wo sie so gerne im Knabenalter sich bilden, am Kinn zuzuschreiben. Nur das Zahngeschäfte bei jüngeren Kindern bringt zuweilen, die nämliche Scene hervor.

Wenn der Gebrauch von fetten Salben äusserst gefährlich bei den meisten Erwachsenen ist, welche den gewöhnlichen Beschäftigungen des bürgerlichen Lebens obliegen müssen, und doch die wahre Krätze nur durch äusserliche Mittel geheilt werden kann; so ergibt sich gleichsam von selbst, dass am sichersten nur in einer reizenden, nicht erschlaffenden Form, das Spezifikum gegen die Krätze, der Schwefel, äusserlich anzuwenden sei, oder dass die einzig sichere Behandlung der Raude darin bestehe, die Haut zu stärkerer Tätigkeit und Ausstoßung zugleich zu veranlassen; eine gleichsam geätzte Raudenpustel gibt gewiss zu keinem Zurücktreten des Krätzgiftes Veranlassung. Doch muss auch soweit gesorgt werden, dass nicht ein allzu heftiger Hautreiz diese in indirekte Asthenie stürzt. Seit mehr als 10 Jahren, in welchen ich die clinischen Anstalten hier besorge, fand ich folgende Behandlung immer als die zuträglichste. Damit die in der Haut selbst noch verborgene Raudenpusteln schneller sich erheben, und gleichsam zeitig werden, lasse ich einige Tage lang, etwa alle 4 Stunden einmal, alle rüdigen Teile schnell mit einem in sehr heißes Wasser getauchten Schwamm überfahren; die Pusteln quellen hierauf gleichsam sichtbar hervor. Alsdann lasse ich ein Waschwasser von kaustischer kalischer Schwefelleber und Wasser, von ersterer einen Teil zu 8 bis 20 Teilen des letztern nach Verschiedenheit des Alters genommen, so anwenden, dass täglich mehrere Mal damit nur ein Teil bestrichen wird, und dass erst nach einigen Tagen ein zweiter, wenn der erste geheilt ist, eben so behandelt wird; also z. B. zuerst der rechte Arm und die Hand, dann der linke Arm, hierauf die eine, und dann die andere untere Extremität, und erst zuletzt die Brust, und der übrige Rumpf. Die Raudenpusteln werden nun hierbei schwärzlich, trocknen aus, und sehen wie mit einem Caustico betupft aus. Der Schmerzen besteht bloß in einem starken Beissen, und ist unbedeutend; nur der Geruch des Waschwassers ist unangenehm, aber er lässt sich vom Körper leicht abwaschen, was jedoch nach jedesmaligem Bestreichen erst dann zu tun ist, wenn einige Minuten lang die Schwefelleberauflösung Zeit gehabt hatte, auf die Haut zu wirken. In 15 bis 18 Tagen ist auf diese Art gefahrlos auch die verbreitetste Krätze gehoben. Nur ist es unerlässlich, am Ende der Heilung alle Kleidungsstücke, welche der Kranke getragen hatte, so lange er noch krätzig war, mit siedendem Wasser abzubrühen, und das Bettgewand zu wechseln, sonst stecken sie ihn nach einiger Zeit von neuem wieder an. Ich habe nur Einen Kranken unter mehreren Hunderten gesehen, wo übertriebenes Abwaschen mit der Schwefelleberauflösung eine vorübergehende Kurzatmigkeit veranlasste, und wenige, von denen ich nicht einmal überzeugt bin, ob sie die Vorschriften befolgten, wo die Jasserische Salbe besser zu wirken schiene; aber ich habe mehrere gesehen, wo die Jasserische Salbe nicht half, dieses Waschwasser hingegen vollkommen, und unter Hunderten auf obige Art behandelten sah ich nie einen einzigen, und vieler Arzt bin ich nachher noch Jahre lang gelegentlich gewesen, wo der mindeste Nachteil aus jener Methode gefolgt wäre. Ich bin

überzeugt, dass auch Schöpfffs (a. a. O.) Waschwasser aus 1 bis 3 Gran Sublimat auf eine Unze destilliertes Wasser mit einem beliebigen Zusatz von etwas Lavendelspiritus in den allermeisten Fällen vollkommen gefahrlosgebraucht werden kann. Nur zur allgemeinen Vorschrift würde ich es nicht vorschlagen, da Sublimat allen Versuchen nach durch die Haut eingesogen werden kann; in den Körper aufgenommenes Quecksilber aber nicht so gleichgültig für die Konstitution ist, als Aufnahme des Schwefels in denselben. Auch fand Keup, dessen Beobachtungen ich darin aus eigener Erfahrung bestätigen kann, wirklich leicht Speichelfluss bei Krätzigen auf die Anwendung des von C. L. Hoffmanns gebrauchten Waschwassers aus 20 Gran Sublimat in 8 Unzen Wasser entstehen (S. Baldingers neues Magaz. VIII. B. 6. St.). Übrigens war es gewiss auch nicht die Theorie von Justi (a. a. O.), sondern die wässerige reizende Form, in welcher er eine Mischung von Kalk- und Ammonium - Schwefelleber mit corrosivem Sublimat verbunden anwandte, was verursachte, dass er nie, auch bei Erwachsenen nicht, Folgen zurückgebliebener Raude wahrnahm; sein Waschwasser ist aber in chemischer Hinsicht zu abenteuerlich und unnötig verwickelt zusammen gesetzt. Ohne Schaden, aber äusserst langsam sah ich die Krätze auch da heilen, wo ich Versuchshalber blos Schwefelblumen mit Wasser äusserlich einreiben ließe. Wann ich glaubte, irgend wegen schlaffer untätiger Haut vorsichtiger zu Werke gehen zu müssen, so gab ich vom Anfange der oben beschriebenen äusserlichen Behandlung an, innerlich zugleich Schwefelblumen, oder Talkschwefelleber. Aber nicht genug kann ich vor einem noch in unsern Gegenden allgemein verbreiteten Irrtum warnen, nach dem man glaubt, ohne Sorgen fette Salben anwenden zu dürfen, wenn man nur vorher Laxiermittel innerlich gebraucht habe. Dieses ist der Aberglaube, der bei uns auch noch die Menschen tötet, welche nicht ganz sorgenlos auf jede Art der Krätze los werden wollen; er ist um so tödlicher, je weiter er verbreitet ist, je mehr er bei Apothekern und Chirurgen eingewurzelt ist, die häufiger als der Arzt gefragt werden, wenn ein anscheinend so unbedeutendes Übel, wie die Krätze, vertrieben werden soll. Muss nicht die Tätigkeit der Haut noch mehr geschwächt werden durch eine fast gleichzeitige Wirkung der Laxiermittel auf den Darmkanal; und ist es nicht eigentlich Erschlaffung und Abspannung der Hauttätigkeit, was die Anwendung von Fett bei Hautausschlägen so gefährlich macht? So muss gleichzeitiges Laxieren und Fetteinreiben doppelt schaden. Sah doch Hufeland (s. sein Journal 14ter B. I. St. pag. 183) eine sonst hartnäckige Krätze auf ein durch Zufall zu heftig gebrauchtes Drasticum in einer Nacht völlig verschwinden, und nicht wiederkehren.

Es ist für den praktischen Arzt von der grössten Wichtigkeit, der unbegreiflichen Hartnäckigkeit sich zu erinnern, womit die meisten an Raudennachkrankheiten Leidende leugnen, je rüdig gewesen zu sein, und den Ausschlag mit Salben vertrieben zu haben; wenn gleich beides der Fall war, und sie beides in der Folge gestehen. Ich habe ganze Familien zu behandeln gehabt, die angesteckt waren, und mit einer Salbe gemeinschaftlich die Krätze vertrieben, und wo einige Glieder mit den höchsten Beteuerungen leugneten, was die andern in der Folge ausführlich erzählten. Täglich fast sehe ich Menschen, die noch deutliche Spuren von Krätze an den Händen haben, behaupten, in ihrem Leben haben sie nie den mindesten Ausschlag, nie ein Jucken gehabt. Eine lächerliche Scham, und teils die Furcht, man möchte einen Ausschlag wieder hervorzulocken suchen, den sie, um nicht an ihrem Broterwerb oder übrigen Geschäften gehindert zu werden, so geschwind als möglich vertrieben haben, veranlasst dieses Leugnen, was so oft den Arzt irre führt, und dem Kranken das Leben kostet. Um so wichtiger ist es, die charakteristischen Zeichen der verschiedenen Rauden-Nachkrankheiten genau zu kennen. Oft schon, wenn ich durch das übrige Krankenexamen gewiss war, welcher Art das gegenwärtige chronische Übel sei, entlockte ich dem Kranken, den ich das erste Mal sah, ein aufrichtiges Geständnis durch die Überraschung, in welche ihn am Ende die einfache Frage versetzte: Wie lange es dann sei, dass er die Krätze durch Salben vertrieben habe? Erklärung der Lebensgefahr, oder der Unheilbarkeit, worin der Kranke sich befinde, macht sie dann willig auch zu Versuchen, wieder einen Ausschlag zu erzeugen, wenn es nicht anders sein könne.

Den Übergang gleichsam von der ursprünglichen Krätze zu den Nachkrankheiten, welche der Versetzung ihres pathologischen Produktes auf andre Organe zugeschrieben werden müssen, bilden die an den Beinen in der Gegend der Knöchel entstehende **Raudengeschwüre**. Sie kommen häufig vor besonders bei Menschen, deren Handwerk bei einem feuchten Aufenthaltsort langes Stehen oder Herabhängen der Füße erfordert, wie bei Buchdruckern, Webern. Nur wenn die Krätze schon sehr lange oft viele Jahre gedauert hat, und die Empfänglichkeit der Haut für sie durch diese Dauer erschöpft zu sein scheint, die Krätze von selbst abtrocknet, oder blos durch häufiges Baden in fließendem Wasser vollends sich verliert; nur dann entstehen diese Raudengeschwüre. Doch zuweilen trafen wir sie auch da, wo die ursprüngliche Krätze längst schon von der Haut verschwunden war, die Brust aber durch ihre Versetzung auf die unten anzugebende Art zu leiden angefangen hatte; in diesen Fällen hörte alsdann der Fortgang des Übels auf der Brust von selbst auf, und diese wurde wieder ganz frei. Den Anfang der Raudengeschwüre bilden einzelne grosse Pusteln, welche gegen die sonstige Gewohnheit der Krätzpusteln anfangs ziemlich stark in ihrem Umfang entzündet sind, und schmerzen, aber nur wenig auf ihrer Spitze eitern. Der Fuß schwillt zugleich mehr oder weniger ödematös an. Ich sah diese Pusteln öfters selbst auf dem Rücken des Vorderfußes, aber ich sah sie nur immer oberhalb den Knöcheln in eigentliche Raudengeschwüre übergehen, und nur einmal ein kleines Raudengeschwür am Fersen. Die Geschwüre selbst bilden sich nach und nach, sie sind oberflächlich, gehen nicht tiefer als die Lederhaut. Da sie anfangs schmerzhaft sind und harte Ränder haben, so werden sie doch bald, nicht besonders schmerzhaft noch besonders unempfindlich, doch noch mit etwas aufgeworfenen oder harten Rändern, aber mit einem bläulichen, braunen nicht sehr entzündeten Umfang, der keine auffallend varicose Blutadern zeigt. Das Charakteristische für sie ist, dass beständig in ihrem Umfang mehrere gleichsam tief in der Haut sitzende Krätzpusteln, mit wässrigem Eiter angefüllt sich zeigen; welche aufbrechen, Geschwürchen bilden, die sich vergrößern, die Brücke der veränderten Haut, welche zwischen ihnen und dem Hauptgeschwür ist, durchfressen, und so das letztere, indem sie mit ihm zusammenfließen, vergrößern. Diese Geschwüre erreichen zuweilen auf diese Art die Größe einer Hand, teils selbst mit Einschluss der Finger; im schlimmsten Falle überziehen sie den Unterschenkel bis gegen das Knie herauf. Ungeachtet bei einer milden Behandlung ihr Eiter ziemlich natürlich, aber immer etwas wässrig erscheint, so heilen sie doch nicht ohne Anwendung der sonst das Krätzmiasma zerstörenden Mittel. Ich sah bei einem 23jährigen Weber, der sechs Jahre vorher die Krätze gehabt hatte, und endlich unter innerlichem und äusserlichem Gebrauch der radix enulae sie wieder verloren hatte, ein ganz kleines unbedeutendes Geschwür dieser Art hartnäckig jedem Heilungsversuch widerstehen, bis ich eine wässrige Auflösung von kalischer Schwefelleber auflegte, welche das Geschwür gleichsam über Nacht schloss. Bei den grösseren Geschwüren dieser Art wird horizontale Lage des Fußes und Ruhe nebst Einwicklungen notwendig, wie bei jedem andern grösseren Fußgeschwür. Aber neben diesem bedürfen sie den innerlichen und äusserlichen Gebrauch der Schwefelmittel; innerlich gegeben fand ich den mit caustischer Magnesie zusammengesetzten Schwefel in reichlichen, unten zu bestimmenden Gaben, zuweilen in Verbindung mit Hb. violae tricoloris, äusserlich die Auflösung von kalischer Schwefelleber in Wasser, im Verhältnis der erstern zum letztern, wie 3 zu 40 oder noch stärker, am tauglichsten. Andere Malee leisteten mir die hyperoxydirten Mittel, z. B. eine schwache Auflösung von corrosivem Quecksilbersublimat, eine wässrige Mischung von schwarzem Braunsteinkalk mit etwas Salzsäure, äusserlich angewendet, vorzügliche Dienste. Dass hyperoxydierte Mittel, die auf den Körper dann auch hyperoxydierend zu wirken scheinen, das Raudenmiasma gleichfalls tilgen, ist bekannt. Ist jede Spur der kleinen Krätzpusteln am Umfang eines solchen Geschwüres verschwunden, und bilden sich keine neue mehr, so ist ein grosses Geschwür dieser Art vollends wie jedes andere asthenische zur Heilung zu bringen. Einige Fälle zeigten uns, dass, wenn die den Anfang des Geschwüres bildende einzelne, grössere, entzündete Pusteln, mit Schwefelsalben von dem Kranken selbst behandelt wurden, und schnell verschwanden

den , das Ödem des Fußes fort dauerte, schwer auf den Eindruck des Fingers eine Grube zu ließ, und dem oedema scirrhum sich näherte, das z. B. der Aussatzstoff zeigt. Nur mit der größten Mühe ließ sich durch Hervorlocken von künstlichen Hautausschlägen an einem solchen geschwollenen Fuß, durch beständige Bettwärme und langes Binden eine solche Geschwulst wieder verteilen, und doch nie ganz vollkommen. Zwei andere Fälle im Clinicum zeigten, dass bereits entstandene Geschwüre dieser Art, heilten sie auf den Gebrauch fetter Salben schnell von selbst, einige epileptische Anfälle zur Folge hatten, auf die jene unheilbare Lähmung der unteren Extremitäten folgte, welche fast immer durch Salben zurückgetriebene Raude zum Grund hat, und leider häufig genug unter dem gemeinen Volke vorkommt.

Wichtiger als die Raudengeschwüre, die oft selbst ein unschätzbare Hilfsmittel der Natur bei sonst unheilbaren Raudennachkrankheiten darstellen, für sich sind, werden die Folgen der Raude, wenn innere muköse Membranen, das Analogon der Lederhaut, den Raudenpusteln ähnliche kleine Geschwüre erzeugen; wobei gewöhnlich die benachbarten serösen Membranen mit angegriffen sind. Folgende Sektionsgeschichten von Menschen, welche an der Schwindsucht starben, welche auf eine solche vikarierende Tätigkeit der innern Schleimmembranen der Luftwege (denn nur diese nicht die des Darmkanals vikarieren, ausser den serösen Membranen, für die auf der Haut vertriebene Raude) folgt, werden das Dasein einer eigenen **Raudenschwindsucht** erweisen.

Schon im Jahr 1802 benutzte ich noch in dem älteren Clinico, (um meine Zuhörer auf die besondere Art von Schwindsucht, welche auf Krätze folgt, die mit Salben unvorsichtig vertrieben wurde, aufmerksam zu machen), die Leichenöffnung eines jungen an der Raudenschwindsucht verstorbenen Mannes von etlich und zwanzig Jahren, der ein Weber war, ein Handwerk also hatte, das neben dem Schneiderhandwerk am meisten an den Krankheiten leidet, welche der Gegenstand gegenwärtiger Abhandlung sind. Er starb so vollkommen abgezehrt, dass selbst die Lederhaut zu dünn und weich war, um kaum das Zunähen des Leichnams zu gestatten; die Blutmasse war in einem solchen Grade verzehrt, dass der Leichnam fast wie mit Wasser ausgelaugt erschien. Auf seiner Haut war keine Spur von Krätze mehr zu bemerken. In der letzten Periode seiner Krankheit war vorzüglich die Menge des wässerigen Eiters auffallend, welche der Kranke auswarf, und welchen heraufzuheben zuletzt ihm die Kräfte fehlten. Die Öffnung seines Leichnams, welche ich hier wieder aus der im ersten Hefte pag. 128. im Vorübergehen angeführten Inauguraldissertation entlehne, zeigte die Oberfläche der Leber, und der Milz mit kleinem Pusteln von geronnener weisser Lymph besetzt; die Oberfläche des Herzens war so wie die innere Fläche des Herzbeutels ganz uneben durch grössere, mehr ineinander fließende Pusteln, welche entzündet waren, und nicht mehr mit einem glatten Überzug bedeckt; lymphatischer Eiter, gleichsam mit käsigen Flocken vermischt, überzog sowohl die Oberfläche des Herzens, als die innere Fläche des Herzbeutels, der überdies noch ausserordentlich viele Flüssigkeit enthielt. In der Lungensubstanz waren viele kleine weiche Körner, den Pusteln ähnlich, womit die Oberfläche der Leber besät war. In der rechten Lunge war die Zahl, Größe, aber auch hier Härte dieser Knötchen desto auffallender, je näher der obern Spitze der Lunge zu ihre Substanz untersucht wurde. Die obern zeigten nach und nach Eiter in ihrer Mitte, bis sie endlich in der Spitze der Lunge selbst in eine zerfressene sehr grosse Höhle zusammenflossen, welche das nämliche eiterige Serum enthielt, wie die Höhle des Herzbeutels. - Im ersten Hefte dieser Zeitschrift ist pag. 64. eine zweite Leichenöffnung eines durch Raudenschwindsucht, und damals herrschenden epidemischen Einfluss der Krankheiten getöteten sieben und zwanzig Jahr alt gewordenen Mannes beschrieben und zugleich angeführt worden, dass das Gekröse des dünnen Darms und das Bauchfell, da wo es die Leber überzieht, einzelne wenige kleine weisse Pusteln gezeigt haben, dass aber die Lungen mit gelbem Eiter gefüllte Punkte hatten, welche bis unter ihre vom Brustfell abstammende äussere Haut hervorragten; überhaupt dass die Lungen-Substanz mit kleinen festen Körnern von gelblich weisser Farbe und grünlicher Schattierung angefüllt ge-

wesen seien, die in der obern Hälfte der Lungen grössere Knoten bildeten, welche teils runde mit flüssigem etwas grünlich gelbem Eiter gefüllte Höhlen enthielten. - Bei diesen beiden Leichnamen hatte ich damals vergessen, auch die innere Fläche der Luftwege zu untersuchen. Im Anfang aber des Septembers 1807 starb im Clivum ein Schneider, von fast gleichem Alter mit dem zuletzt angeführten Mann, an welchem ich nun auch diesen Gegenstand untersuchte. Eine durch Schmierer vertriebene Krätze hatte ihm die Schwindsucht zugezogen, und er starb, nachdem er ihren ganzen Verlauf durchgemacht hatte. Die Rachenhöhle und der Schlund waren gesund; aber gleich unter der unteren Fläche des Kehlkopfdeckels zeigte sich die ganze innere Schleimmembran des Luftröhrenkopfes und der Luftröhre verdickt, und gleichsam in kleine unregelmäßige Erhabenheiten ausgewachsen, dazwischen aber überall in kleinen Stellen, aber nur oberflächlich angefressen und eiternd, von Farbe braunrot mit bleifarbigem hier und da dunkel-grünlicher Schattierung untermischt. Bis in ihre Äste hinein zeigte sich auf diese Art die innere Fläche der Luftröhre beschaffen. Die Lungensubstanz selbst war überall, wo sie angeschnitten wurde, zerfressen, jauchig eiternd, ohne begrenzte grosse Eiterabszesse zu bilden; sie war gleichsam brüchig; ihre Farbe war braunrot. Jeder kleinste Zweig der Luftröhre schien eine der innern Haut des Stammes ähnliche Veränderung untergangen zu haben, aber zugleich schienen die benachbarten Anfressungen in einander durchgebrochen, und auf diese Art die dazwischen gelegene Lungensubstanz unregelmäßig zernagt worden zu sein; vorzüglich im obern Teile der Lungen, und mehr noch in der linken Lunge als in der rechten. Es waren bei diesem Manne weniger Pusteln auf der Oberfläche der Lunge sichtbar, als bei den vorher angeführten Leichen. Das Herz und die Baucheingeweide waren gesund, nur dass das sonst gesunde Milz, an einer Stelle eine Verdickung und weisse Farbe seiner äussern Haut zeigte, und doppelt so gross als sonst war; und dass in jeder Seite des Unterleibs gegen das Hüftbein hin, vorzüglich aber in der linken, der dünne Darmkanal, da wo er die vordere Bauchwandung berührt, einen ungefähr einen Zoll im Durchmesser haltenden Flecken zeigte, der aus einem Haufen einzelner weisser speckiger Pusteln bestand. Welche von der Größe eines grossen Stecknadelkopfes bis zu der einer kleinen Erbse waren, in der Wandung des Darmkanals selbst saßen, und durch die viele sichtbare Blutgefäße, womit sie nicht überzogen, aber umgeben waren, der ganzen Stelle des Darmkanals, der hier zugleich etwas verengert war, eine braunrote Farbe erteilten. Der übrige Darmkanal war blass, und mit Luft aufgetrieben. - Dieser Kranke war schlank gebaut, sein Skelet zeigt einen oben sich zuspitzenden Brustkasten, welcher aber durch eine dreizehnte Rippe jederseits verlängert ist. Dass der Kranke gegen die sonstige Erfahrung, nach welcher die Menschen, deren Bau Anlage zur Schwindsucht verrät, frei von Brüchen sind, einen Leistenbruch auf der linken Seite hatte, ist auffallend. Der Bruch hatte sich schon längst während der Krankheit zurückgezogen, und nur der leere Bruchsack war noch vorhanden. Auch der Leichnam des im ersten Hefte pag. 64. beschriebenen Schwindsüchtigen zeigte einen leeren Bruchsack in der rechten Leistengegend, was dort anzuführen vergessen wurde. Dass bei dem gegenwärtig beschriebenen Menschen keine Einklemmung des Darmkanals in dem Bruchsack jene roten Flecken mit weissen Pusteln hervorgebracht hatte; das zeigte das Dasein eines solchen Fleckens auch auf der rechten Bauchseite, wo kein Bruch war. Während seiner Krankheit klagte dieser Schwindsüchtige oft über Schmerzen und ein Brennen bestimmter Stellen der regionum iliacarum gerade da, wo in der Folge die Leichenöffnung jene veränderten Stellen der Darmwandung zeigte; es entstand in der Krankheit zuweilen Verstopfung, welche dem Gefühl des Kranken nach in diesen Stellen ihren Grund hatte. Diejenigen Schmerzen, welche der Kranke während seines Lebens vorzüglich in der Luftröhre klagte, und die Heiserkeit der Stimme, welche bei ihm länger, als sonst bei Schwindsüchtigen dem Tode vorherging, erklären sich leicht aus dem Befund bei der Öffnung. Aber überraschend war bei dem Kranken, der nie über ein Kopfleiden geklagt hatte, der völlig sein Bewusstsein bis zum Tode behalten hatte, und den gewöhnlichen Tod der Erschöpfung eines vollkommen Schwindsüchtigen schien gestorben zu sein, dass auf der Oberfläche seines Hirns sich Wasser zwischen der Spinnenwebenhaut und der Gefäßhaut des

Hirns , ziemlich viel Wasser in den seitlichen Hirnhöhlen, und grosse und kleine Wasserblasen in dem Gefäßnetz beider seitlichen Hirnhöhlen sich zeigten; sonst war das Hirn gesund. Diese Erscheinungen sind Folgen des leichten Ergriffenwerdens auch der serösen Membranen von zurückgetriebenem Krätzstoff. Selbst das Dasein eines Bruches bei einem sonst schwind-süchtig gebauten Menschen dürfte wie die Größe seines Milzes einer Erschlaffung der serösen Membran des Bauchfells zuzuschreiben sein, das bei zurückgetriebener Raude so leicht in andern Fällen zu viele wässrige Flüssigkeit durch schwitzen lässt, die hier vielleicht in der Folge durch die Erschöpfung der Säftemasse bei der Menge von Lungenauswurf wieder verschwand.

Bei den drei so eben angeführten Leichenöffnungen war das auffallend, dass bei dem Dasein tuberkulöser Lungen die lymphatischen Drüsen nicht geschwollen, oder verhärtet sich zeigten; dass also nirgends eine Spur von verbreiteter Scrophelschärfe vorhanden war. Das gesunde Aussehen der Lungensubstanz zwischen den kleinen Knoten, wo sie wie bei den ersten zwei Männern noch einzeln waren; endlich dieser sichtbare Pustelnform da, wo sie der Oberfläche der Lungen sich näherten; dieses alles stimmt vollkommen mit dem charakteristischen Zeichen während des Lebens der Raudenschwindsucht, mit der besonderen Art des hierbei vorkommenden Auswurfs überein, und beweist deutlich das Vorhandensein innerer Raudenpusteln, wenn sie auf der Haut unvorsichtig vertrieben wurden. Viele Schriftsteller auch in neueren Zeiten bemerkten schon bei Leichensektionen diese Pusteln, aber unaufmerksam auf die Entstehungsursache ging der Gewinn der Beobachtung verloren für die praktische Heilkunde. So bemerkt Baillie (in seiner Anatomie des krankhaften Baues, übers. von Sömmering); „er habe bisweilen eine Anzahl kleiner Abszesse durch die Lungen zerstreut gefunden, von welchen keiner grösser, als eine Erbse sei, das Eiter sei in ihnen etwas dicker gewesen, als dasjenige was von gemeiner Entzündung entstehe, und habe scrophulösem Eiter geglichen; die Lungensubstanz aber, welche unmittelbar diese Abszesse umgab, sei oft von vollkommen gesunder Beschaffenheit, und keine der Zellen durch Verwachsung verschlossen erschienen.“ Doch zeigt schon Morgagni (ep. anat. - med. LV. art. 7.) aus einer Beobachtung von Buddeus den wahren Ursprung solcher innerlichen Pusteln. „Nie glaube er, habe aus Geschwürchen aufgesogener Eiter stärker den zum Leben notwendigen Eingeweiden geschadet, als bei einem krätzigen Knaben, welcher die innere Fläche seines Herzbeutels, die äussere des Herzens und fast aller übrigen im Herzbeutel enthaltenen Teilen mit wahren Krätzpusteln bedeckt zeigte. Buddeus habe diese Pusteln sowohl mit bloßem als mit bewaffnetem Auge untersucht, und nicht allein er, sondern auch alle Umstehende haben sie den noch auf der Haut befindlichen Raudenpusteln völlig ähnlich gefunden.“ Da, wenn gleich seltener, auch akute Hautausschläge, wie die Pocken, innere Pusteln erzeugen, Lieutaud z. B. (in seiner historia anatomico-medica. L. II. obs. 131 und 7.) nicht bloß ein, wie es scheint, genau beobachtetes Beispiel von Kerkring anführt, sondern selbst einen zwei und zwanzigjährigen Jüngling öffnete, der am neunten Tage bei zusammenfließenden Pocken unter Irrereden und Bangigkeiten gestorben war, wo er die Eingeweide der Brust und des Unterleibes mit Pocken, welche denen auf der Haut nicht unähnlich waren, so wie auch die Luftröhre und ihre Äste damit besetzt fand; so ist es schwer zu erklären, wie der Ursprung der oben bemerkten innern Pusteln nach chronischen Krankheiten so wenig bis jetzt einer Berücksichtigung wert geachtet werden konnte. Ihre genauere Untersuchung würde bald auf das charakteristische Zeichen der anfangenden Raudenschwindsucht geführt haben. Dieses wichtige Zeichen besteht in einem **wässrigen, zuweilen schaumigen, farblosen Auswurf, in welchem nur einzelne Klümpchen von dickem gelben Eiter schwimmen, welche der übrigen Flüssigkeit nur beigemischt sind, nicht in ihr aufgelöst.** Nie fand ich bei einer andern Art von Schwindsucht diesen Auswurf, und nie diesen Auswurf, wo nicht schon Anfang von Schwindsucht von geschmierter Raude entstanden wäre. Von den rundlichen Körnern, welche öfters von Kranken ausgeworfen werden, welche an skrophulöser Schwindsucht leiden, die zwischen den Zähnen knir-

schen, und einen üblen Geruch haben, unterscheiden sich diese Eiterklümpchen, welche bei der Raudenschwindsucht ausgeworfen werden, dadurch: dass sie wahrer etwas dicker Eiter sind, weich, nicht weinsteinartig, und keinen Geruch von sich geben. Sie scheinen aus innern einzelnen Pusteln der Luftwege ausgeschiedener Eiter zu sein, welcher der vermehrten blos wässerigen Sekretion der gereizten übrigen Fläche dieser Luftwege gleichsam nur mechanisch sich beimischte. Obgleich Portal der Lungenschwindsuchten erwähnt, welche auch er auf Krätze folgen sah, so berührt er doch dieses entscheidende Zeichen nicht, das um so wichtiger ist, als die meisten Kranken, wie oben schon bemerkt wurde, anfangs aus Scham leugnen, Raude gehabt und sie durch Salben vertrieben zu haben. Auch Bang (Auswahl aus den Tagbüchern des königl. Friederichs-Krankenhauses zu Kopenhagen a. d. Lat. v. Ingler), welcher doch aus dem einfachen Grund, dass ihm als Volksarzt das hundertfach sich aufdringende Übel jedes theoretische Vorurteil verwehrt, unter den neuern Ärzten am meisten noch auf den Schaden von zurückgetriebener Krätze Rücksicht genommen hat, und welcher öfters die aus dieser Quelle fließende Brustübel beobachtete, scheint dieses wichtige Symptom übersehen zu haben; eben so Michaelis, Weise (an den angef. Orten) und andere; reden diese Ärzte gleich von den Brustbeschwerden, die sie von mit Salben vertriebener Krätze entstehen sahen.

Ich habe die Raudenschwindsucht immer nur bei jungen Männern in der Blüte des Lebens, vom etlich und zwanzigsten bis in das etlich und dreißigste Jahr entstehen sehen; mehrere dieser Kranken waren zwar so gebaut, dass eine Neigung zur Schwindsucht, auch ohne vertriebene Raude einleuchtend war; aber ich habe auch an dieser Schwindsucht sterben sehen, wo eine breite Brust, ein kurzer athletischer Körper nichts weniger als eine Lungenschwindsucht hätten vermuten lassen. Ebenso trifft man zwar unter der Klasse von Menschen, wo Krätze am häufigsten vor kommt, natürlich auch am häufigsten diese tödliche Krankheit an, aber einzelne Beispiele zeigten mir, dass nicht gerade Armut, schlechte Nahrung, Aufenthalt in feuchten Orten notwendig seien, um die Krankheit hervorzubringen, wenn bei sitzender Lebensart einmal eine eiternde Krätze durch Salben vertrieben wurde. Oben wurde aus Morgagni ein seltenes Beispiel angeführt, dass auch vor der Mannbarkeit ein Knabe innere Raudenpusteln erhielt. Welche Krankheiten statt dieser Schwindsucht im weiblichen Geschlecht nach der Mannbarkeit geschmierte Raude veranlasse, wird unten angeführt werden. Bei den jungen Männern stellt sich bald nach vertriebener Krätze ein Gefühl von Druck in der Magengegend ein, der Kranke glaubt voll zu sein, auch wenn er nicht viel gegessen hat; hierauf folgt Mangel an Esslust, und nun entsteht ein Gefühl von Druck in der Mitte des Brustbeins, der Atem wird etwas beengt, vorzüglich aber beim Bergsteigen oder schnellen Laufen; ein kurzer anfangs trockener unbedeutender Husten gesellt sich zu diesen Beschwerden; und bald eine bedeutende Mattigkeit in den Knien. So wie die Brustzufälle zunehmen, verlieren sich die vorher in der Magengegend gefühlten Beschwerden; einige Kranken behaupteten sogar, nie welche daselbst gefühlt zu haben. Der Husten fängt nun an mit einem geringen Auswurf begleitet zu werden, welcher von der oben beschriebenen Art ist, und das pathognomonische Zeichen darbietet, dass die Krankheit jetzt Raudenschwindsucht sei. Seltener ist Blutauswurf hierbei, mehrere Kranke, welche an dieser Art Schwindsucht starben, hatten nie auch nur eine Spur von Blut in der ganzen Krankheit ausgeworfen. Andere aber, welche bei schon anfangender Schwindsucht durch Tanzen, nächtliches Herumschwärmen und Trinken sich erhitzt hatten, warfen im Anfange der Schwindsucht zugleich Blut aus. Es kommen einzelne Stiche auf der Brust vor, mehr aber sind es einzelne schmerzende Stellen derselben, welche der Kranke beständig klagt. Nach und nach gesellen sich auch zu dieser Schwindsucht Verstopfung der Öffnung, Abmagerung, ein anhaltender hektischer Puls, Nachtschweiße, während der Auswurf immer stärker wird, und grössere Mengen von besonders wässrigem Eiter, der jetzt aus eigentlichen Lungenabszessen zu kommen scheint, hervorbringt. Die gewöhnlichen Begleiter jeder vollendeten Lungenschwindsucht, Diarrhoen, Schwämmchen im Munde, vorzüglich baldig Heiserkeit der Stimme, Schwellen der Extremitäten zeigen sich, und der Kranke

stirbt gänzlich erschöpft. Die grosse Menge des zuletzt wässerigen Eiterauswurfes, die nie sehr anhaltende Fieberhitze, das nicht sehr bedeutende Brennen in den Handflächen, gewöhnlich Mangel an umschriebenen roten Wangen bei einer gleichsam verwässert-bleichen Gesichts- und allgemeinen Hautfarbe, weniger unerträgliche Bangigkeiten, als bei mehreren andern Arten von Schwindsucht, und was damit zusammenhängen dürfte, wenigere Furcht vor dem Tode, weniger hartnäckige Hoffnung zur Genesung, grössere Gemütsruhe und Mangel an dem beständigen Ärger und Neid, welcher sonst so häufig in der Gemütsstimmung anderer Schwindsüchtigen herrschen, schienen mir in den mehreren Fällen auch noch die vollendete Schwindsucht dieser Art auszuzeichnen. Da hier nicht das ganze Gewebe der Lungen vorher affiziert ist, die Nerven derselbigen weniger leiden, und kein allgemeines Hindernis des kleinen Kreislaufes heftige Bangigkeiten verursacht; da die anfangs nur einzelne Raudenpusteln das übrige Gewebe der Lungen ungestört lassen, die Raudengeschwüre nicht viele Entzündung zur Begleitung haben, der Kranke mehr durch den allgemeinen Säfteverlust, wie bei sehr grossen äusserlichen, asthenischen, wässerigen Eiterungen, erschöpft wird, und nicht eigentlich erstickt; so scheinen jene Zeichen erklärlich zu sein.

Diese Schwindsucht könnte in Hinsicht auf das bestimmte Alter, worin sie fast ausschließlich erscheint, verwechselt werden, mit der, welche nach starken aktiven Erhitzungen auf schnelles zu kaltes Trinken folgt; oder auch mit der Lungenschwindsucht, welche aus Menstruationsbeschwerden entsteht. In beiden ist es ebenfalls der Magen, der zuerst leidet, aber in beiden leidet er mehr als bei der Raudenschwindsucht. In der Schwindsucht welche auf kaltes Trinken bei erhitztem Körper folgt, ist eine beträchtliche Zeit hindurch der Zustand von Atonie merkbar, welchen die zu schnelle Abwechslung der Temperatur in dem Magen hervorbrachte, ehe diese nämliche Atonie, den Lungen wahrscheinlich durch das herumschweifende Nervenpaar und durch den jede Schwindsucht begleitenden verkehrten, von unten aufwärts ziehenden Gang der Kongestionen mitgeteilt, bei geschwächter Elastizität der Lungen hier zuletzt asthenische Entzündungen veranlasst; deren notwendige Folge zerstörende, nicht neue Granulationen bildende, Eiterung ist. Gleich nach dem schnellen kalten Trinken bei zu grosser aktiver Erhitzung des Körpers entsteht auch in den Fällen, wo der Mensch nicht plötzlich auffallend erkrankt oder gar in kurzer Zeit stirbt, einiges Gefühl von Wehtun in der Speiseröhre, der Gegend gegenüber, wo die Luftröhre in zwei Äste sich ausbreitet. Dieses Wehtun, was nicht heftiger Schmerz ist, teilt sich dem Magen mit, und es kommt viel auffallender als bei der Raudenschwindsucht, ein Gefühl von Schwäche des Magens, Mangel an Esslust, und Empfindung von Vollsein der Oberbauchgegend vor; häufiger als bei der Raudenschwindsucht geht Bluthusten dieser Schwindsucht voran; der charakteristische Auswurf der Raudenschwindsucht fehlt; an seiner Stelle kommt der eiterige Auswurf, sobald er erscheint, gleichförmiger gemischt zum Vorschein; die Schwindsucht selbst macht schnellere Fortschritte, als gewöhnlich die, welche auf unvorsichtig vertriebene Krätze folgt; und eine stärkere Fieberhitze begleitet jene, als diese. Auch die Schwindsucht, welche bei jungen Mädchen zuweilen auf Unterbrechung der monatlichen Reinigung, oder auf zu sehr verspätete Entwicklung dieser Sekretion folgt, wenn lange Zeit Neigung zur Bleichsucht vorausging, und ein solches Mädchen durch zu vieles Tanzen sich erhitzte, leicht bekleidet dann schnell an der Luft oder durch Trinken sich abkühlte, unterscheidet sich von der Raudenschwindsucht durch das heftigere Angreifen des Magens, der hier öfters sich äusserlich fühlbar auftreibt, schmerzt, und Neigung zum Erbrechen oder wirkliches Erbrechen veranlasst; ferner durch den konvulsivischen Husten, mit dem häufig nicht bloss ein Drücken auf der Brust verbunden ist, oder einzelne Stiche, sondern mit welchem wirkliche Schmerzen, besonders in der Gegend des Zwerchfells, verknüpft sind; der Eiterauswurf besteht bei dieser Menstruations-Schwindsucht in grossen Klumpen von dickem grünlichem Eiter, nie in jenen kleinen, abgesondert in speichelähnlichem Wasser schwimmenden einzelnen Klümpchen der anfangen Raudenschwindsucht, welcher letztern auch die allgemeine, bis zum Ersticken gehende Bangigkeiten

fehlen, die bei der aus Menstruationsfehlern entstehen den Lungenschwindsucht vorhanden sind. In Absicht auf Fieberhitze kommt diese letztere Schwindsucht auch mehr mit der von schnellem zu kaltem Trinken entstandenen überein, als mit der Raudenschwindsucht. Da ferner, wie oben schon bemerkt wurde, fast ohne Ausnahme nur junge Männer dieser letzteren Krankheit unterworfen sind, so ist selten die Möglichkeit vorhanden, beiden Krankheiten mit einander zu verwechseln. Nur Ein Beispiel führt Portal an, (Beobacht, über die Natur und Behandlung der Lungenschwindsucht, übers. v. Mühry I. B. pag. 147.) wo eine Komplikation beider Übel zu drohen schien. „Die Kranke bekam nach einem schnell verschwundenen Krätzeausschlag Engbrüstigkeit mit konvulsivischen Anfällen von Husten, die monatliche Reinigung blieb aus. Sie klagte über einen lebhaften Schmerzen in der Brust, es bildete sich ein Fieber mit Abendverschlimmerungen. Als aber wieder unter dem Gebrauch von Schwefel, den man auf eine Aderlässe, Blasenpflaster und warme Getränke folgen ließ, ein Hautausschlag in den Gelenken entstand, so minderten sich Engbrüstigkeit und die Beschwerde beim Atmen; die Kranke fuhr ungefähr 40 Tage mit dem Gebrauch des Schwefels fort, unterhielt lange mit Canthariden gezogene Blasen fließend, und wurde radikal geheilt.“

Gewöhnlich, wenigstens in unseren Gegenden, bringt durch Salben vertriebene Raude, bei mannbaren Mädchen oder bei solchen, welche bald mannbar werden sollten, statt Schwindsucht, eine besondere Art von **hysterischer Chlorosis** hervor, welche der Heilung durch Eisenmittel, wenn nicht zugleich ein Hautausschlag hervorgehört wird, hartnäckig widersteht; mit unterdrückter oder unregelmäßiger, oft verspäteter und nur geringer Menstruation verbunden ist; die übrigen Zeichen der Bleichsucht besitzt, doch bei minder farblosen Lippen; die sich aber vorzüglich durch hysterische Krämpfe, Bangigkeiten, stärkeres Auftreiben des Magens, mehrere fliegende Hitze im Gesicht namentlich aber auch durch mit ihr verbundenen Schwindel von der gewöhnlichen Bleichsucht auszeichnet. Ein Fall dieser Art von Chlorosis, welchen ich gegenwärtig zu behandeln habe, zeigt mir, dass sogleich die hysterischen Krämpfe dabei aufhören, so bald durch Brechweinsteinsalbe (S. das 1te Heft dieser Versuche. pag. 130) ein Ausschlag auf der Magengegend hervorgehört wird. Nicht blos durch Salben vertriebene Krätze, sondern auch mit Salben behandelter Erbgrind bringt diese oft den praktischen Arzt, der ihre Quelle nicht kennt, jahrelang in fruchtloser Anstrengung erhaltende Art von Bleichsucht hervor. Diese Chlorosis scheint sich nun in einzelnen Fällen gleichsam bis zu jener Komplikation einer drohenden Rauden- und Menstrual-Schwindsucht zu steigern. So kam im Clinicum ein erwachsenes Mädchen vor, das acht Wochen früher krätzig gewesen war, die Krätze mit einer Salbe schnell vertrieb, gerade als die monatliche Reinigung eintreten sollte; diese blieb sogleich aus, und es folgten Kreuzweh, eine oft mehrere Tage lang anhaltende Verstopfung der Öffnung, Brennen in der Magengegend und in den Hypochondrien mit fast täglichem Erbrechen, wodurch schon mehrere Male kleine schwarze Blutklümpchen ausgeleert worden; zuweilen stieg von der Blasengegend bis zur Magengegend schnell ein heftiges Brennen auf, das der Kranken etliche Minuten lang die Stimme raubte. Sie klagte zugleich oft über Herzklopfen, über Hitze im Kopf und Schwindel. Bei einem andern Mädchen von 22 Jahren, das 2 Jahre vorher die Krätze durch eine Salbe vertreiben wollte, aber nie ganz damit zu Stande gekommen war, da immer noch Spuren des Ausschlages zurückblieben, hatte sich ein halb Jahr nach dem ersten Versuche mit Schmierem ein Halsweh mit Heiserkeit eingestellt; neben Ausbleiben der Menstruation, kurzem Atem, Herzklopfen, Bangigkeiten, einer grossen Mattigkeit vorzüglich nach dem Essen, und Aufschwellen der Füße, zeigten sich zuweilen auch Schmerzen in dem linken Arm. Der Hals sah innen rot aus, aber ohne Geschwüre; von venerischen Übeln war auch sonst nicht das geringste zu entdecken; aber auch kein Zeichen von wirklicher Schwindsucht, selbst der Stuhlgang war natürlich, und das ganze übrige Aussehen der Kranken schien der Stärke der hier aufgezählten Krankheitserscheinungen nicht zu entsprechen. Auch habe ich nie, wie Portal, gesehen, dass eine wirkliche Schwindsucht bei Mädchen durch die eben beschriebene Nachkrankheiten von geschmierter Raude entstanden

wären; im Gegenteile sind mir Fälle bekannt, wo im Verlaufe einiger Jahre bei Mädchen, welche in hohem Grade an jener Art Chlorosis litten, die Krankheitszufälle von selbst nach und nach abnahmen und verschwanden, ohne dass wieder ein wirklicher krätzähnlicher Ausschlag zum Vorschein gekommen wäre, wohl aber in einem Falle ein Frieselähnlicher einige Male. Doch habe ich gegenwärtig ein Mädchen von etlich und 30 Jahren zu behandeln, wo geschmierte Raude Unordnung in der Menstruation und einen Anschein der Raudenschwindsucht, der bald in die eben beschriebene Chlorosis überging, hervorgebracht hatte; jetzt aber noch nach 15 Jahren ein sieches Leben zur Folge hatte. Die Chlorosis ging nach und nach über in Anfälle von Schwindel, in Schwächung der Bewegung der Arme, auf welche zunehmend Schwächung der Füße folgte, der Anfang der unten genauer zu beschreiben den Raudenlähmung. Dabei hörten die hysterischen Krämpfe im Unterleibe und der Brust nicht ganz auf, ein Gefühl unleidlicher Kälte, und ein sehr schwacher Kreislauf zeichneten sich aus, der Magen war geschwächt, und das Gesicht noch beinahe chlorotisch blass. Hier hielt immer die eine Krankheitsform der andern das Gleichgewicht, keine bildete sich völlig aus; allen lag aber eine gemeinschaftliche Ursache zu Grunde. Der Zustand dieser armen Kranken war aber um nichts besser, als wenn sie nur an einem Übel gelitten hätte. Zuletzt aber half doch der Wochenlang im Frühjahre fortgesetzte Gebrauch einer schweißtreibenden Mischung aus Naphtha und salzsaurem Schwererde, und der äusserliche Pusteln erregende Gebrauch von Brechweinsteinsalbe. Das weibliche Geschlecht scheint sonst bei der Krätze, wie auch bei Trippernachkrankheiten eine glücklichere Unerregbarkeit zu besitzen, als das männliche; und es scheint bemerkenswert zu sein, dass die Krätze, welche in allen höheren Berggegenden mit reinerer Luft, aber nicht in niedrig gelegenen sumpfigen einheimisch ist, und welche vorzugsweise Kinder, deren Schweiss schon säuerlich riecht, ansteckt, nur in dem oxydierteren männlichen Geschlecht, und zwar bei ihm gewöhnlich in den Respirationsorganen eiternde Schwindsuchten erregt; während bei dem weiblichen Geschlecht, dessen arteriöses System so viel schwächer ist, zurückgetriebene Raude mehr Nervenzufälle erweckt, welche minder tödlich mit zunehmender Abstumpfung der Reizbarkeit größtenteils nach und nach wieder schweigen. Der Krätzezeit selbst, soweit von Säuerung oder Alkaleszenz desselbigen die Rede sein könnte, gibt hierüber, wenigstens unsern kleinen Versuchen nach, keinen Aufschluss. Aus Raudenpusteln von Kindern genommener Eiter veränderte nämlich weder die Farbe des mit Curcuma gelb noch des mit Lackmustinktur blau gefärbten Papiers.

Die eigentliche Raudenschwindsucht des männlichen Geschlechts ist noch heilbar, so lange ihre charakteristischen Zeichen im Auswurfe noch vorhanden sind; sie ist unheilbar, wie jede andere zu weit gekommene eiternde Schwindsucht, so bald ganze Parthien von Eiter und nicht mehr kleine Klümpchen aus einzelnen Pusteln ausgeworfen werden. Diese Schwindsucht hat drei von der Natur selbst bestimmte Perioden, deren erste von der Zeit des Vertreibens der Krätze durch Salben bis zum Entstehen, nach meistens vorausgegangenen leisen Magenbeschwerden, des Drückens auf der Brust und des kurzen trockenen Hustens und der Mattigkeit währt. Es folgen gewöhnlich wenige Wochen, oft wenige Tage nach der vertriebenen Raude diese Vorläufer des Übels; nur zuweilen vergehen halbe Jahre, oder selbst Jahre, bis das Übel sich festsetzt. In solchen Fällen zeigte die genauere Nachforschung immer, dass von Zeit zu Zeit die Raude auf die Haut zurückzukehren sich bestrebte, ein Jucken Nachts in der Bettwärme sich wieder äusserte, einzelne Pusteln auf der Haut hie und da wieder erschienen, aber der Ausschlag nicht völlig wieder zu Stande kam. Die zweite Periode, welche gleichfalls einige Monate dauert, ist die, wo der trockene Husten feucht wurde, und einen geringen Auswurf der hier charakteristischen Art bildet; in dieser Periode wird der Magen wieder von Beschwerden frei, aber schon stellen sich Abmagerung und Fieberregungen ein. Die dritte Periode, in welcher mir keine Heilung mehr gelang, und die sich mit dem Tode schließt, ist die des Zusammengeflossenseins, dem Auswurf nach zu urtheilen, der einzelnen Pusteln in eigentliche Lungengeschwüre, oder die Periode der vollendeten Schwindsucht; ich sah sie nie über

ein halbes Jahr währen, aber auch nie, wie Portal behauptet, geschwind verlaufen. Gewöhnlich dauert der ganze Verlauf des Übels von dem Vertreiben der Krätze durch unvorsichtiges Schmieren an bis zum Tode ein bis anderthalb Jahre; in einem Beispiele aber währte der ganze Verlauf über 4 Jahre. Von selbst heilt die Natur diese Schwindsucht, aber nur in ihrem Anfange noch durch ebenso traurige andere Krankheiten, durch Lähmung der unteren Extremitäten, oder Epilepsie, oder durch Erregung einer Geschwulst des Hüftgelenkes, oder des Kniegelenkes. Nur in den seltensten glücklichen Fällen hemmt das Ausbrechen der oben beschriebenen Fußgeschwüre das Übel und befreit die Brust wieder. Nie aber ist mir ein Beispiel bekannt worden, das gezeigt hätte, dass die Kunst je eine auch nur anfangende Raudenschwindsucht durch alle die gewöhnliche, der Schwindsucht entgegengesetzt werdende Mittel hätte heilen können, wenn man nicht, was gewöhnlich zum Verderben des Kranken vernachlässigt wird, auf die Quelle zurückginge, und wieder eiternde Absonderungen auf der Haut erweckt wurden, oder der Ausschlag von selbst wieder auf derselben erschien. Unrettbar eilt das Übel vom ersten leisen Anfange an dem Tode zu, wenn dieses nicht geschieht. Bei allen Raudennachkrankheiten und so auch hier bei der einzig fruchtbringenden Therapie der Raudenschwindsucht steht dem praktischen Arzte nichts so sehr entgegen, als die oft vollkommene Abstumpfung der Haut gegen neue Krätz-Ansteckung, und ihre Abneigung dauernde Ausschläge wieder zu erzeugen. Ist einmal ein inneres Organ heftig angegriffen, und gleichsam durch Zurückziehen der Lebenskraft von der Peripherie gegen die Zentraltheile hin die Haut fast leblos worden, so ist in den meisten Fällen kein Reiz derselbigen mehr im Stande, der Anziehung des krankhaften Stoffes gegen ein inneres Organ das Gleichgewicht zu halten. Bäder; Reiben der Haut; Ausschlag mit Brechweinstein-Salbe; Geschwüre durch die oben bemerkte scharfe Salbe aus Canthariden, und hyperoxydierten Metallkalken erregt; Blasenpflaster die mehrere Tolle breit waren und vom Halse bis in die Beckengegend reichten; das Brennen mit Baumwollenzylindern; das Auflegen von Seidelbast, das Öffnen von Fontanelle; unterstützt vom innerlichen starken Gebrauch des Schwefels, des Camphers oder des gleichsam unwiderstehlich schweißtreibenden Mittels der salzsauren Schwererde mit Opium &c., nichts war in den meisten Fällen, wo die Krankheit schon zu weit gekommen war, mehr im Stande einen selbstständigen Ausschlag wieder auf die Haut zu locken, einen Ausschlag, der auch geblieben wäre, wenn mit dem Gebrauch der örtlich reizenden Mittel aufgehört wurde. Erleichterung auf einige Zeit der inneren Übel war jedesmal die Folge dieser starken Hautreize; aber dauernd wurde nie der Zweck erreicht, wenn das innerliche Übel sich schon zu festgesetzt hatte; was nun nicht blos von der Raudenschwindsucht, sondern auch von den in der Folge anzuführenden schweren andern Raudennachkrankheiten gilt. Wie sehr überhaupt krankhaftes Angegriffensein innerer Eingeweide die Empfänglichkeit der Haut selbst für Wiederansteckung durch Raudengift schwäche, beweist die Beobachtung von Justi (Baldingers Magaz. a. a. O.) welcher drei Knaben an der Atrophie zu behandeln hatte, die unter Krätzigen lebten, aßen, tranken und schliefen. Der am ärgsten an der Atrophie leidende Knabe bekam nie auch nur die kleinste Pustel; bei den beiden andern ließ sich hin und wieder manchmal etwas von Krätze sehen, allein es verschwand wieder, ohne dass etwas dagegen gebraucht wurde. Ich ließ selbst vergeblich an Raudennachkrankheiten leidende Menschen, Hemden, Strümpfe, Handschuhe tragen, welche vorher völlig krätzige Personen lange Zeit Tag und Nacht getragen hatten. Ich impfte vergeblich im Sommer 1805 einen 27jährigen Mann zwischen allen Fingern mit einer Lanzette, welche in Krätzteiler von Kindern die von echter ansteckender Raude strotzten, getaucht war. An der einen Hand inoculierte ich mit der farblosen Lymphe, welche aus neuentstandenen, soeben nur aus der Haut zwischen den Fingern sich erhebenden Pusteln der Kinder genommen war; an der andern Hand wandte ich grünlich-gelben gebildeten Eiter aus den älteren grösseren Pusteln an. Der Erfolg war, dass die letztern Impfstiche keine Spur hinterließen, aus denen der ersten Art aber weissliche Pusteln entstanden, welche bald trockneten, und Krusten gaben, die sich etwas ausbreiteten, getrocknetem arabischen Gummi gleich sahen, und nach ihrem Abfallen kreideweiße Flecken

auf der Haut lange Zeit zurückließen. Allein der Eindruck dieser Impfung blieb örtlich und verschwand bald wieder ganz von selbst. Zwar zeigte sich auch im Umfange der Mutterpocken hie und da ein kleines Bläschen, allein auch diese verschwanden bald wieder, ohne weitere Folgen. Auch Dr. Bartholomäus, (s. Hufelands Journal XXVI. B. 4. St.) der neueste Schriftsteller, welcher aus Erfahrung die Folgen der durch eine Salbe aus Schwefelblumen und Baumöl vertriebenen Krätze beschreiben konnte, weil er auch mit den dürftigeren Menschenklassen zu tun hatte, fand bei einem 30jährigen Tagelöhner die Inoculation zwischen den Fingern mit Materie aus ganz frischen Krätzpusteln unwirksam. Es entstanden zwar dadurch an den Impfstellen kleine Geschwüre, die aber bald einen Schorf bekamen, der trocken wurde und abfiel. Die Flechte, welche bei seinem Kranken, der schon 10 Jahre vorher die Krätze durch Herumwälzen in nassem Taue sich vertrieben hatte, bald nach der Inoculation sich zeigte, erwies durch ihr völlig von dem Krätzausschlag verschiedenes Aussehen, dass sie nicht Folge der Inoculation, sondern pathischer Ausstoß einer längst schon in seinem Körper gebildeten Schärfe war. Jener Arzt konnte bei diesem Kranken auch vorher weder durch die Jasserische Salbe, noch Zugmittel auf der Haut, noch durch Tragen von Kleidern krätziger Personen oder durch den inneren Gebrauch des Schwefels, des Guajacs, der Sabina, die Krätze wieder auf der Haut erscheinen machen; und bei einem 19jährigen Bauerknecht, dem die Krätze durch Schwefelsalbe vertrieben worden war, bedurfte es über einen Monat, ehe Schläfen zwischen zwei Krätzigem, und das Wechseln alle 8 Tage seiner sämtlichen Kleidungsstücke mit den Kleidern von diesen wieder einen Krätzausschlag hervorgehockt hatten. - Gewiss wäre eine sichere Methode, Krätze von neuem einzupfropfen, eine der schätzbarsten Entdeckungen für die Heilkunde. Es ist möglich, dass ich bei dieser Inoculation keine Krätzmilben mit auf die Haut brachte, aber es ist unwahrscheinlich, dass bei dem Versuche mit den Kleidungsstücken der ansteckende Stoff, mögen die Milben nur die Träger desselbigen sein, oder sie selbst gleichsam das belebte Miasma, nicht mit der Haut in innigste Berührung gekommen sein. Entscheidend war im Übrigen der Versuch der Inoculation mit der Lanzette dafür, dass das Produkt des Krätzereizes eine krankhafte Schärfe sei; denn unverkennbar, wenn gleich nicht dauernd, war seine Einwirkung auf die betroffene Hautstellen. Es wird also auch zur Erklärung der Raudenmetastasen keiner Wanderung der Krätzmilben selbst in das Innere des Körpers bedürfen, sondern nur der Wanderung des durch ihren Reiz und die Reaktion der Haut entstandenen Produkts, das hier selbst wieder krankhaft reizend wirkte. Ich gestehe, den Versuch von Muzel, die Krätze mit tiefen Einschnitten einzupfropfen, noch nicht angestellt zu haben; aber noch mehr bedaure ich den Versuch nicht gemacht zu haben, von dem ich mir ungleich mehr verspreche, weil ihn die Natur selbst zuweilen mit dem grössten Glücke bei Raudennachkrankheiten unternimmt, den nämlich: Raudengeschwüre an den Füßen zu erregen, durch Lokalreiz zuerst entzündete Pusteln daselbst hervorzulocken, und dann durch den Gebrauch ranziger fetter, leicht Rotlauf-artige Entzündung erweckender Salben, und gleichsam durch künstlichen Schmutz sie bis zu asthenischen Geschwüren fortzubilden. Sollte dieser Versuch bei Raudennachkrankheiten einst gelingen, so würde ich mich freuen, ihn den praktischen Ärzten in dieser Schrift bekannt machen zu können; bei Nervenkrankheit, wo Frieselschärfe zu Grunde lag, ist er mir schon einmal gelungen.

Was aber in der letzten Periode der Rauden-Schwindsucht und in so manchen andern Nachkrankheiten der Krätze nicht mehr zu erreichen ist, das lässt sich in den ersten Perioden jener Krankheit, und zwar um so gewisser noch erreichen, je kürzere Zeit von dem Vertreiben des Ausschlages an verflossen ist, und je weniger noch das Übel in den innern Teilen sich festsetzte. Folgende zwei Beispiele werden das hier Gesagte beweisen. Mehrere andere glückliche Fälle, welche auf gleiche Art vom Clinicum aus behandelt wurden, wurden minder genau aufgeschrieben. Das erste der hier folgenden Beispiele betrifft einen vom Clinicum aus behandelten jungen Mann, bei dem Rauden-Schwindsucht mit einer durch zu heftige Erhitzung angegriffenen Lunge zusammentraf und wo eine der Natur des Übels angemessene Heilart

doch noch den Kranken herstellte; in dem zweiten Beispiele teilte der gegenwärtige Physicus in Pfullingen, Hr. Lic. Laiblin, ehemals einer der fleißigsten Zuhörer im Clinicum, einen Beweis mit, dass nicht bloß in Tübingen Rauden-Schwindsucht auf übelbehandelte Krätze folge, und dass auch in andern Gegenden das Erregen künstlicher Ausschläge Hilfe im Anfange dieser Krankheit schaffe. – Ein fünf und zwanzigjähriger Tuchmacher von ziemlich untersetztem Körperbau suchte den 7ten Dec. 1806. Hilfe im Clinicum, wegen Schmerzen in der Magengegend, Herzklopfen, Blutspeien und einem Auswurf, der mehrere kleine Klümpchen Eiter enthielt; er klagte dabei Kopfweh und grosse Mattigkeit; sein Puls war fieberhaft, klein und schnell; er hatte Nachtschweiße. Schon seit einem Jahre erzählte er, leide er auf diese Art. Er habe ehemals durch übermäßiges Tanzen und Aufbleiben bei Nacht seine Brust geschwächt, vor zwei Jahren aber die Krätze durch Ansteckung erhalten, und sie durch eine Schwefelsalbe vertrieben. Zwar seien von Zeit zu Zeit wieder Spuren derselbigen zwischen den Fingern erschienen, so wie aber auch davon nichts mehr sich gezeigt habe, habe das Leiden des Magens und der Brust seinen Anfang genommen. Ich ließ den Kranken eine ungefähr Talergrosse Stelle auf dem unteren Teile des Brustbeins mit Cantharidensalbe einreiben, der ich corrosiven Sublimat zugesetzt hatte. Er befolgte dieses so stark, dass er den Schmerzen fast nicht aushalten konnte, und als er 3 Tage darauf wieder Hilfe suchte, ein Teil der Haut abgestorben war; an den Rändern zeigte sich Eiterung. Der stechende Schmerz im Innern der Brust hatte aber nachgelassen, die Menge des Auswurfes sich sehr vermindert, und der Puls sich verbessert. Neben schweißtreibenden Mitteln und Schwefel wollte ich ihm der asthenischen schleichenden Lungenentzündung wegen etwas Quecksilber geben; anderwärtige Erfahrungen hatten mich belehrt, dass die Wirkung von Quecksilberkalken, selbst der dadurch entstehende Speichelfluss, nicht durch die Beimischung von Talk-Schwefelleber, (aus gleichen Teilen Schwefelblumen und caustischer Magnesie zusammengeschmolzen und zu Pulver gerieben,) verhindert werde. Um dem Kranken wegen seinen Beschäftigungen das Arzneinehmen einfacher zu machen, ließ ich einen Serpentaria-Aufguss dem etwas liq: anod. beigesezt wurde, mit arabischem Gummi schleimig machen, und viele Talkschwefelleber nebst einer Partie von Hahnemannischem Quecksilberkalk ihm beimischen. Am 13ten Dec. zeigte sich der Puls wenig mehr fieberhaft, das Herzklopfen hatte etwas nachgelassen, doch stieg nach dem Essen noch eine Hitze im Gesicht auf; allein der Auswurf zeigte weit weniger Eiterklümpchen mehr, der Stuhlgang war indessen flüssig gewesen; der reichliche Schweiß in der verflossenen Nacht hatte ihn merklich erquickt, statt wie sonst ihn zu ermatten; die angefressene Stelle auf der Brust schmerzte zwar noch stark, allein sie eiterte jetzt beträchtlich, und rings umher hatten sich kleinere eiternde Pusteln erhoben. Da indessen diese Stelle mit verminderten Portionen jener Cantharidensalbe gereizt unterhalten worden war, so wurde sie jetzt mit schwarzer Salbe verbunden, die magnesia sulphurata wurde fortgesetzt, aber nur bloß mit arabischem Gummi in einem Angustura-Rinden-Decokt mit etwas liq. anod. suspendiert gereicht. Den 18ten Dec. befand sich der Kranke sehr gebessert, es war ein Jucken auf der Haut wieder erfolgt, die eiternde Stelle auf der Brust war noch nicht geheilt; der Puls zeigte kein Fieber mehr an; das Atemholen war viel leichter und mit weniger Beschwerde als sonst verbunden; nur war der Kranke noch matt, und wurde gegen Abend noch schläfrig. Jene Mittel wurden fortgesetzt, und durch die zuerst gebrauchte Cantharidensalbe von Zeit zu Zeit dafür gesorgt, dass die offene Stelle der Brust sich nicht schließe. Am 28ten Dec. klagte der Kranke gar keine Brustbeschwerden mehr, der eiterige Auswurf war ganz verschwunden, die Esslust und der Stuhlgang waren natürlich. Der Anteil, den die zu rückgetriebene Raude an der anfangenden Schwindsucht hatte, schien jetzt getilgt, und nur die ehemals schon durch Ausschweifungen veranlasste Schwäche der Brust zurückgeblieben zu sein. Denn bald darauf, als der Kranke sich von neuem sehr erhitzt hatte, zeigte sich wieder Bluthusten, gegen welchen neben strenge empfohlener Ruhe Kochsalz mit Zucker und Wasser gebraucht wurde. Um auch zufällige kleine Entzündungen von den Lungen abzuleiten, wurde die offene Stelle auf der Brust immer noch etwas in Eiterung unterhalten. Nachdem der Blutauswurf wieder vorüber war, klagte der

Kranke den 4ten Jan. nichts mehr als Mattigkeit; er nahm nun wieder ein Angustura-Rinden-Decokt mit etwas liq. anod. Vier Tage darauf befand sich der Kranke ganz wohl, sein Magen konnte jede Art Speisen ertragen, und seine Esslust war gut. Ein Trank aus lichen island. rad. enulae und rad. liquiritiae sollten die Kur schließen. Allein den 15ten Jan. kam noch ein kleiner Anfall von Herzklopfen, Blutauswerfen und einiger Bangigkeit; diesen Zufällen wurde wieder jene Mischung von Kochsalz entgegengesetzt, neben dem fortgesetzten Gebrauch des Trankes, der allein genommen wurde, als den 1ten Febr. jene Zufälle alle wieder verschwunden waren. Nach acht Tagen befand sich nun der Kranke so wohl, dass ihm in Hinsicht auf seine Gesundheit nichts mehr zu wünschen übrigblieb, er jede Arbeit ausdauern konnte, und bis in den Spätherbst 1807, wo ich die letzte Nachricht von ihm hatte, befand er sich fortdauernd sowohl. – Ich bemerke hierbei, dass wahrscheinlich die im Verhältnis zu niedriger gelegenen Gegenden auffallende Eigenschaft der Luft in Tübingen, den Gang der meisten Schwindsuchten zu verzögern, und ihr Entstehen bei vielen Gelegenheiten, welche in anderen Gegenden fast unausbleiblich in Schwindsucht stürzen, zu verhindern, das meiste beitrug, um eine auch nach Entfernung des Reizes vom Krätzstoff, noch so angegriffene Lunge vor Vereiterung zu schützen. Nur in Hinsicht auf Rauden-Schwindsucht fand ich nie, dass der hiesige Aufenthalt irgendetwas Günstiges bewirke; es ist mir sogar wahrscheinlich, dass diese Schwindsüchtigen besser in sumpfigen Gegenden sich befinden; seltener, vielleicht aus gleichem Grunde, aus welchem die Frauen weniger von ihr ergriffen werden, in diese Art von Nachkrankheit verfallen würden. – Das zweite Beispiel betrifft einen ungefähr 30 Jahre alten Mann, welcher sich den 27ten Febr. 1807. beklagte, dass er schon seit einem halben Jahre nie recht wohl sich befinde, täglich an Kräften verliere und mehr abmagere. Schon seit mehreren Jahren sei er immer krätzig gewesen, und habe die Krätze weder mit innern noch äussern Mitteln gänzlich vertreiben können, bis ihm jemand ungefähr neun Monate zuvor geraten hatte, sich mit einer Mischung aus Schwefelblumen und Baumöl einzureiben; worauf der Ausschlag so vollkommen verschwand, dass auch nicht eine Spur mehr von demselben zurückblieb. Kaum waren aber vier Wochen seit diesem Vertreiben des Ausschlags vorüber, so befand sich der Mann nicht wohl, er verlor die Esslust, aß er etwas, so fühlte er ein Drücken auf der Brust; es entstand ein trockener Husten, der bald darauf in einen Husten mit einem Auswurf sich verwandelte, welcher, je häufiger er wurde, desto mehr Eiter enthielt. Der Puls war schnell und schwach, das Gesicht war blass, und der ganze Körper abgezehrt. Dem Kranken wurde ein Decokt der rad. senega mit in liq. anod. aufgelöstem Campher und Sydenhamischem laudanum innerlich verordnet, und äusserlich die Brechweinsteinsalbe in die Brust eingerieben. Den 3ten März erzählte der Kranke, er habe auf jenes Decokt stark geschwitzt, der Auswurf habe sich sehr vermindert, über den ganzen Körper fühle er ein Jucken; die Behandlung blieb die nämliche; den 8ten März hatte der Husten und Auswurf gänzlich aufgehört, nachdem wieder Raude zwischen den Fingern und an andern Teilen des Körpers erschienen war; der Puls des Kranken hatte sich erhoben, sein ganzes Aussehen war besser. Die Menge der Senegawurzel im Decokt wurde vermehrt, und die des Camphers etwas vermindert; die Raude wurde 8 Tage lang unberührt gelassen; der Kranke nahm innerlich Schwefel; endlich am 24ten März wurde auch der Krätzausschlag mit der im Clinicum eingeführten wässerigen Schwefelleber-Auflösung behandelt; der Kranke nahm noch eine Zeitlang stärkende Mittel, und wurde vollkommen hergestellt.

Nach allen Erfahrungen, welche ich bei der Rauden-Schwindsucht machte, ist die äusserliche Behandlung, das Hervorlocken eiternder Pusteln oder das Erzeugen eiternder Geschwüre auf der Brust immer der Hauptpunkt der Therapie; je kürzere Zeit seit dem Vertreiben der ursprünglichen Krätze verflossen ist, je milder können die Mittel dazu sein. Weniger schmerzhaft ist das Einreiben von Brechweinsteinsalbe, als das der scharfen Salbe, zu welcher Spiesganzbutter und corrosiver Quecksilbersublimat, von jedem ein Teil, zu vier Teilen gewöhnlicher Cantharidensalbe zusammengerieben werden, und die gleichsam im Augenblicke, auf die

oben pag. 237. beschriebene Art, wirkt. Auch in andern Krankheiten, wo Blasenpflaster zu langsam wirken, oder nicht stark genug, wie z. B. beim innerlichen Wasserkopf der Kinder, bei der arthritischen angina pectoris alter Leute, bei der Ischias nervosa &c. fand ich diese Salbe von unschätzbarem Werte; sie darf nur in sehr kleinen Quantitäten, von der Größe einer oder zweier Erbsen auf einen Fleck angewendet werden. In allen Fällen, wo ich bei der Rauden-Schwindsucht glücklich war, musste ich so lange, bis aller Husten und Auswurf vorüber war, die eiternden Stellen stark unterhalten, und selbst noch einige Wochenlang nachher hie und da erfrischen, um ganz sicher zu sein. Neben dem Gebrauche dieser äusserlichen Mittel fand ich lang fortgesetztes laues Baden in natürlichen oder künstlichen Schwefelwassern nützlich; aber entsteht nicht dabei ein sogenannter Badeausschlag, so ist die Wirkung unbedeutend. Zum innerlichen Gebrauche von Schwefelmitteln wählte ich meistens die oben beschriebene Magnesia sulphurata von einer halben bis zu einigen Drachmen täglich; bei so grossen Gaben aber muss ihr etwas Opium beigesetzt werden, weil sie sonst zwar nur gelinde abführt, aber dann auf die Haut nicht wirkt. Schon die obigen Beispiele zeigen, dass der Nebengebrauch schweißtreibender oder etwas scharfer Pflanzenmittel, wie die des Baldrians, der Serpentaria, des Camphers, oder der Senega, der Alantwurzel, das Gummi ammoniacum beträchtliche Dienste leiste, wenn sie anders der gerade herrschende Genius epidemicus erlaubt. Immer schloss ich die Kur mit dem Gebrauche fixer Reize, oder sogenannter stärkender Mittel, der peruvianischen Rinde, oder mit der mehr bittern echten (auf der Oberfläche keine flache Warzen, wie die giftige, zeigenden) Angusturarinde, oder dem zugleich nährenden isländischen Mooses. Wiederherstellung der Kräfte des Magens, dadurch veranlasst, tilgte den aufwärts gehenden Zug der Kongestionen des Blutes, welcher bei jeder Schwindsucht statt hat; und Stärkung der innern Organe überhaupt durch anhaltend vermehrte Lebenstätigkeit verschaffte ihnen wieder das Übergewicht über die peripherischen Organen, was zur Heilung hier so wesentlich notwendig ist, indem so wieder der Trieb der Sekretionen noch aussen hin bestimmt wird. Wo bei jungen Männern, was öfters geschieht, ein schwaches reizbares Herz, das leicht von rheumatischen Entzündungen befallen wird, neben der vertriebenen Krätze, zur Lungensucht beitrug; da fand ich, ausser der Hauptrücksicht, einen eiternden Ausschlag auf der Haut wieder zu erwecken, den darauf folgenden Gebrauch gelinder harntreibender Mittel, namentlich eines starken häufig getrunkenen Absudes der Wurzel vom gemeinen Wachholderstrauch, zuweilen selbst Meerzwiebel mit, dem Magen zuträglichen Mitteln verbunden, sehr dienlich; weil in jeder Krankheit, welche von einem örtlich schwachen Herzen herrührt, dieses sich immer am leichtesten entleeret, wenn die Nieren sehr frei sind. Auch ist es allein die Schwindsucht, welche durch einen solchen Herzfehler veranlasst wird, und sich durch vieles Herzklopfen, Schmerzen in der Gegend des Herzens, und bei dem hektischen Fieber durch den harten einzelnen Pulsschlag, ist der Puls gleich sonst klein und geschwind, auszeichnet, wo ich auch sonst den Gebrauch des mächtigen harntreibenden Mittels, der digitalis purpurea nützlich fand.

In folgendem Falle hob die Natur eine drohende Rauden-Schwindsucht durch eine fast eben so schlimme Krankheit des Hüftgelenks. Ein 26jähriger sehr stark und muskulös gebauter junger Mann, ein Wagner seiner Profession, suchte den 6ten May 1805 Hilfe im Clinicum. Er war schon vor 8 Jahren, da er mit seinem stark mit der Raude behafteten Bruder in einem Bette schlief, von diesem angesteckt worden. Diese Krätze verschwand schnell auf den Gebrauch einer Schwefelsalbe, aber zeigte sich von Zeit zu Zeit von neuem wieder, vorzüglich im Sommer von 1804, bis sie durch vieles Baden in einem Flusse auch jetzt wieder sich verlor. Aber nun befahl den jungen Mann Stechen an der Seite, ein Drücken auf dem Magen und auf der Brust, und er warf zuweilen Blut aus. Diese Beschwerden verschwanden von selbst vollkommen wieder, als der Kranke noch in dem August des nämlichen Sommers, während anhaltendem Gehen, einen Schmerz in der linken Leistengegend fühlte, den er anfangs als unbedeutend nicht achtete, bis er stärker wurde. Alle Zeichen eines morbus coxarius entwickelten

sich nun. Der Fuß zeigte sich anfangs bloß schwach, und der Kranke konnte besser gehen, so oft er ihn eine Zeitlang wieder in Übung gebracht hatte; aber zuletzt half auch dieses nicht mehr, der Kranke musste einen Stock nehmen, und schleppte diesen Fuß bei seinem mühsamen Gehen gleichsam bloß auf der Erde nach. Zugleich fing der Fuß an, was bekanntlich charakteristisch bei dieser Krankheit ist, länger zu werden, es betrug dieses bei der mit dem Kranken vorgenommenen Untersuchung mehr als einen Zoll. Der Kranke fühlte zwar den dem Psoas-Abszess und morbus coxarius gemeinschaftlichen, oft sehr starken, wahrscheinlich von der Ausdehnung des Cruralnerven entstehenden Schmerz an der innern Seite des Knies, der sich auf einen daselbst angebrachten Druck, und beim Ausstrecken des Unterschenkels vermehrte; aber ein Druck auf den Psoas-Muskel, wo er unter dem Poupartischen Bande hervorkommt, erregte eben so wenig Schmerzen, als das Umdrehen des Schenkels, wenn der Kranke lag; nur das Stehen war schmerzhaft, noch mehr das Reiten, wenn der Fuß vom Steigbügel aufwärts gestoßen wurde; zuweilen kamen ohne Veranlassung starke Schmerzen in der Tiefe vor und hinterwärts des grossen Rollhügels vom Schenkelbein. Je nachdem der Kranke eine Bewegung machte, spürte er in der Tiefe des Schenkels ein Knarren, mit Schmerzen verbunden, welche sogleich wieder aufhörten, sobald er den Schenkel ruhen ließ. Ohne Zweifel waren jene Schmerzen Folgen der angegriffenen Knorpel der Hüftpfanne und des Schenkelbeinkopfes. Hinter dem grossen Rollhügel schien der Anfang des Schenkels geschwollen zu sein, der sonst nirgends eine weitere Geschwulst zeigte, die lymphatischen Drüsen der Leistengegend ausgenommen, die etwas aufgelaufen waren, doch nicht beträchtlich. Auf der Haut des ganzen Körpers zeigten sich noch viele kleine blaue Flecken, als Überbleibsel der ehemaligen Raude. Alle übrigen Funktionen des Körpers, namentlich auch Esslust und Schlaf, waren jetzt völlig natürlich. Der Kranke musste sich im Bette aufhalten, er nahm innerlich magnesia sulphurata und salzsaure Schwererde; mit fortdauernd angewandter Brechweinsteinsalbe wurde ein eiternder Ausschlag am Schenkel erweckt. Vermehrte Ausdünstung bei Nacht hob die von selbst sich zeigenden Schmerzen, die jetzt nur entstanden, wenn der Kranke auf den Fuß treten wollte; mittelst eines Blasenpflasters wurde noch eine grosse Fontanelle hinter dem grossen Rollhügel gezogen. Eine jedoch nicht anhaltende Besserung zeigte sich schon in wenigen Tagen. Ein zweites stark in Eiterung erhaltenes Blasenpflaster neben dem ersten bewirkte aufs neue Verringerung der Schmerzen, selbst bei den schwachen Versuchen zu gehen, welche erlaubt wurden. Die immer von neuem wieder durch Brechweinsteinsalbe hervorge-lockte Pusteln schienen sich mit einem etwas grünlichen, dem eigentlichen Krätzeiter ähnlichen zu füllen. Aber auch dieser Erfolg war nicht dauernd; doch wurde der Fuß nun wieder etwas kürzer, und 15 Tage nach dem Anfange der sehr ernstlich fortgesetzten Behandlung war dieses merkbar. Da auch in der Folge keine Eiterung des Hüftgelenkes nach aussen sich einen Weg bahnte, der Schenkel vollkommen in seinem Gelenke blieb und nicht unter den grossen Gesäßmuskeln hinaufgezogen wurde, auch keine Gelenksverwachsung sich bildete; so kann diese Verkürzung nicht Fortgang der Krankheit durch Zerstörung des Schenkelbeinkopfes, Austreten des Schenkelbeinhalses aus der Gelenkspfanne, und Aufwärtsziehen desselbigen durch die hintere Beckenmuskel gewesen sein; sondern sie muss durch Besserung des Übels, durch Aufsaugen der in die Gelenkspfanne vorher ergossen gewesenen Flüssigkeiten und Abschwellen der in dem Grund desselbigen liegenden, angegriffenen und vorher aufgetriebenen Synovialdrüsen, welche durch ihre Geschwulst den Kopf des Schenkelbeins herausgetrieben und den Schenkel verlängert hatten, entstanden sein. Auch fühlte der Kranke nach weiteren sechs Tagen eine besondere Erleichterung in den Bewegungen des Fußes, und er konnte ohne Schmerzen ihn gänzlich ausstrecken; aber ganz hatten sich weder die Schmerzen hinter dem Rollhügel, und an der innern Seite des Knies, noch das schmerzhaft Knarren im Gelenke verloren, noch war der Fuß gleich lang mit dem andern. Mit dem innerlichen Gebrauch starker Gaben von Schwefelblumen wurde nun der äussere Gebrauch eines ziemlich heißen Dampfbades jeden andern Tag verbunden, die Schmerzen schienen minder mehr einzelne Stellen zu betreffen, vielmehr im ganzen Schenkel sich zu verheilen; sie waren den 9ten Jun.

merklich schwächer, und sie fuhren fort, abzunehmen, auch das schmerzhaft Krachen im Gelenke hatte den 14ten Jun. ganz aufgehört, und blos das Auftreten veranlasste noch Beschwerden; der Fuß genau an dem andern gemessen, zeigte sich nur noch um einen Querfinger länger. Die Krätzmetastase schien jetzt gehoben zu sein. Mit dem Aufhören der Schmerzen war es merkwürdig, dass die, indessen ohne Folgen auf die Harnwerkzeuge mit Cantharidensalbe in starker Eiterung unterhaltene, Fontanellen nun auf einmal eine heftige Harnstrenge veranlassten; so dass dem Kranken durch Mandelmilch geholfen, und die noch einige Tage im Flusse zu unterhaltende Fontanellen nicht mehr mit Canthariden, sondern mit Euphorbi- umharz und corrosivem Quecksilbersublimat in gehörigem Reizzustand unterhalten werden mussten. Am langsamsten wichen die Schmerzen an der innern Seite des Knies, ein auch hierher gesetztes Fontanell schien beizutragen, dass endlich auch sie schwanden. Den 20ten Jun. war der indessen unterhaltene pustulöse Ausschlag dem Abtrocknen überlassen worden, und den 26ten Jun., also 51 Tage nach Anfange der Behandlung, wurden die Fontanellen in ihrer Heilung nicht weiter gestört. Es schien nun dieses Glied blos noch an Erschlaffung zu leiden, es hatte weit nicht die Kräfte des gesunden Gliedes, der Unterschenkel war schwer, das Knie schien dem Kranken eine widernatürliche Beweglichkeit zu besitzen. Durch Einreibungen von Alkohol, Terbinthinöl und flüchtigem Alkali, durch Einwickeln des Gliedes, und fortgesetzten Druck mit Kompressen auf den grossen Rollhügel suchte man diese Erschlaffung zu heben; aber so hartnäckig sind Gelenkskrankheiten, welche Raudenmetastase veranlasst, dass noch am 58 Tage nach Anfang der strengen Behandlung die lymphatischen Drüsen der Leistengegend mehr als im Anfang geschwollen sich zeigten, und es eines auf die sie bedeckende Haut gesetzten Fontanelles bedurfte, um auch sie wieder mehr anschwellen zu machen, was demungeachtet vollkommen nie gelang. So wurde zwar das Übel nicht nur in seinem Fortgange vollkommen aufgehalten, und der Zustand des Kranken ausserordentlich gebessert; aber doch blieb Schwäche des Gliedes, und ein wankender Gang, der keine Anstrengungen erlaubte, zurück. Der Kranke, dessen Aufführung mehr, als die Hartnäckigkeit des Übels alle Geduld ermüdete, verließ nach 135 Tagen das Haus; und die letzte Nachricht, die ich im Spätherbst des Jahrs 1807, also nach mehr als zwei Jahren von ihm erfuhr, war, dass er zwar etwas besser gehe, als wie er das Clinicum verließ, aber doch unter dem Vorwande, nicht mehr arbeiten zu können, im Lande umher bettete. Dr. Bartholomäus (Hufelands Journ. a. a. O.) bemerkte bei dem Tagelöhner, (dem er vergebens Krätzmaterie eingepflicht hatte, welchen aber in der Folge eine zwei Handbreit grosse Flechte, die auf dem Schulterblatt ausbrach, herstellte,) nicht blos Brustschmerzen mit Schweißen gegen Morgen und Abmagerung, sondern auch ein Befallen fast aller Gelenke, die bei jeder Bewegung krachten und knisterten. Man konnte die Schlüsselbeine und Rippen vom Brustbeine ab und einwärts mit einem solchen Geräusche drücken, ohne gewaltsam hierbei verfahren zu dürfen.

Ich übergehe einige Fälle von hydropischer weisser Kniegeschwulst, und von Gelenkwassersucht in den Knien und Ellenbogen, welche nach unvorsichtig behandelter Krätze entstanden waren, und gegen welche Hilfe im Clinicum gesucht wurde, weil ich dieser Beobachtungen noch zu wenige habe, um genau diagnostische Kennzeichen dieser Lokalkrankheiten, und ihren Unterschied von verwandten, aus anderer Quelle herrührenden Arten festsetzen zu können. Sie tragen aber zu dem Beweise bei, dass Raudenmetastasen, so oft sie Störungen der Gefäßtätigkeit einzelner Provinzen des Kreislaufsystems veranlassen, immer vorzüglich Membranen befallen, Oberflächen also, welche vorher schon im natürlichen Zustande eine Feuchtigkeit absonderten. Im Gegenteile vom Gift der wahren Krätze hatte ich öfters Gelegenheit zu bemerken, dass Metastasen der mildern, oft ebenfalls Krätz- oder Flechten- ähnlichen Formen des Aussatzstoffes bei Erwachsenen leichter die Ernährung der nicht sezernierenden Organe verändern, Scirrhen, und ähnliche innere Afterorganisationen veranlassen. So wie die ursprüngliche Hautkrankheit aus dieser Quelle selbst entweder nur trockene Schorfe, und mehrlige Krusten, also Feuchtigkeiten sezerniert, welche keine Eiter- sondern blos

Lympe-Natur und eine auffallende Neigung zum Festwerden besitzen; oder ein solches Übel sich, wie bei der elephantiasis, als wahre Degeneration oder Afterorganisation der Haut, ohne bedeutende Ausscheidung von Flüssigkeit, zeigt. Je mehr der Aussatzstoff sich der Form der Raude nähert, desto mehr bleiben jedoch die dadurch veranlassten Sekretionen in der flüssigen Form; ohne dass jener je den Charakter von Organen, die bloß zur Ausscheidung flüssigbleibender Stoffe bestimmt sind, annimmt, wie solche Veränderungen immer die wahre Krätze erzeugt. Ein Bild von Verschiedenheit beiderlei Übel wird folgende Krankenbeschreibung in Vergleichung mit den schon indessen angeführten, wo wahre Krätze zu Grunde lag, geben. Ein 26jähriger Mensch von grosser anscheinend starker Konstitution, aber mit einem Gesichte, wie es sonst nur in hohem Grade skrophulöse Kinder zeigen, kam im May 1805. in das Clinicum. Seine Füße waren geschwollen, beim Anfühlen steinhart und schmerzlos; an einigen Stellen derselben war die Haut offen, mit erysipelatöser Röthe, und ließ eine wasserhelle Flüssigkeit aussickern. Auch der Unterleib des Kranken war geschwollen, in der Magengegend und an den Vorderfüßen hatte die Geschwulst zuerst angefangen; der dicke Hals ist Morgens so geschwollen, dass der Atem dadurch beengt wird, auch sind dann, nicht wie gewöhnlich erst am Abend, die Füße mehr geschwollen. Der Kranke hat wenig Schlaf, erschrickt oft in demselben; sein Urin geht sehr sparsam, und er schwitzt nie; auf der Haut sind noch Überreste eines kleinen trockenen Raude-ähnlichen Ausschlages. Er hatte schon von Jugend an geschwollene Drüsen, wovon einige im dritten Jahr seines Alters aufbrachen; sonst blieb er seiner Erzählung nach gesund; im vorhergehenden Winter brach aber eine trockene Raude aus, die also nicht schleichend von den Fingern aus erst den ganzen Körper einnahm; im Frühjahr fing der Körper auf obige Art an zu schwellen; der Kranke bekam einen kurzen Husten, und starken nicht blutigen Auswurf, was wieder von selbst verging, wogegen aber die Füße nun so stark schwollen. Als der Mensch sich im Clinicum zeigte, fühlte er keine Brustbeschwerden mehr. Dieses nämliche kachektische allgemeine Aussehen, und diese Gedunsenheit des ganzen Körpers, des Bauches vorzüglich und der Füße, fand ich nach einer trockenen kleinen Raude auch bei einem andern jungen Manne, wo zugleich eine Rippe kariös geworden war. Auch wo bei älteren Männern schnell verschwindende krustige Flechten, Brustübel hervorbringen, sind diese mehr mit Brustwassersucht, fühlbarer Erweiterung des Herzens und Erstickungsanfällen, als mit eigentlicher eiternder Lungen-Schwindsucht verschwunden. Bei der gestörten trockenen Raude und den verbreiteten Flechten dieser Art ist also mehr allgemeine Neigung der flüssigen Lympe vorhanden, bei geschwächter Elastizität der festen Teile in das Zellgewebe auszutreten, teils sich zu koagulieren, und Afterorganisationen, teils Ödeme zu bilden, welche nicht durch sezernierende Tätigkeit, sondern durch bloßes allgemeines Durchschwitzen entstanden. Daher verlässt die krankhafte Flüssigkeit den Körper hier nicht, und schwellt ihn bloß auf. Bei der wahren Krätze magert der Körper ab durch den zu grossen Säfteverlust, den krankhafte, aber wahre Sekretion eines einzelnen Organs veranlasst; die übrige Ernährung des Körpers bleibt ungestört, nur unzureichend das Leben zu unterhalten. - Dass es übrigens auch bei der wahren Krätze nicht bloß schleimabsondernde Membranen sind, sondern auch seröse Membranen, welche vikariierend für die unterbrochene krankhafte Hauttätigkeit sezernieren; aber als eingeschränktes, wirklich gleichsam neugebautes, pathisches Organ, nicht durch bloße allgemein verbreitete Veränderung des Körpers sezernieren, das zeigen die bei den Leichensektionen von an der Rauden-Schwindsucht Verstorbenen auch auf dem Bauchfelle teils gefundene Pusteln, und die oben angeführte Geschichte, wo ein morbus coxarius eine anfangende Rauden-Schwindsucht hob. Nur scheint dann Mangel an Zutritt der Luft in den geschlossenen serösen Membranen eher die Bildung von wahren Eiter durch Krätzpusteln zu verhindern; Zutritt von Luft auf der Haut und bei den mit der Oberfläche des Körpers zusammenhängenden schleimabsondernden Häuten wahre Eitererzeugung zu befördern; was zusammenhängt mit der Neigung der Krätze die Respirationsorgane vorzüglich in ihren Metastasen zu befallen, und in hohen Gegenden mit reinerer Luft häufiger zu sein.

Übrigens zeigten die clinischen Erfahrungen, dass, so wie Aussatzstoff in seinen Ausschlägen mehr der Form der Krätze sich nähernd, auch in seinen Metastasen mehr Ähnlichkeit mit den Metastasen von dieser zeigte; so auch die wahre Krätze bei schlaffen kachektischen Menschen die Form der kleinen trockenen Raude annehmend, zurückgetrieben, leichter wässerige allgemeine Geschwulsten, als eigentliche Eiterung hervorbrachte. Daher sind es nach den Erfahrungen von Bang, Weisse, Grossmann, und andern, vorzüglich auch Männer von mehreren Jahren, wo ohnehin die Raude die Form von trockener kleiner Krätze annimmt, bei welchen auf Schmieren des Ausschlags wässerige Geschwulsten entstehen. Miasmen scheinen gleichsam mehr oder weniger in einem Mitteldinge zwischen selbstständigen Organismen und bloßen Veränderungen unseres Körpers zu bestehen, und von einer Grenze zur andern, ohne scharf abgeschnitten zu sein, hin und her zu wanken. Aussatzstoff kann also völlig in einer andern Gegend gebildet zu uns nur durch Ansteckung gekommen sein, und in einer Reihe von Jahrhunderten hier gleichsam in bloße Veränderung des Körpers wieder zerfließen sein; während ohne Ansteckung, gleichsam ihm entgegen, von andern Seiten her Veränderungen des Körpers ähnlicher Art sich erheben können, ohne bei uns bis zur Selbstständigkeit eines Aussatzmiasmas von selbst gelangen zu können. So kann wahre Krätze zusammenhängen mit Neigung des Körpers, ohne Ansteckung von aussen, ohne Milben, ein Aussatzähnliches Produkt von selbst hervorzubringen, oder das eigentliche von aussen auf ihn wirkende Krätzmiasma zu modifizieren). Daher vorzüglich bei rheumatischer Konstitution hie und da die Krätze und am meisten bei den Tieren epidemisch bemerkt wird, was teils in leichterem Ansteckung als gewöhnlich durch das vorher anderswo gebildete Krätzmiasma, teils in Erzeugung durch den epidemischen Krankheitscharakter des oben bei der sogenannten kritischen Krätze bemerkten pathischen Hauptprodukts zu bestehen scheint.) Daher aber auch überall das Konfluieren, in einzelnen Fällen, verwandter Krankheiten, wenn gleich jede derselben in ihrer reinen Form ein eigen charakterisiertes, auf den ersten Anblick vollkommen selbstständig erscheinendes Miasma zum Grunde hat. Die Nosologie scheint so wenig rein abgeschnittene Species zuzulassen, als die Mineralogie. Demungeachtet aber wird die Basis der Heilkunde genaue Beschreibung der vollständig sich ausbildenden krankhaften Veränderungen, welche dadurch gleichsam Selbstständigkeit erhielten, bleiben.

Die wahre eiternde Krätze, als eine solche am Ende durch Bildung parasitischer Milben selbstständig werdende Grenze einer Reihe krankhafter Hautveränderungen, charakterisiert sich auch in den Nervenübeln, welche das Zurücktreten ihres eiterigen Produktes als Nachkrankheiten zuweilen hervorbringt; auch hier muss sie wieder als Krätzeausschlag auf der Haut erscheinen oder Krätzgeschwüre bilden, wenn die Nervenkrankheit heilbar sein soll; und jede andere Behandlung ist unfähig, diesen einmal völlig gebildeten Stoff im Körper gleichsam wieder in seine einfache Bestandteile auseinander gehen zu machen. Unter den Nervenübeln, welche durch Salbe vertriebene Krätze hervorbringt, erfordert vorzüglich eine eigene Art von Epilepsie meistens bei jungen Männern die Aufmerksamkeit des praktischen Arztes. Das nämliche Alter, wo Rauden-Schwindsuchten häufig sind, ist auch das, wo diese **Epilepsie** vorkommt. Sie steht im männlichen Geschlecht gleichsam gegenüber der hysterischen Chlorosis, welche als aus gleicher Quelle im weiblichen Geschlecht entspringend oben beschrieben wurde. Von der Brust aus steigt hier eine aura epileptica auf, welche, wenn sie den Kopf erreicht, Sausen vor den Ohren, Schwindel, Vergehen des Gesichts veranlasst; worauf der Kranke bewusstlos niederfällt, und Zuckungen bekommt, doch gewöhnlich nicht heftig; auch dauern die Anfälle im Anfang nur kurze Zeit. Bei vier Subjekten fand ich beständig diesen Anfang des epileptischen Anfalles mit einer von der Brust aus aufsteigenden aura epileptica, oder wie die Kranken sich zum Teil ausdrücken, mit einem vom Magen und Herz aufsteigenden Schwindel; bei allen ging durch Salbe vertriebene Raude voraus; bei dreien hielt die entstehende Epilepsie die Fortschritte einer schon angefangenen Rauden-Schwindsucht auf. Bei der Hälfte ungefähr von allen Subjekten, welche ich an dieser Art von Epilepsie leidend an-

traf, kamen die Anfälle größtenteils bei Nacht; was sich durch den Hauptsitz des Übels in der Brust erklärt. Denn auch Herzfehler anderer Art wirken vorzüglich bei Nacht auf das Hirn, und bringen Schlaflosigkeit, Bangigkeiten, oder schwere Träume hervor; wenn auch der Kranke den Tag über, wo der Körper aufgerichtet ist, noch nichts oder wenig von seinem Brustübel fühlt. Davon mehreres an einem andern Orte. Einerlei Gesetz scheint leichtes Befallenwerden der Thoraxeingeweide bei jungen Männern, wo nach der Pubertät der Brustkasten vorzüglich in seine Hauptentwicklungsperiode tritt, sowohl durch Rauden-Schwindsucht, als durch Rauden- Epilepsie, deren Anfälle von der Brust ausgehen, hervorzubringen, und die Art des Anfalles auch das charakteristische Zeichen für diese Epilepsie zu sein. Schon im ersten Hefte dieser Zeitschrift (pag. 56.) wurde bei einer akuten Krankheit, auf das allgemeine Gesetz aufmerksam gemacht, dass widernatürliche Gefäßtätigkeit und einseitiges Nervenleiden einander gegenüber stehen, wechselweise einander aufheben; bei chronischen Krankheiten zeigt nun die Erfahrung diesen Grundsatz in der Therapie der Nervenkrankheiten noch viel deutlicher: Den Grund, warum einerlei Ursache, durch unvorsichtiges Schmieren zurückgetriebene Raude im anfangenden männlichen Alter nicht immer Rauden-Schwindsucht, warum sie zuweilen Brustepilepsie veranlasse, glaubte ich in zweien Fällen in zu häufigem Samenverlust, and in Onanie zu finden, die bei dem Kranken stattfand.

So wie die Epilepsie, welche bei Kindern vor dem Eintritt der Mannbarkeit mit Schmerzen um den Nabel herum, und mit einer von dieser Gegend aus aufsteigenden aura epileptica anfängt, jedesmal heilbar ist; solange durch die Heftigkeit der Anfälle das Hirn noch nicht selbst leidet, nicht einem leichten Schlagfluss oder der Halblähmung ähnliche Zufälle sich äußerten, oder nun ohne vorausgehende warnende aura epileptica vom Unterleibe aus die später kommende Anfälle fast plötzlich mit bewusstlosem Hinstürzen anfangen. Ebenso ist die mit einem aufsteigenden Gefühl von der Brust aus anfangende Rauden- Epilepsie noch heilbar, solange sie diesen unterscheidenden Charakter noch behält. Sie wird, wie jede andere unmittelbar im Kopf den Ursprung ihrer Anfälle nehmende Epilepsie, oder mit andern Worten, wie jede andere Hirnepilepsie völlig unheilbar; sobald jedes widernatürliche Gefühl und alle Zufälle auf der Brust beim Anfange der Anfälle schweigen; und diese so plötzlich eintreten, dass der Kranke erst nach mehreren derselbigen, wenn er wiederholt vorher darauf aufmerksam gemacht wurde, wahrnimmt, dass dem bewusstlosen Hinstürzen doch noch einen Augenblick lang wahrnehmbarer Schwindel, Ohrensausen und Gesichtsverdunklung vorhergingen. Aufhalten oder Hinausschieben lassen sich hier zuweilen die Anfälle noch durch die gewöhnliche gegen die Epilepsie gerichtete Heilversuche, aber nicht mehr ganz aufheben. In zweien Fällen schien häufiges Kopfweh, Schwindel, und in einem davon noch außerdem eitriger Ausfluss aus den Ohren und Nasenbluten, das sich bald stillte, gleichsam die Zwischensymptome zwischen der gewöhnlichen Rauden-Epilepsie von der Brust aus, und der nun daraus unheilbar gewordenen Hirnepilepsie, gebildet zu haben. In einem einzigen Falle, bei einem 40jährigen Manne, fand ich Rauden-Epilepsie, nachdem die Anfälle zweimal, einmal vor dem 20sten Jahre, das andere Mal im etlich und zwanzigsten Jahre, Vierteljahre lang von Zeit zu Zeit erschienen waren, nach starker Gemütsaffektion und einem mir unbekanntem Mittel, das der Kranke nahm, von selbst gleichsam gehoben; aber durch Verbreitung in allgemeine dauernde Nervenkrankheit verwandelt. Nicht nur hatte der Kranke jetzt überall, bald an den Armen bald an den Füßen, bald sonst kleine Zuckungen, doch ohne das Bewußtsein zu verlieren, sondern sein Gemütszustand selbst befand sich offenbar, wenn ich mich so ausdrücken darf, selbst in einer Art von zuckendem Zustand, ohne dass der Leidende eigentlich verwirrt war. Eine beständige Ängstlichkeit und Verzweiflung befiel ihn gleichsam stoßweise, alle Augenblick glaubte er wieder in Epilepsie zu verfallen. Ich konnte das Übel nur mildern, nicht heilen, und musste den Kranken mit dem Troste entlassen, die mit dem Alter zunehmende Abstumpfung der Reizbarkeit werde ihm seinen Zustand immer erträglicher machen. Die noch heilbare Rauden- Epilepsie hält schon ein Fontanell auf der Brust auf; ein starker

lang unterhaltener Ausschlag mit Brechweinsteinsalbe auf der Brust heilte sie öfters gänzlich ohne Gebrauch innerlicher Mittel, in Fällen, welche im Frühjahr vorkamen; zugleich hörten die Brustbeschwerden auf. Aber in diesen glücklichen Fällen wendete ich daneben meine Aufmerksamkeit auf die Geschlechtsteile, ich ließ sie mit kaltem Wasser waschen, ich riet den Kranken aufs ernstlichste jede Reizung zu unterlassen; und wo zu häufiger Samenverlust bei Nacht kam, ließ ich locker mit einem breiten Bande das männliche Glied und das Skrotum umbinden. Wo noch nach einiger Erektion erst der Samenverlust folgt, wird jene dadurch gehindert, und die Pollution im Schlafe unterbleibt. Bei Onanie ist der Wille der Seele zu schwach, um immer dem Reize der schädlichen Gewohnheit zu widerstehen, noch so sehr gewarnt, noch so überzeugt vom Schaden, überlässt sich der Kranke einen Augenblick seinem gewohnten Triebe, und kommt gleichsam erst im Augenblicke zu sich, wo der Same verschwendet ist; er verfällt dann oft in fruchtlose Verzweiflung wegen seinem eigenen Fehler. [...]

Bei einem 16jährigen noch nicht mannbaren Knaben, der überall Gelenkgeschwulsten und ein fressendes Geschwür im Rachen hatte, weil er von einem durch Tripperstoff verdorbenen Vater erzeugt worden, folgte auf zurückgetriebene Raude eine anfangende Amaurose der Augen, aber zugleich mit Verdunklung der durchsichtigen Hornhaut und einiger eiternder Entzündung der Meibomischen Drüsen. Hier machte diese sezernierende Tätigkeit der äussern Teile des Auges, es möglich, durch künstliche Ausschläge das Innere des Auges zu bessern; Fontanellen hielten die Gelenkgeschwulsten in Ordnung, und Salzsäure heilte das Rachengeschwür. Ich sah außerdem, ein wahres **Glaukom** mit Amaurosis an beiden Augen von längst zurückgetriebener Raude entstanden. Aber, wie die meisten innern Augenkrankheiten, wie selbst der graue Star, gewöhnlich nicht für sich als Lokalkrankheit entstehen, sondern blos als Folge von vorübergehenden Hirnkrankheiten; so war auch hier, nachdem die Krätze schon vor der Pubertät mit Salben vertrieben worden, lange eine Halblähmung der Arme, Mattigkeit in den Knien, dann Ohrensausen, Schwindel und Kopfweh vorausgegangen, ehe die Augen zu leiden angefangen hatten. Der in jedem einzelnen Schlag äusserst langsame Puls des 26jährigen Kranken, der überhaupt in einer Minute nur etwas über 60 mal schlug, zeigte deutlich allgemeine Nervenaffektion bei gesunkener Gefäßtätigkeit in dem sonst robusten und grossen, aber ziemlich blödsinnigen Menschen an. Die Pupillen der Augen waren erweitert, das linke ganz blind, in dem rechten hatte der Kranke noch einen Schein von Licht. Dieses hatte tief hinter der Pupille oder im Grunde des Auges den bei der Amaurosis gewöhnlichen nebligen Grund; jenes stellenweise im Hintergrunde einen deutlichen grünlichen Schein, der nicht von jeder Richtung aus durch die Pupille gesehen werden konnte, und nicht überall ganz gleiche Farbe zeigte. In beiden Augen war offenbar die Trübheit viel tiefer im Auge, als der Sitz der Kristalllinse ist, deren Gegend durchsichtig und ungetrübt zu sein schiene. Das hydropisch Aufgeschwollensein beider Augäpfel stimmt überein mit der Eigenschaft des Raudenstoffs, abundante wässrige Sekretionen da zu veranlassen, wo Mangel an Zutritt der Luft eigentliche Eiterung verhindert. Ist vielleicht diese Form von Augenübel diejenige, welche beständig statt hat, wenn zurückgetriebene Raude chronisch auch auf das Auge wirkt? Ich bewahre in der Sammlung unseres anatomischen Theaters eine choroidea eines Auges auf, welche mit einzeln weissen festen Pusteln, von der Größe eines gewöhnlichen Stecknadelkopfes denen ähnlich innen besetzt ist, welche die oben angeführte Sektionen von an der Rauden-Schwindsucht verstorbenen Personen teils auf den Überzügen des Peritoneums zeigten; dieses Auge fand sich in dem Leichnam eines ungefähr 40jährigen Mannes, der lange im Zuchthause gesessen war, und wie die eingesperrten Tiere in unserem Klima, gestorben war an überall im Körper verbreiteten gleichsam scrophulösen in der Mitte in Eiterung übergegangenen, teils außerordentlich grossen Knoten. Sollten nicht ähnliche solche Pusteln als Lokal wieder aufgeregte widernatürliche Gefäßtätigkeit nach vorhergegangenem allgemeinerem Nervenleiden dem

von zurückgetriebener Raude entstandenen Glaukom zu Grunde liegen; sollte das eigentliche Glaukom, diese seltenere Augenkrankheit nicht immer in ähnlichen Veränderungen der choroidea des Auges seinen Sitz haben? Eine Pustel, auf welcher eine durchsichtige vergrößernde Kugel auflage, wie die ist, welche der gläserne Körper im Auge bildet, müsste, durch die Kugel angesehen, vergrössert und vorzüglich in ihrem Umfang ausgedehnt erscheinen, ohne eigentlich deutlich gesehen werden zu können, und trotz des anscheinenden Umfanges müsste sie unsichtbar sein, sobald man nicht gerade in der Richtung der Axe der durchsichtigen Kugel auf sie blickte. Dass das Glaukom in Verdunklung des gläsernen Körpers im Auge bestehe, ist eine bloße Hypothese von Heister, die in neuern Zeiten mit einer eben so wenig bewiesenen, dass es seinen Sitz. in der Markhaut des Auges habe, vertauscht wurde; dass die choroidea des Auges krank sein könnte, daran dachte man bis jetzt laut Ploucquets bibliotheca medico-practica und Beers bibliotheca ophthalmica noch gar nicht; ungeachtet alles erweist, dass diese choroidea die bedeutendste sezernierende Membran des Auges ist.

Ich habe zweimal **melancholische Geistesverwirrung** zu behandeln gehabt, welche von unvorsichtig vertriebener Raude entsprang; ein künstlicher Ausschlag besserte den einen Fall, wo verzweifelungsvolles Klagen bis zum eigentlichen Wahnsinn ging; und ein hierauf von selbst sich weiter über den Körper ausbreitender juckender krätzartiger Ausschlag hob das Übel vollkommen und dauerhaft. Sehr reizbare Nerven, Armut, Verdruss und Erschöpfung durch wiederholte Kindbetten waren hier die disponierenden Ursachen, welche die zurückgetriebene Krätze als Nervenübel und nicht als Gefäßkrankheit erscheinen ließen. Dr. Bartholomäus (a. a. O.) stellte, wie oben schon bemerkt wurde, durch einen Krätzeausschlag, den endlich der genaueste Monate lang fortgesetzte Umgang mit Krätzigen wieder hervorgebracht hatte, einen 19jährigen mit religiös-melancholischem Wahnsinn befallenen Bauernknecht wieder her, der nach sechs Wochen in diese Verwirrung verfallen war, nachdem er eine durch Ansteckung erhaltene Krätze mit einer Salbe aus Schwefel und Baumöl vertrieben hatte. Ich zweifle nicht, dass der melancholische Jüngling bei Guldener von Lobes, der immer betete und nichts ass und trank, der schlaflos und mit langsamen Puls war, und welchen ein juckender über den ganzen Körper ausbrechender Ausschlag schnell wiederherstellte, vorher durch Zurücktreibung der Krätze in seine Gemütsverwirrung verfallen war; so wie das Mädchen, was auf gleichem Wege von einer ähnlichen Gemütskrankheit genas. (S. die oben von Gulden er angeführte Schrift pag. 71. und folg.) Der bekannte Fall, wo Mutzell einen 28jährigen melancholischen Schuster, der in die grösste Betäubung verfallen war, durch Einimpfung der Krätze heilte, dürfte wohl ebenfalls auf diese Art erklärlicher sein. Man wird nie oder wenigstens nur äusserst selten Verwirrung aus psychischen Ursachen allein, oder aus körperlichen allein entstehen sehen. Das unglückliche Zusammentreffen beider stürzt blos in ein solches trauriges Übel; und veranlasst auch einen pathischen Stoff, der sonst so geneigt ist, widernatürliche Gefäßtätigkeit in innern Membranen hervorzubringen, jetzt das Gegenteil, als einseitiges Nervenleiden mit Schweigen von Gefäßtätigkeit hervorzubringen. Die fast immer melancholische Form der Geistesverwirrung, bei welcher Krätze mit im Spiel ist, knüpft gleichsam diese Nervenübel an die Brustepilepsie und an die Lungen- Schwindsucht an, welche von zurückgetriebener Raude entstehen; denn vom Nervensystem der Brust und der Oberbauchgegend aus entspringt das Gefühl von Bangigkeit, das vorzüglich der Melancholie zu Gründe liegt, und der Geistesverwirrung hier gleichsam die Form erteilt.

Wie aber Brustepilepsie zuletzt in lokale Hirnepilepsie übergeht, so scheint auch zuweilen Stoff der zurückgetriebenen Raude einen höhern Grad von **Manie** hervorzubringen durch lokalern Einfluss auf das Hirn. In dem einen Falle, den ich davon beobachten konnte, war es zurückgetriebene gewöhnliche Raude, in dem andern zurückgetriebene Raude von Aussatznatur, und in einem dritten wahrscheinlich wieder die erstere Ursache; welche eine völlig **intermittierende**, plötzlich in ihren Anfällen ausbrechende, durch Wochenlanges ununterbrochenes Reden oder Schreien und unaufhörliche zwecklose zerstörende Tätigkeit, (bei allen

mit religiösem Anstrich und bei langsamem Puls) sich auszeichnende Manie bei drei jungen Männern hervorbrachte. Ein sehr rotes Gesicht und funkelnde Augen vor den Anfällen zeigten wahrscheinlich lokales Leiden des Hirns an; im ausgebrochenen Anfall selbst wurde das Gesicht wieder ganz blass, weil, widernatürliche Nerventätigkeit nicht neben widernatürlich erhöhter Gefäßtätigkeit besteht. Die vollkommene Wochenlang dauernde Intermission jeder Verwirrung, und das schnelle Wiederausbrechen derselben gibt gleichsam dieser Manie eine epileptische Form; während vorzüglich die Manie, welcher ehemalige Unterleibsbeschwerden zu Grunde liegen, immer mehr bloße Remissionen, als völlige Intermissionen zeigt. Durch einige Beobachtungen anderer Ärzte scheint es zur Gewissheit erhoben zu sein, dass die hier beschriebene intermittierende heftige Art von Wahnsinn ihren Grund in zurückgetriebener Raude habe. Zwar ist dieses eigentlichen intermittierenden Charakters in folgenden Beschreibungen nicht gedacht; aber die Ähnlichkeit der übrigen Zufälle macht es wahrscheinlich, dass bei längerer Dauer des Übels auch dieser Umstand würde beobachtet worden sein. Dr. Richter (Hufelands Journ. 15ter B. 2tes St.) sah einen 22jährigen Bauerssohn, welcher eine durch Ansteckung erhaltene Krätze durch Waschen mit kaltem Wasser vertrieb, eine ungewöhnliche Hastigkeit und Geschwätzigkeit bei verkehrten Handlungen bald darauf verriet; als aber hie und da auf Campher, Schwefel und Dulcamara ein Ausschlag wieder zum Vorschein kam, ziemlich ordentlich wurde; nicht lange darauf wieder verwirrt werden, und in eine ununterbrochen 14 Tagelang dauernde Raserei verfallen. Wobei die Augen funkelten, der Puls geschwind, härtlich, zusammengezogen war, das Atemholen ängstlich und geschwind, den Kranken zuweilen ein Zittern am ganzen Körper und Zucken in den Armen überfiel, er in einem fort schrie und schwatzte, alles zu zertrümmern suchte. Erst als auf den fortgesetzten Gebrauch obiger Mitteln nach vor ausgegangenem starkem Jucken ein Ausschlag am ganzen Körper unter der Gestalt kleiner wasservollen Pusteln mit roten Kreisen sich zeigte, ließ die Raserei ganz nach, und Ruhe, Schlaf und Genesung stellten sich wieder ein. Auch Dr. Grossmann (Baldingers neues Magaz. 11ter B. 1tes St.) beschreibt den Fall eines 50jährigen Mannes, bei dem nach Vertreibung der Krätze durch Salben allgemeine wassersüchtige Geschwulst, als aber die Krätze wieder erschienen, und die Geschwulst verschwunden war, auf nochmaliges Schmieren plötzlich eine völlige tobende Raserei entstand; wobei Kopf und Hals bis zum Ersticken aufgetrieben wurden, und zuletzt noch Blindheit und gänzliche Harnverhaltung entstanden. Hier erschien, nach vorausgegangenen starken künstlichen Hautreizen die Krätze wieder während der Wirkung eines starken Brechmittels, worauf jene Zufälle nachließen, und gänzlich verschwanden, als die Krätze über den ganzen Körper sich ausgebreitet hatte. Da das allgemeine Resultat der Untersuchungen über die körperliche Ursache vollendeter Epilepsie und Manie zu zeigen scheint; dass bei der erstern nur von einem Teil aus desponderablen Stoffes des Nervenmarks, der dann meist als Verhärtung gänzlich verändert ist, der Reiz auf das ganze übrige gesunde Nervensystem wirkt, sobald die Erregbarkeit desselben wieder bis auf einen gewissen Grad angesammelt ist, also von einer Stelle aus nur die disponible Lebenskraft des übrigen Systems in Aufregung gesetzt wird. Dass aber bei der Manie das ponderable Nervenmark, vorzüglich aber der für die nähere Seelenorgane bestimmte Teil desselben allgemeiner, aber deswegen an jeder einzelnen Stelle minder auffallend, in seiner Mischung verändert ist; doch so, dass auch der Anteil, welchen das Nervensystem am vegetativen Lebensprozess hat, überhaupt mehr oder minder zugleich gestört oder verändert erscheint. So wird nun einigermaßen erklärlich, wie ein Stoff, der zurückgetriebener Raude gleich so leicht **einzelne** innere Teile befällt wenn er auch Manie hervorbringt, sie doch nur gleichsam von einem Orte ausgehend und der Epilepsie im Periodischen ähnlich bildet; ohne die völlige Verbreitung von Krankheit zu veranlassen, welche der dauernden und nur remittierenden Manie zu Grunde liegt. Ich sah selbst bei einem Manne von etlich und vierzig Jahren sechs ganze Jahre lang eine leichte Gemütsverwirrung regelmässig wie ein Tertianfieber nur über den andern Tag wiederkehren, welche von einer durch Salben vertriebenen Raude herrührte, die, was im männlichen Alter gewöhnlich ist, klein und trocken gewe-

sen war, aber durch Ansteckung mitgeteilt. In dem oben bemerkten Falle, wo Aussatzstoff die intermittierende Manie schien hervorgebracht zu haben, half die Natur durch ein an dem Fuße hervorgebrachtes Geschwür. In dem Falle, wo wahre zurückgetriebene Krätze Schuld war, konnte ich durch einen künstlichen Ausschlag das Übel bloß auf ein halb Jahr lang heben; da kein wahrer Krätzeausschlag wieder erschien, zeigten sich nachher von neuem, doch gelindere Anfälle der Krankheit. Der dritte von den oben angeführten Fällen, der am längsten eingewurzelt war, war ganz unheilbar für jeden Versuch. Das Schwinden der Hoden, das bei der französischen Armee in Ägypten, verbunden mit Geistesverwirrung, gleichsam epidemisch, sich geäußert hatte, zeigte sich bei diesem Subjekt in hohem Grade; und erweist den Einfluss der Geschlechtsteile auf Nervenkrankheiten, die von Raudenmetastasen herkommen, noch mehr; einen Einfluss, den auch die Raudenchlorosis auf eine andere Art zeigt.

Es ist aber nicht immer Veränderung des Nervensystems, bloß von der Brust aus gegen das Hirn hin, und zuletzt in diesem selbst, was durch zurückgetriebene Raude hervorgebracht wird, wenn der Kranke von andern Seiten her zu Nervenkrankheiten Anlage hat, und sein Gefäßsystem nicht die vorgeschlagene pathologische Rolle spielt. Sehr häufig bringt durch Salben vertriebene Raude gleichsam von der Brust aus abwärts ziehend, und so einigermaßen dem Befallenwerden der Füße mit Rauden, ihrem Schwellen und den Raudengeschwüren parallel laufend (ungefähr wie nach oben hin die Rauden-Schwindsucht der Raudenepilepsie und Melancholie gegenübersteht) **Lähmung der unteren Extremitäten** hervor, welche leider in den meisten Fällen unheilbar ist. Auch dieses Übel fängt gewöhnlich schon im Jünglingsalter an, und auch dieses sah ich nie im weiblichen Geschlechte aus, diese Ursache entstehen. Die Brustgegend erleidet anfangs mannigfaltige Beschwerden; ein Gefühl wie von Ameisenlaufen zeigt sich in den Armen, die nun steif werden, und halbgelähmt; bald aber fangen nach einem Gefühl von Steifigkeit im Rücken die unteren Extremitäten an, auf gleiche Art zu leiden, während die Arme wieder befreit werden. Nach und nach werden die Füße ganz lahm, ohne steif zu sein, und der Kranke schleppt sein mühsames Leben so bis ins höhere männliche Alter. Selbst die im Becken gelagerten Teile, die Harnblase und der Mastdarm, nehmen, zuletzt, Anteil an dem Übel, und der Kranke kann weder den Harn noch den Stuhlgang gehörig zurückhalten. Nur in einem Falle zeigte sich im Frühjahr von 1867 bei einem Jüngling, der ein Schuhmacher von Profession war, wo die Raude vorzüglich die Schenkel und Kniekehle eingenommen hatte, und welche er hier durch Einreiben von Schwefelsalbe vertrieben hatte, zuerst anfangende Lähmung der Füße; und erst nach, diesen fingen die Arme an zu leiden; aber bald, darauf erholten sich doch diese wieder mehr, während die Füße sich um nichts besserten. - Folgende Leichenöffnung zeigt den Zustand der innern Teile nach dieser Raudenparaplegie. Schon im Jahr 1799 nahm ich den 7ten Mai einen 20jährigen jungen Menschen in das ältere hiesige Clinicum auf, der durch seinen grossen Kopf ehemalige Anlage zu, Rachitis oder Kretinismus zeigte, einen Bruder hatte, welcher an letzterem Übel litt, selbst aber sehr gescheit und witzig war. Von Jugend an krätzig suchte er sich mit Schwefelsalbe zu reinigen, als er im 18ten Jahr zu einem Schuhmacher in die Lehre gegeben wurde. Hier noch genötigt, beständig mit aufwärts gebogenen Knien zu arbeiten, wurden seine unteren Extremitäten nach und nach steif, und blieben gebogen; er konnte nun weder gehen, noch sich irgendwohin von selbst bewegen. Ohne eigentliche Arthritis je gehabt zu haben, klagte er doch Schmerzen in den Gliedern. Abführende Mittel, welche andere Ärzte ihm verordneten, halfen so wenig, dass das Übel dadurch verschlimmert zu werden schien; Dampfbäder schienen etwas zu bessern. Als ich ihn zu behandeln anfang, zeigten sich noch Spuren trockener Krätze auf der Haut, ich reichte ihm Talkschwefelleber, aber des Zusatzes von Opium ungeachtet laxierte sie diesen Kranken. Dampfbäder brachten die Krätze etwas besser zum Vorschein; aber es kam kein eiternder Ausschlag zu Stande, und der Kranke besserte sich auch hierauf nicht. Damals über die Quelle des Übels noch nicht durch so viele Beispiele, als gegenwärtig belehrt, suchte ich bloß eine Fieberregung dem Nervenübel entgegen zu setzen, und ließ Quecksilbersalbe mit

Cantharidentinktur äusserlich einreiben; es entstand einige Salivation, der Hautausschlag aber verschwand. Blasenpflaster in die Leistengegenden gelegt, hoben nun zwar die Schmerzen in den Füßen, aber eine Diarrhoe folgte, welche nur durch reichliche Gaben von Krähenaugenextrakt (*extr. nucis vomicae*) sich aufheben ließ. Auf den anscheinend nun bessern Zustand des Kranken kamen aber auf einmal heftige Schmerzen mit konvulsivischen Zuckungen in den Füßen zurück; zugleich entstand Kopfweg und Erbrechen. Doch auch dieser Sturm besänftigte sich wieder, das Steifsein der Füße war geringer geworden, die anscheinende Besserung des Kranken wurde blos zuweilen durch Kopfschmerzen und Nasenbluten unterbrochen. Ganz unerwartet starb der Kranke, der sich kurz vorher vollkommen gut gefühlt hatte, Mittags den 21ten Juni, dem Buchstaben nach mit einem Bissen im Munde. - Gleich den Tag darauf, bei der damaligen warmen Witterung, wurde der Körper geöffnet, der schon völlig faulig roch, einen aufgetriebenen Bauch zeigte, und dem beim Umwenden mehr als eine Unze aufgelöstes Blut aus Mund und Nase floss. Das Gesicht des Leichnams war blass; der Rücken zeigte die gewöhnlichen Totenflecke. Als der Hirnschädel durchsägt, und von ungefähr der seitliche Blutbehälter der harten Hirnhaut verletzt wurde, floss wenigstens ein Pfund von schwarzem flüssigem Blut aus; ein Beweis des Aufgetriebenseins der grossen Venen bis zur rechten Seite des Herzens hinab. Die harte Hirnhaut zeigte ausser einem Mangel an sogenannten Pacchionischen Drüsen nichts Ungewöhnliches. Noch waren die Venen auf der Oberfläche des Hirns mit Blut angefüllt; zwischen der Spinnenwebenhaut und der Gefäßhaut des Hirns war flüssige Lymphe ergossen, die Spinnenwebenhaut selbst war an einigen Stellen verdickt und von gelblicher Farbe. Die Masse des Hirns war in allen seinen Teilen gesund und fest; nur waren die Blutpunkte, welche beim Durchschneiden der Marksubstanz zum Vorschein kommen, hier grösser als sonst; und nicht wenig Wasser in den Seitenhöhlen des Hirns vorhanden; die ziemlich grosse und in die Quere ausgehölte Zirbeldrüse sowie der Hirnanhang im Türkensattel waren röter als gewöhnlich. Den Anfang des Rückenmarks umgab vieles Wasser, und wenn gleich dieses selbst fest war, so zeigten sich doch die Anfänge der aus dem verlängerten Marke entspringenden Nerven deutlicher als sonst in ihre Fäden aufgelöst, und gleichsam mazeriert. Die Knochen des Hirnschädels waren zwar gehörig feste; aber die Körper der Lendenwirbel viel schwammiger und weicher, als natürlich. Mehr als eine Unze Wasser befand sich in der Scheide des sogenannten Pferdeschweifes; die Nerven derselben waren wie durch Einwässerung gebleicht, und nur mit etwas mehr als sonst deutlichen kleinen Venengeflechten untermengt. Auch der ischiatische Nerve hatte eine weisere Farbe als gewöhnlich, sonst war er gesund. Die Muskeln des Beckens, die an der hintern Seite des Ober- und Unterschenkels, waren bleicher als die übrigen. Selbst nach dem Tode konnte man auch mit Gewalt die Füße nicht gerade strecken, und die vor der Untersuchung der Muskeln durchschnittenen Sehnen in der Kniekehle, und die Achillessehne sprangen stark und schnell auseinander. - In der Brust zeigte sich keine Spur von denen Veränderungen, welche hier oft durch Raudenmetastasen hervorgebracht werden, auch war keine ausgetretene Flüssigkeit vorhanden. Die Lungen waren locker und natürlich, wegen der Menge von Blut aber, welche sie enthielten, schwärzlich von Farbe, auch das Rippenfell war gegen den Rücken hin schwarzrot. Das Herz war schlaff, sonst von natürlicher Beschaffenheit, es enthielt jetzt, so wie auch die grossen Venen, nur wenig flüssiges, und hier zugleich schaumiges schwarzes Blut, überhaupt zeigte sich nur bei der Öffnung des Kopfes die grosse Menge von Blut, im ganzen übrigen Körper wenig. Der Luft ausgesetzt nahm dieses Blut doch bald die gewöhnliche Scharlachröte an. Im Unterleibe zeigte sich nichts Widernatürliches, als dass die Schleimhaut des Magens um den obern Magenmund herum und teils im Grunde des Magens, so wie an einigen Stellen auch der dünne Darmkanal mit kleinen Blutflecken bestreut war. Auch die grosse und mit rötlicher Galle angefüllte Gallenblase hatte unter ihrem Peritoneumsüberzug ähnliche kleine Blutpünktchen; im übrigen war die Leber gesund; alle Gedärme waren durch eine höchst stinkende Gasart aufs stärkste ausgedehnt - Schon die niedergesunkene Basis des Hirnschädels dieses Menschen, die platte Grundfläche seines Hinterhaupt-

beins, der ebene Grundfortsatz dieses Knochens, das grosse, hohe, aber oben platte Hinterhaupt schien ehemalige Anlage zur Erweichung der Knochen des Hirnschädels, den Grund der bei Kretinismus und Rachitis vorhandenen Veränderung des Hirns, anzuzeigen; doch hatte der Kranke nicht wie sonst vollkommene Kretinen, einen Kropf, auch zeigte sein übriger Körperbau so wie seine Geistesfähigkeiten, dass weder Kretinismus noch Rachitis bei ihm je vollkommen sich entwickelt hätten. Sollte aber nicht die Anlage zu einer oder der andern dieser Krankheiten hinreichend gewesen sein, die Wirkung des durch Salben zurückgetriebenen Raudenstoffes mehr auf das Nervensystem zu leiden, und deswegen den Körper, vorzüglich aber die Brustorgane, frei von den sonst gewöhnlichen eiterigen Produkten widernatürlicher Gefäßtätigkeit erhalten zu haben; während sein beständig gekrümmtes Sitzen als Schuhmacher, ein Handwerk, das vorzüglich zur Raudenlähmung zu disponieren scheint, prädisponierende Schwäche der unteren Extremitäten veranlasste. Die Zeichen von Entzündung am Magen und Darmkanal, so wie an der Gallenblase, scheinen mehr Folge des apoplektischen Todes, und die Auflösung der Blutmasse erst durch die Nervenkrankheit, vielleicht hierin unterstützt durch den reichlichen Gebrauch der Schwefelmittel und des narkotischen Krähenaugenextrakts, deren Folgen im Leben bei anscheinender Besserung nicht wohl vorausgesehen werden konnten, hervorgebracht worden zu sein.

Es ist leider sehr wenig, was ich über die Therapie dieser wenn gleich nicht seltenen Lähmung der unteren Extremitäten, welche zurückgetriebener Raudenstoff veranlasst, sagen kann. Was oben pag. 281 angeführt wurde, von oft fruchtlos gegen zurückgetriebenen Raudenstoff versuchten Heilmitteln, und noch mehrere, wie selbst öfteres Begießen der ganzen Schenkel und Füsse mit sehr heissem, fast kochendem Wasser, wandte ich in verschiedenen Graden vergeblich an. Eben so wenig nützte ausser den daselbst angeführten innerlich gegebenen Mitteln der Gebrauch von Quecksilber, von Mitteln welche wie *Digitalis purpurea* und *tinct. cantharidum* sonst auf Wasseransammlungen wirken, von flüchtigen Reizmitteln wie von Salmiakgeist, Phosphorauflösung in Naphtha, oder von fixeren, wie Kali oder Angusturarinde, oder von narkotischen Mitteln wie Hyoscyamusextrakt, Opium, Krähenaugenextrakt sind. Nie gelang es mir, eine eingewurzelte vollkommene Paraplegie dieser Art zu heilen, und doch zeigt die eben angeführte Leichenöffnung, dass die Organe dabei nicht so zerstört sind, dass keine Hoffnung übrig sein sollte. Ich gestehe, dass ich abgeschreckt durch die bekannte Folgen, welche andere Ärzte von der Öffnung der der Spina bifida zu Grunde liegenden Wasseransammlung entspringen sahen, dieser in der cauda equina, worin wie ich glaube, der nächste Grund der Raudenparaplegie liegt, nie näher zu kommen traute, als durch ein, aber ebenfalls fruchtloses Abbrennen eines Baumwollenzylinders auf dem heiligen Bein, der Stelle gegen über, wo der Rückenmarkskanal sich auf der äussern Fläche desselbigen endigt. Was ich von glücklicher Heilung bei anfangender Raudenparaplegie sah, besteht in folgenden. Bei einem 5jährigen Knaben, dem ein Hautausschlag durch Salben vertrieben worden war, war ungeachtet sonst bei Kindern selten Folgen von vertriebener Krätze entstehen, doch eine Art Schlagfluss entstanden, auf welchen eine nicht vollkommene Lähmung der unteren Gliedmaßen, und eine bemerkbare Atrophie des rechten Armes und Schenkels zurückgeblieben; der Arm war hierbei nicht lahm, das Übel dauerte aber schon in das zweite Jahr. Reichlicher innerlicher Gebrauch von Schwefel, öftere Bäder und Reiben des Körpers, ein künstlicher Ausschlag auf dem Kopfe und an den Schenkeln hemmten die Fortschritte des Übels, und besserten es. Eine natürliche Wiederansteckung durch wahre Krätze beschleunigte die Genesung. Bei einem jungen Manne, der nach einer durch Salben vertriebenen Raude zuerst Brustzufälle dann allgemeine Schwäche und Zittern klagte, ohne abzumagern, der aber vorzüglich ein Gefühl von Einschlafen der Füsse und Schenkel, hauptsächlich des rechten hatte, saß auf der fascia lata am unteren Teile des musculus vastus externus eine Verhärtung, von der aus oft ein kriebelndes Gefühl hervorstieg; daneben waren zuweilen Anfälle von Schwindel, leichter Bewusstlosigkeit, Ohrensausen vorhanden, die den Ausbruch einer Epilepsie besorgen ließen. Die

Krankheit besserte sich durch Ausschläge mit Brechweinsteinsalbe erregt, durch innerlichen Gebrauch von Schwefel, und ein starkes auf jene Verhärtung gesetztes Fontanell, in der Zeit von der Mitte des November 1806 bis zur Mitte des Januar 1807 Aber 73 Tage ernstlicher Heilversuche, waren nicht im Stande, völlig die Krankheit zu heben. Es gelang mir nur einen 26jährigen Schuhmacher (welche, wie die Weber, Schneider, Buchdrucker &c. so häufig der ansteckenden Raude unterworfen sind) von einer unvollkommenen Lähmung der unteren Gliedmaßen völlig zu heilen. Er war bis in sein 16tes Jahr gesund gewesen, wo er die Raude bekam, und sie durch Schwefelsalbe vertrieb; anhaltendes Kopfweh, und schon im 22ten Jahre eine Lähmung der unteren Gliedmaßen vom Kreuze an, doch mehr auf der linken Seite, so dass er nur mit Mühe durch Hilfe eines Stockes sich fortschleppen konnte, waren die Folgen davon. Er trat den 19ten Juli 1806 in das Clinicum. Neben starkem innerlichem Gebrauch von Schwefel ließ ich ihm sogleich an den Füßen und Schenkeln durch Brechweinsteinsalbe einen eiterigen Ausschlag machen. Schon im August hatte er sich so weit gebessert, dass er im Zimmer ohne Stock gehen konnte; doch hielt das Kopfweh noch an. Unter das Knie wurde ein Blasenpflaster gelegt, und fließend erhalten. Von der Hälfte des Augustes an nahm der Kranke jeden andern Tag ein Schweißbad, und an dem Tage wo er dieses nicht gebrauchte, ein warmes Fußbad, worauf ihm die Füße in ein wollenes mit Senfmehl bestreutes Tuch gewickelt wurden. Es stellte sich ein habituelles Schwitzen in den Füßen ein, das Kopfweh verlor sich, die Kräfte im Gehen fanden sich wieder ein, und der Kranke, dessen Heilung wahrscheinlich durch die warme Jahreszeit unterstützt wurde, verließ den 23ten Sept. gänzlich hergestellt das Haus. Weil er einen Abscheu vor dem beständigen Sitzen bei seinem Handwerk hatte, so schaffte er sich einen kleinen Kram an, um damit im Lande umher zu hausieren.

Das Angreifen einer einzelnen Partie des Nerven- und Muskelsystems sah ich dieses Frühjahr bei einem 10jährigen Mädchen, wo seit einigen Jahren zurückgetriebene Raude einen gekrümmten Hals hervorgebracht hatte. Der eine musculus sternocleido-mastoideus war ganz rigid zusammengezogen, der andere ausgedehnt, der Kopf hing auf die linke Schulter; jeder Versuch ihn aufzurichten, war äusserst schmerzhaft. Laue Bäder, und was bei Raudennachkrankheiten, da noch am meisten nützt, wo kein hektisches Fieber vorhanden ist, wochenlang fortgesetzter Gebrauch der schweißregenden Mischung aus salzsaurer Schwererde mit Opium oder mit Naphtha, brachten wieder einen Ausschlag auf der Haut hervor, und mit ihm erhob sich der Kopf wieder gerader. Ich ließ nun mit Nutzen in den Hals Brechweinsteinsalbe einreiben. Schon Mauchart (in seiner Dissertat. caput obstipum. Tubingae 1737) führt einen Fall an aus Bootius von einer Kranken, welche einen krummen Hals bekam, nachdem sie durch eine Quecksilbersalbe einen Hautausschlag vertrieben hatte; und Greeve (Diss. de capite obstipo. Traj. ad Rhenum. 1786) beschreibt den Fall eines Jünglings, welcher nach einer Augenentzündung einen krummen Hals erhielt, und der endlich an Lähmung der unteren Gliedmaßen, wahrscheinlich also von zurückgetriebener Raude, starb. Für den praktischen Arzt ist es also wichtig, bei einem nicht angeborenen krummen Hals auch diese Ursache nicht aus dem Auge zu verlieren. In unserem Falle schien der sternocleido-mastoideus der andern Seite nicht paralytisch zu sein, auch zeigten die Gesichtszüge nichts Apoplektisches.

Wenn nun aber so häufig der Tod, oder ein sieches Leben, dessen beste Blüte verflossen ist, bis die Abstumpfung des Alters die Leiden mindert, Folge einer einzigen unvorsichtigen Heilung des sonst unbedeutendsten Übels sind; wenn so viele traurige Erfahrungen unheilbarer Nachkrankheiten, welche die unvorsichtige Behandlung der Raude durch fette Salben hervorbringt, den Nachteil dieser Salben beweisen, Erfahrungen, welche hier mit möglichster Treue erzählt, gewiss auch von vorurteilsfreien Ärzten an andern Orten werden bestätigt werden; sollten nicht die Ärzte selbst vorsichtiger mit dem Gebrauch von Schwefelsalben sein, und ihre Anwendung nicht bloß dem Gutdünken unverständiger Leute überlassen, die nie genug eilen können, sich dadurch von ihrer Krätze zu befreien? Sollten nicht die officinellen Salben

gegen Raude ohne Vorschrift eines Arztes abzureichen verboten, oder ihnen schärfere die Haut mehr reizende unterschoben werden? sollte man nicht besser den Gebrauch scharfer Waschwasser statt fetter Salben überhaupt einführen? Zahlloses Unglück würden Volksschriften verhindern, welche auf dieses gefährliche Vertreiben der Krätze mit Salben aufmerksam machten; würde die Belehrung der Apotheker, der Landchirurgen, der Geistlichen auf dem Lande künftigen Generationen ersparen. Wenn die Bekanntmachung dieses Aufsatzes auch nur den Verfasser irgend eines Hauskalenders veranlasst, ihn für die Landleute zu benutzen, so ist er schon nicht umsonst geschrieben, und gewiss keine der unbedeutendsten Früchten unseres Clinicums. Die Wichtigkeit seines Gegenstandes wird den Mangel an Neuheit entschuldigen.“

(Prof. J. H. F. Autenrieth, Versuche für die practische Heilkunde aus den clinischen Anstalten von Tübingen, I. Band, 2. Heft, Tübingen 1808, Nachkrankheiten, welche auf vertriebene Krätze folgen, S. 229-327)