

CLINICAL NOTES ON ZINCUM AND NUX MOS- CHATA.*

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The following "Notes" are intended to show the value of *Zincum* in the treatment of cerebral meningitis, and to suggest that this remedy should be given at an earlier stage of the disease than is commonly advocated in our text books. Alphabetically *Zincum* comes last, but, therapeutically, it should stand in the first rank.

Case I.—On October 31, 1888, I was summoned to see a female child, aged 8 months, who was seized with convulsive attacks, abrupt vomiting, and hurried respiration. Temperature, 101.7°. Hearing that the child had been exposed to the contagion of measles, I surmised that the foregoing symptoms might be caused by the non-development of the characteristic eruption, and, in the hope of bringing it out, I gave *Gelsemium* and *Bryonia* in hourly alteration.

November 1.—The child seemed better, and took more notice of its surroundings; but the vomiting persisted. Continued remedies, but gave two doses of *Gelsemium* to one of *Bryonia*. Temperature, 101.9°.

November 3.—Dr. Edgar A. Hall, of Surbiton, kindly saw the child in consultation, and confirmed my hypothetical diagnosis. He suggested that *Verat. viride* should be given, in drop doses, every fifteen minutes, and that the patient should be put in a wet pack. This was done, and an hour and a half later the temperature had fallen from 105° to 102.6°, when the remedy was given every half hour. On the following day the temperature was 104.5°, despite the frequent dosage and wet packs.

On November 6, the temperature being 103.5°, I discontinued the *Veratrum viride*, and gave *Baptisia* alternately with *Bryonia*, and continued these remedies until November 12, when I reverted to the *Veratrum viride*, alternating it with *Gelsemium*. My little patient, however, continued to get worse and worse. She lay in the typhoid state, constantly vomiting. The head was drawn backwards almost at a right angle with the spine, which was arched strongly forwards. The thumbs were in-

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curved upon the palms of the hands, with the fingers flexed tightly over them. The toes were rigidly bent upon the soles of the feet; in fact, all the skeletal muscles were in a condition of tonic contraction, and nothing that I had done had produced the slightest relaxation of the rigidity. On November 18 I relinquished the *Ver. vir.* and *Gels.*, and gave *Baptisia* in alternation with *Calcareo carbonica*, and kept to these remedies until November 29, without any result so far as the rigidity was concerned. At this juncture I happened to see the following paragraph in Farrington's "Clinical Materia Medica," p. 585:—"Zinc is an invaluable drug when the patient is nervously too weak to develop a disease; and hence he suffers all the consequences of hidden disease, or disease spending its force on the internal organs. To give you an illustration of this, in exanthematous diseases, we find *Zinc* called for in scarlatina, or in measles when the eruption remains undeveloped. As a result of the non-development of the disease, the brain suffers." These words were the dawn of hope to patient, parents and practitioner.

Accordingly, on the following day, November 29, I put a few grains of *Zincum metallicum*, 1x trituration, into a two-drachm bottle, filling it with dilute spirit, and directed the mother to give three drops of this mixture for a dose, in alternation with the *Calcareo* which I had been giving for the previous ten days, and to discontinue the *Baptisia*. The results exceeded my most sanguine expectations. On the second day after giving the *Zinc*, the child was able to move her head, and the long-hidden eruption began to appear—first on the shoulders posteriorly. Later, it became general, and, coincidentally with its appearance, the rigidity, which had persisted for three weeks, vanished, while the improvement thus initiated ended in recovery. There was no rise of temperature after commencing the *Zinc*. I cannot help thinking that the rigidity would not have supervened if the *Zinc* had been given earlier, and thus the worst features of the case would have been prevented.

Case II.—Elsie O., aged 8 years, had been subject to headaches for the past two or three years.

On August 30 last, patient went to picnic. On the following day the child was sensitive to noise, and complained of headache. In the evening of this day the mother noticed a vacant look in her eyes. A restless night followed. On September 1 she seemed very unwell, ate scarcely any food, and wished to lie

down during the day. Another restless night followed, and on morning of September 2 the mother gave the child an injection of salt and water, and brought away a quantity of thread worms. The patient requested that she might be quiet and that the light of the room might be darkened. Another bad night, and the child seemed dazed.

September 3.—This afternoon I was called to see the patient. Temperature, 104.5°; pulse, 132. Child complained of her head, and shrank from light and noise. Tongue coated with thick white fur, vertigo, nausea, slight vomiting, dry skin. *Baptisia* 1 in 20, *Bryonia* 1x, gtt. 5 in hourly alternation. The intense heat of the sun at this time led me to think of the probability of heat-stroke, and I gave this as my diagnosis, while reserving a place for typhoid fever if effluxion of time should show that it was not heat-stroke.

The child being no better on September 5, the parents expressed a desire to have further advice, and a London physician was summoned. He favored the heat-stroke theory, but left a loop-hole for typhoid, prescribing *Hyd. c. cret.*, gr. ii.; *Pulv. glycerh.*, co. gr. xvi., each night, and an effervescing mixture every three hours. After taking one powder and a portion of the draught, the child became unconscious and so markedly worse that it was impossible to give further doses, the patient being quite unable to swallow them. At this time the motions were frequent and of light ochrey color. Sordes covered the teeth and lips, while the tongue was dry and thickly coated with a brownish-yellow fur. The patient being intolerant of the allopathic remedies, on September 7 I returned to *Baptisia* and *Bryonia* and continued these until the evening of September 9, when I substituted *Arsenicum* for the *Bryonia*.

On September 11, in the absence of Dr. Roberson Day, Dr. Climenson Day saw the child in consultation with me and left *Lachesis* 6 for immediate use, reserving *Apis* for possible screaming fits. He also prescribed hot moist bran poultices to the nape of the neck, a hot compress to the throat, abdomen, and feet. Following this treatment there was marked improvement for about twenty-four hours, but, unfortunately, this was not maintained, and I was again cast upon my own resources. The patient grew steadily and rapidly worse. There was an unpleasant exhalation from the body. Emaciation was extreme. The head was rolled from side to side so incessantly and invol-

untarily that the occipital region was denuded of hair. Screaming was loud and piercing. The thumbs were turned in on the palms of the hands, and there was opisthotonos. The urine was retained, and for more than a week the catheter was used twice daily. The fæces were passed unconsciously. They were very sticky, adhering tenaciously to the diapers. *Baptisia*, *Bryonia*, *Arsenicum*, *Lachesis*, *Apis*, *Veratrum viride*, *Glonoine* and *Helleborus* had been tried and found wanting. What more could be done?

I resolved to give *Zinc*, and on September 18, having made a solution of *Zincum phosphidum*, 3x trituration, I directed this to be given in five drop doses half hourly for a time. Improvement followed forthwith. First of all, there was the appearance of moisture on the tip of the tongue, which increased until the whole organ was moist. Concurrently with this a gentle perspiration broke out in other parts of the body, and the urine was voided naturally. From this time onward, until October 21, *Zincum* was the chief remedy used. For sleeplessness I tried *Kali brom.* 1x gtt. 5, with good results. For the screaming I gave *Stramonium*, without any apparent benefit.

On October 28, finding that patient, though physically well, was still mentally deranged, I prescribed *Tinct. Anacardium* 2x, gtt. 5, 2h. On October 30, as a test of the patient's intelligence, I gave her a blank envelope and a postage stamp, telling her to affix the stamp to the envelope. This she did quite correctly, placing the stamp erect in the right hand upper corner. On the following day she recovered her power of speech completely, after having been deprived of it for more than six weeks. The patient is now quite well, and there has been no relapse in the convalescence.

I consider *Anacardium* an admirable remedy in mental weakness. A demented baker, who wanted to take his batch out of the oven before it was baked, besides other eccentricities, and to whom I gave *Anacardium* 1x, gtt. 5, 4 h., has recovered his reason and now does his work intelligently.

Some Clinical Applications of *Nux Moschata* and *Oleum Myristicæ*.

There is no mention (so far as I am aware) in homœopathic literature of *Nux moschata* or its derivative *Oleum myristicæ* in the treatment of local infective processes, such as obtain in boils,

whitlows, poisoned wounds, and other suppurative conditions. From personal observations made in hospital and private practice, extending over many years, I venture to think that we have no better remedy than *Oleum myristicæ* for these troubles. I have nearly always prescribed the second decimal dilution. I have not used the tincture of *Nux moschata* often enough to assert that it can be used interchangeably with the *Oleum myristicæ*. The following is one of many cases which I could adduce to illustrate my statement:

Richard P., aged 31, consulted me on August 12 last. In the preceding eight weeks he had twelve to fifteen boils spread over the gluteal region. I prescribed *Oleum myristicæ* 2x, gtt. 5, 2 h., internally, and *Oleum myristicæ* pure to be rubbed over the boils, and any incipient ones, externally. On August 21 patient reported that on the first and second days after he had consulted me four more boils appeared—one on the left eyelid, one on the foot and two on the buttock. He then added: "At the present moment I stand clear." I repeated the tincture, however, to prevent possible recurrence.

Some months ago Dr. J. B. Corlett, having heard incidentally of my employment of the *Oil of Nutmeg* in septic conditions said that he was reminded of a similar use of the nutmeg by the natives in the West Indies. I wrote to him on the subject, and, in reply, he says:

"Nutmeg scraped and mixed with a vehicle such as bread and milk, etc., is used in the West Indies as a poultice to boils, etc.

"I have used it as the *Spiritus myristicæ* internally for boils, pustules, etc., and found it most useful in curing and preventing their recurrence."

Dr. Leo Rowse said that he thought the *Oleum myristicæ* induced suppuration, and I am inclined to think that it does so in cases where suppuration is inevitable, but not where it is used sufficiently early. It is claimed for *Hepar sulphuris* that "it promotes and regulates suppuration in a remarkable manner (second only to *Silica*), but is generally required at earlier stages than *Silica*." If *Hepar sulphuris* precedes *Silica*, then I should say that *Oleum myristicæ* precedes both, runs with and follows after them.

Dr. Jagielski considered the inflammatory boils beautifully kept under by *Belladonna* θ internally, as well as applied locally.

Dr. Moir was interested to hear of a new remedy for boils, as a medicine for recurrent boils was much needed.

Dr. Galley Blackley said that a few years ago he visited a gentleman who had passed a great deal of his life in Java, and found he had in the house, as a domestic remedy for all sorts of bruises and sprains, etc., etc., a crude kind of *Oil of Nutmeg*. *Oil of Nutmeg* was not absolutely new in their pharmacy, as he had been in the habit of using the pure essential oil in the skin department of the hospital for some years. It was exceedingly useful, when properly diluted with castor oil and spirits of wine, for removing the troublesome scurf which came in mild cases of seborrhœic pityriasis in people of advanced years, especially if accompanied by loss of hair.

Dr. Lambert said that *Picric acid* was worth mentioning; it was said to be more valuable than *Hepar*, *Sulphur*, or *Silica*, in the treatment of boils.

Mr. Molson said that his first patient was his father, who, some years previously, had a series of boils of the Vesuvius-in-action type, which kept recurring for eighteen months. These boils were distributed over the fleshy part of the right thigh, and were exceedingly painful. Having heard that "nutmeg" was useful in such conditions, he took one and gave it (grated) to his father. A severe headache with vertigo followed, but the boils vanished! It was now generally recognized that boils were of infective nature, and the poison was doubtless conveyed by the lymphatics. As a further illustration of the value of this remedy he mentioned the case of a colporteur who recently wore a tight-fitting boot which caused an abrasion of his fourth left toe. Two or three days afterwards the chafed toe suppurated (presumably from septic absorption), and this was followed a week later by a boil on the upper surface of the tarsus. Three or four days after this a second boil developed above the inner malleolus, and, finally, five more boils appeared on the inner side of the Achilles tendon. The inguinal glands were tender and somewhat enlarged. He gave tinct. *Nux moschata* 1 in 5, five drops hourly, but he thought that the tincture made from the English *Oleum myristicæ* was the better and more effectual preparation. This latter he generally administered in the second decimal dilution, giving five drops for a dose at frequent intervals.

ON THE POWER OF DRUGS IN DISPERSING PATHOLOGICAL GROWTHS.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

There is nothing more interesting in clinical medicine, from the homœopathist's standpoint, than to note the well-nigh marvellous power which some drugs exert upon the various foreign growths that not infrequently arise in portions of the animal economy. It is not necessary to remind readers of *The Homœopathic World* that the practitioners of orthodox medicine resort either to a surgical operation or some cauterizing agent in order to relieve a patient of the presence of tumors and similar extraneous growths; but it has been left to Homœopathy to discover the dynamic power of drugs—by means of internal administration or local application or both—to disperse foreign growths and rid the system of the morbid germs which are the origin of such growths. From the teaching of the old school of medicine, the minds of members of the medical faculty are so imbued with the idea that nothing short of surgery, in some form or other, is of the least avail in such cases, that it takes converts to Homœopathy a long while to realize that other more gentle and more effective means are available; indeed, if we are to judge by what we hear and see of the practice of a no inconsiderable number of homœopathic practitioners of the present day, there are many men of influence who still refuse to believe in the efficacy of therapeutics to relieve their patients of foreign growths, especially when the said growths are located internally. They have not the faith, and therefore lack the courage, to put to the practical test of experience what they must have heard is possible in the hands of their sounder brethren. I have no intention of underrating the importance of surgery, but I do maintain that as a rule too great haste is evinced to use the scalpel, and during the last few years a very keen anxiety seems to have taken possession of not a few leading homœopathic practitioners, not merely for the higher development of surgery, but to resort to surgical procedure in cases wherein their better knowledge of therapeutics should have availed to save patients from the anxiety attendant upon such operations, the risk of life involved thereby, and the ultimate consequences in after life. Moreover, after an operation is performed, say for the removal of a carcinomatous growth in the breast of a woman, how

many cases are there in which the whole growth is eradicated? The operation does not rid the system of the germs of this growth, and the same may be said of almost any kind of morbid growth that can be named; but when a therapeutic agent is found which serves to reduce and probably entirely disperse such a growth, the germs are eradicated from the system and the non-probability of a recurrence may be anticipated.

I have recently had under my care a number of valuable bitches—some bulls and others bull terriers—in which foreign growths were developed on the vaginal walls, extending from the opening of the vulva to the os uteri, in a few cases penetrating so far as the posterior wall of the uterus. A portion of one of these growths was excised and forwarded to a well-known pathologist for microscopic examination; he pronounced it to be epithelioma; that taken from another bitch was pronounced by a Continental expert to be carcinomatous, but I am not certain that the latter gentleman made a microscopic examination, although I believe he did. This particular bitch, a bull terrier, had the growths periodically removed with the actual cautery by a veterinary practitioner of considerable experience, but this mode of procedure only seemed to intensify the disease; the growths spread rapidly, the walls of the vulva were enormously tumefied and thickened; ulceration commenced in a large number of places and the walls of the vulva were ultimately perforated, so that one could easily see through the orifices; the walls of the vagina, right up to the os uteri, were literally loaded with grape-like growths, and the passage was almost entirely obliterated. When this bitch was placed under my care I at once put her upon *Hydrastis Canadensis* three times a day, and applied locally an unguent of the same, night and morning; the result, after six months' treatment, has proved eminently satisfactory; indeed, after the first week the bitch, who had previously refused food until she was little more than a bag of bones covered with skin, resumed her normal appetite and spirits, and has since gradually gained in condition; the swollen vulva has receded to its natural size, the ulcerative process ceased, the perforations slowly disappeared, and the growths on the walls of the vagina are gradually becoming dispersed. The cure, though not yet thoroughly complete, is sufficiently advanced to warrant the most sanguine hopes, and the case, so far as it has gone, deserves the most serious consideration of all those who