

## PERSONAL.

Tremendous, hazardous, stupendous—they say there is only one other English word that ends “dous.”

The professional man who stints himself in books is something like the man who tried to keep his horse on shavings.

“As we turn the search-light of investigation into the remote ages of antiquity”—is the way the *Charlotte Medical Journal* puts it.

When Europe was a wilderness China had her examining boards and she has them yet.

The altruistic pharmacist who lives only to “divide” his “profits” with the doctor, never—well, hardly ever, fails to take it out on the goods.

There is no money in inferior goods for anyone save the seller.

A stock of fluid extracts, well diluted, and you have a cheap line of “Homœopathic mother tinctures.”

They say a Boston theosophist, while sitting still, saw his sidewalk.

Powdered milk sugar, a little perfunctory stirring, and you have cheap “trits,” “above the ix.” Money in them, too.

They say hiccough can be arrested by putting out the tongue.

The man who speaks of a genuine Homœopathic book as being “out of date” sort o’ gives himself away.

Dr. Edmund Carlton has removed from 53 W. 45th street to 62 W. 49th street, New York.

The *Pacific Coast Jour.* and the *Am. Hom.* have pocketed their guns and, as it were, taken a friendly smile.

After reading certain papers in the big monthlies that are said to reject hundreds of mss. daily, one shudders to think what manner of stuff the rejected must have been.

Dr. Frederic G. Ritchie has removed from N. Y. Ophthalmic Hospital to 134 W. 47th street. Diseases of the eye and ear exclusively.

Dr. Geo. W. McDowell has removed to 136 W. 130th street, New York. Even a fond lover draws the line at a Roentgen photo of his lady.

Governor Bradley has appointed Dr. J. H. Samuel, of Maysville, Ky., a member of the State Board of Health. Dr. Samuel is vice president of the Ky. Homœopathic Society.

Dr. Redmondino announces that the *National Popular Review* has “permanently ceased to exist.”

Custis’ *Practice of Medicine*, at \$2.00, is becoming a favorite.

Boericke & Tafel’s *Phytolacca decandra folia* seems to be a good local application to carcinomatous growths. (See Dr. Hurndall’s paper in this number of RECORDER).

Pay up your subscription to the RECORDER and enjoy a good conscience.

If you use mailing boxes do not fail to see the “Perfection.”

Has any one ever proved the salt, or the water, of the Dead Sea?

WANTED.—A resident physician for the Brooklyn Maternity Hospital. Apply to Dr. E. W. Avery, 16 Hancock street, Brooklyn, N. Y.

They say that the bicyclist is fast becoming as expert a story-teller as the fisherman.

The California Fig Syrup Co. makes its first appearance in THE RECORDER’S select pages. See XIX—next page.

The wise advertiser always has THE HOMŒOPATHIC RECORDER on his list.

Geo. S. Norton’s book on “Therapeutics of the Eye,” is the one to buy—best and cheapest, too, \$1.00.

## THE HOMŒOPATHIC RECORDER.

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### A CASE OF HYSTERO-EPILEPSY.

On the 22d of last April the writer was consulted in the case of S. X., æt. 18, a cadet in a military school, and a fine-looking specimen of young manhood.

He is sent from school because he is believed to be subject to epileptic fits, and the attacks have been developed within the last six months.

Before the patient came the following documents were handed me by the mother; the writer of the first being the Principal of the Military School in which the patient is a pupil.

“Since I wrote you on Saturday [the 18th of April, and this letter is dated the 20th], I have seen Sam in one of his spasms and can speak more intelligently.

“Saturday evening, about half an hour after supper, he had a hard wrestling match with Stern. After it was over Sam felt the approach of (1) a spasm and walked to the house, Stern going with him. He had no more than got to his room when he had a hard spasm. I was called very soon. Before he regained consciousness he had three (2) other attacks, all of which I saw.

“His face was almost livid; his veins were filled almost to bursting, and his muscles were most intensely strained—during one [spasm] drawing his head and legs back into bow shape. (3) The spasm lasted from one to three minutes, but the unconsciousness from about half to three-quarters of an hour.

“After he regained his sensibilities he talked awhile and [then] went to sleep, (4) and waked the next morning apparently well.

“During the spasms there was a little frothing at the mouth. (5) The head was not particularly warm, but the pulse ran up as high as 132.

“I am convinced that the spasms are brought on more by severe exercise than by heat. He went out and pitched one or two innings of ball, but had to give it up to go off and have a spasm—which he did before he could get to the house.

“I am sorry to say it, but I believe these attacks are epilepsy. When you have him examined ask the physician to have that in mind, and let him know the character of the attacks.

"One of the boys had a brother who died from epilepsy a few years ago. He attended his brother a great part of the time, and saw him have from two to six or eight spasms a day—he says Sam's [fits] are exactly like those of his brother.

"I write thus plainly, giving you my gloomiest views, so that you may take the best measures to attack the disease as soon as possible if he has it.

"Sam goes on the 1:40 train. I send a letter with him that will identify him in case of trouble."

This report was supplemented by the appended written statement from a fellow student who was a witness of many of the "spasms."

"Sam is warned of an attack about five minutes in advance. (6) As it comes on he breathes heavily and somewhat irregularly, and he grows red in the face. (7) As the pain increases he grates his teeth and presents generally a most terrible aspect, (8) partly through the pain and partly in the struggle against crying out. I have never heard him utter a sound (9) at this time. When the pain has become greatest he writhes and strains and his neck becomes greatly swelled; then suddenly his muscles stiffen and he loses consciousness. This fainting fit lasts from one to two minutes, I should say."

Below the comrade's report the teacher wrote:

"The above is B.'s description. His pulse is very irregular. For awhile it will be very rapid, and then *very* slow and weak. His breathing is stertorous; at times a small amount of foam will issue from mouth and nostrils."

From and on these *data* the diagnosis of "epilepsy" was positively excluded, to the infinite relief of the anxious mother; but a dark apprehension remained.

The maternal grandfather had died from *angina pectoris*; the patient's mother and her brother had suffered therefrom—and here was the Nemesis of Heredity threatening the grandchild.

In this case the "warning" before mentioned was a pain in the præcordial region. An examination revealed nothing amiss with the young man's heart. Its dimensions were not enlarged; its valve-sounds were not abnormal; its rhythm was perfectly regular, and both radial arteries corroborated the decision of the ear upon the chest.

In fact, the whole examination was one series of negations, for every function was physiologically performed. There were only these "spasms" to mar the harmony of his Psalm of Life.

All the evidence, however, agreed in one thing, namely: *excessive exercise directly induced the spasmodic phenomena*—and this the patient himself recognized, but, being an athlete and proud of his prowess, he would not desist.

This terrible infirmity had come upon him like a cyclone from a clear sky. His past history afforded nothing that appeared like a predisposing cause; even the premonitory pain in the præcordia did not presage the ancestral *angina pectoris*—lacking, as it did, the generic features of that ominous affection.

But "Science" must be satisfied, and that is why the text of this report is head-strung with notes.

1. "Warnings" are common before attacks of hysteroid convulsion. \* \* \* The most common warnings in such cases are a general feeling of malaise and illness, an epigastric sensation, palpitation of the heart," etc. The *præcordial pain* can now be added to the list.\*

2. "When an attack has not been witnessed, and, as is the case in a large number of instances, we are dependent, for our knowledge of its characters, on the description which is given by the friends of the patient, we have much more difficulty in forming a diagnosis." If, then, in this case there really were "three other attacks" it favors the hysteroid rather than the epileptic diagnosis.

3. The *arc en cercle* would be apt to catch the eye of a lay observer, and this feature furnishes the *point d'appui* of the diagnosis. "The opisthotonic spasm is one of the most characteristic features of hysteroid convulsion."

4. "He *talked awhile* and then went to sleep." A far more likely occurrence in hystero—than in true epilepsy. As this phenomenon sometimes—yea, "often recurs from time to time during the fit," its happening tends to characterize the incomplete and recurring explosions of hystero-epilepsy.

5. The "foam." In hystero-epilepsy *never* bloody, as in epilepsy.

6. Noted only to show that the "warning" is corroborated by two witnesses.

7. The "red face" does not contra-indicate epilepsy. "In some cases the face is flushed at the onset and afterwards becomes pale."

8. While the aspect in epilepsy is appalling, the epithet "terrible" is more applicable to the fit in hystero-epilepsy. Notably

\* One hundred and fifty years ago one observer had recorded a "sensation about the heart" as a premonition of epilepsy. *Cases of Epilepsy, Hysterical Fits, and St. Vitus's Dance*. By John Andree, M. D. London. 1746.

is this true when it occurs in males. "A look of horror comes gradually over his face, becoming more and more intense as he slowly raises his head. Every muscle becomes fixed and rigid in an agony of terror; the sterno-mastoids stand out in the neck like bars of iron; his eyes seem as if starting from his head, his nostrils are dilated, and his breathing short and quick, while his heart beats with extreme rapidity."

9. That he was never heard to utter a sound does not invalidate a diagnosis of epilepsy so completely as the early writers imagined. Even the "cry" in epilepsy "is more frequently absent than present;" but when present, who that has heard it can ever forget its unearthliness?

The diagnosis, "hystero-epilepsy," was given to the mother. The *patient* received *Arsenicum* 30th, and there has not since been one single "spasm." He has indulged in all his athleticisms without let or hindrance. If there is any recurrence of the trouble it shall be reported in the RECORDER.

Of course, there are no "molecules" of Arsenious acid in the thirtieth dilution, Sir William Thomson says so, and that makes it so with the second-hand "scientists" of the American Institute of Homœopathy.

Isn't it a pity, however, that the "bottle-washing" pharmacy should be able to achieve results so disrespectful to "Science!"

Why was *Arsenicum* given? In August, 1895, the patient was living in St. Louis. One day after a hearty dinner he took a prolonged "scorcher's" spin on his bicycle while the thermometer was ranging between 102° and 103°. Reeking with sweat he pulled up before his father's office and took a drink of *ice water*.

The prescription was based upon the *anamnesis*, and the sufferer is satisfied, however it may be with "Science."

Do we hear some little cuckoo chirruping, *Post hoc ergo propter hoc!* Dear young pin-feathered creature, you cannot frighten an old bird with that cry. While yet the green down of goslinghood was upon me I had to treat as severe an abdominal neuralgia as I have ever met. In her agony the patient, a young lady of the bluest blood in the land, kicked off the bed clothing and rolled her snow-white *robe de nuit* in folds about her—neck. Her mother, who was there, might as well have chidden the marble statue of Diana that stood in the spacious drawing-room for conduct so unladylike!

Lord of the poor beginner, help a Homœopath who has waited

for the opportunity to make the lucky "hit" that is the young doctor's salvation! I was never a success in the theological line; but there I was glozing and wond'ring what in \*\*\*\*\*! was the "remedy."

I learned from the mother that her daughter had been subject to these attacks for thirteen years. One Fourth of July the father had promised the young children that if they would forego the usual dangerous fireworks he would take them to the confectioner's that evening and buy them all the ice-cream they could eat. The patient writhing before us had pushed that promise to the very limit of her individual ice-cream capacity, and that very night she was taken with her first attack of this terrible neuralgia.

One dive into the rag-bag of a student's memory, and *Arsenicum* was given. It was not the 30th, but, shade of Hahnemann, how it did the business! For fourteen years afterwards there had been no return of the ice-cream neuralgia. Then that doctor took Horace Greeley's advice and *went West*—to his infinite delectation, as any Michigan homœopathic physician can testify.

In that blessed year of 1861 he had gotten as *high* up the posological scale as the third decimal dilution of *Arsenicum*, and even the Milwaukee Test will not question *that cure*; but what is a grey-head in 1896 to do, when the *thirtieth* dilution of *Arsenicum* does the same trick? Must he hunt for the "atoms" in that dilution, and, finding them not, fling it aside? Or must he acknowledge that the Arsenical *vis* which *did it in the third*, *did it also in the thirtieth*? The premises from which the prescription was made are the same; the result is the same, to the eternal discomfiture of all the Sir William Thomsons and *quasi* "Homœopaths" that are fooled by the figment of a fictional hypothesis.

*Hypotheses non fingo!* said Newton; "Imitate, but imitate exactly," said he who also wrote: "This doctrine rests exclusively upon experience. Imitate its indications and you will find them true. I ask of you what no author of any *Materia Medica* or system of therapeutics has ever asked before: I ask of you, *most urgently*, to judge Homœopathy by its results."

My dear brother, the lamper eel is classed amongst the Vertebrate only by courtesy; it has no lime salts in its cartilaginous backbone. Feel your spinal column, and if the prominences are soft, take *Calcareæ* crude—say half a barrelful.

S. A. J.

Ann Arbor, 22d of May.

## A PECULIAR FOOT CASE.

This case was, to the writer at least, at once peculiar and gratifying, owing somewhat, perhaps, to the fact that he was both prescriber and patient, and had suffered not a little from it for several years.

How long a time that callous place had existed on the ball of my left foot—a little to the left of centre—I have now no means of ascertaining, but know it had been there for a number of years. At first I gave it no thought, but when it would grow too thick would trim it down. It did not pain me at first, though it steadily grew until it became about as large as a five-cent piece, and slightly oblong in shape.

But the day came, about two years ago, when I could no longer trim the collosity (or was it a corn?). When I attempted to do so the knife went right to the quick, showing red. Then the fun began, and slowly but without the least intermission, increased for about a year and a half. When at its worst it presented the following conditions: The callous place was quite prominent and hard but could not be cut, as the knife at once cut into the quick.

In walking if I stepped on the slightest irregularity, such as a pebble or rough place in the pavement the pain would cause me to wince, and often use expressions of a pure Anglo-Saxon origin, owing to the fact that the sensation was about the same as when one's pet corn is stepped upon by a fellow-citizen. When not stepping on anything but a smooth pavement the pain was simply steady and unintermitting, such as is felt from a corn when a tight boot pinches it.

When at home and in slippers, the pain would be of a miserable, dull, aching, burning character, often lasting for hours. Then, too, came a pain as of a sprain around the ankle, probably caused by the fact that in putting the left foot down I would rest more weight on the heel than usual; this fact also probably caused a callous growth around the heel, which in time became quite pronounced.

As affairs developed I noticed one evening that I was blessed with a sudden growth of corns or excrescences, four in number, under the toes of that foot, and apparently more coming. One, the largest, was right at the root of the toe next to the little toe, and it soon gave evidence of its intent by that toe swelling and

becoming more persistently painful than any other part of the foot.

Lastly, the whole foot seemed to swell, not very perceptibly but enough to compel me to discard my shoes and buy larger ones; and friends would say as I hobbled about, "What's the matter? Got the gout?" Which was very agreeable.

I asked advice and took medicine, but all to no purpose; the case grew steadily worse. Among the remedies taken I remember were *Antimonium crud.* and *Arsenicum*. I also tried bathing the feet every night and anointing them with oil, but it did no good, made them worse I thought.

One night last February I was sitting with my feet in a basin of water and rather drearily wondering if I should ever regain the easy use of my foot, or should be compelled to go through life a cripple, when I noticed my pocket medicine case lying within easy reach on my lamp stand. It is one used for many years by the late Mr. A. J. Tafel and presented to me by him with the remark that I had better get new vials and choose my own list of remedies, which I did. Taking the case I pulled out a vial at random—*Lachesis*—put it back and took its neighbor, *Lycopodium 30*. I was at the time seeing *The Chronic Diseases* through the press, and as *Lycopodium* is one of the remedies the world owes to that book, it arrested my attention; I knew nothing about it save its generalities, (flatulence, dyspepsia, etc., etc.,) but in an aimless way drew the cork, gave the vial a tap, when one pellet rolled out on the palm of my hand. Well, "here's to Hahnemann, one is as good as the whole vial," swallowed it and went to bed. Next day I thought no more about the matter, but hobbled through my duties as usual. The second day I realized that for the first time in fully a year and a half there seemed to be a turn for the better; on the third day practically all the pain had vanished, and up to present writing not a sign of it has returned and it has been four months since it ceased.

A week after taking this pellet of *Lycopodium 30* I was washing my feet and the large, soft growth under the toe next to the little one came off, and in a short time all the others had vanished. A month later the large callous place that started the whole trouble, and which was as large as ever, was pulled off with my fingers—or at least the greater part of it—and now there is only a little thick skin there. Such is my foot case.

Naturally, after I saw the cure was a permanent one I looked up the pathogenesis of the remedy in *The Chronic Diseases*, and, sure enough, there were the symptoms (probably dubbed "chaff" by most of those who have read them) clear enough, *after they had been verified*. But one dose of the remedy was taken. Also this from the *Chronic Diseases* seems to be verified: "A moderate dose operates for forty or fifty days and longer."

E. P. ANSHUTZ.

Philadelphia, June 23, 1896.

#### CONSERVATIVE TREATMENT OF HEMORRHOIDS.

I am heartily in accord with Dr. Macdonald's article in the May 15, number of the *RECORDER*, entitled "Danger of Rectal Surgery." I have had many years' experience in general homœopathic practice and with it a good proportion of rectal troubles. I believe the young practitioner in his earlier years inclines to the "glories of surgery" and when a case of "Piles" presents, no doubt his first thought is to "trim" and "cut" or resort to dilatation or in later terms "extirpation of the pile-bearing inch," but if his experience does him any good as the years go by, as it has, I trust for me, and he learns to think independently, he will see less and less necessity for the more violent methods of treatment.

For the last ten years I can not recall a case where I have even dilated the anal orifice. With me I have rarely found a case of hemorrhoids that would not yield to comparatively gentle treatment. Instead of dilatation I give my patient *Belladonna* 30, this with frequent enemas of *very warm* water, will almost surely remove the "spasm of the sphincter," when this fails (which it very seldom does) I succeed with either *Sulphur* 30, or *Gelsemium* 15 or 20 drops in a half-glass of water, teaspoonful once in 3 hours.

A case. May 31st, 1895, Miss C——, from a neighboring town, called me at the suggestion of her allopathic physician as he said he "had done all he could for her case, and that a surgical operation would have to be performed and the piles all cut out entirely." She was a large, fleshy blonde, 22 years of age, with a good family history, although yet fleshy, from the suffering she had endured she had lost considerably of her former weight. Always had good health until two years ago—when

while witnessing a parade in the early spring, she being thinly clad, sat down on a cold stone step to rest; after the procession had gone by, and, after conversing with some friends, she became conscious of an "*aching*" sensation in the rectum. After a few hours this was succeeded by a *feeling of heat* with sharp pains extending up the rectum and colon; later in the day a violent tenesmus set in prompting to go to stool, but not being able to pass anything; the next day a *dysentery* set in with liquid stools and violent tenesmus. As the family were allopathically inclined at that time, she got "Dover Powders" which palliated the pain and diarrhœa. Some weeks after "she felt a soreness around the anus" with later on "fullness" and bleeding of bright-red blood, bowels constipated; a few weeks passed and then protruding pile tumors showed. Through fear of exposure she put off applying for treatment and kept her trouble to herself. Later on "little abscesses" came around anus, and now her distress became so great that she was obliged to apply for treatment. When I saw her I found the anal orifice looking as if everted, encircled by bluish-red, knotty tumors and a bluish, inflamed circle for at least an inch around. On the left side there were three fistulous openings (the little abscesses she referred to) discharging pus and fœcal matter. There was so much soreness that the least touch caused an intense spasm or contraction of the sphincter, so much so that a digital or instrumental examination could not have been made without anæsthesia, so, for the time, I deferred such examination. The start of the whole trouble was evidently taking cold from sitting on the cold stone step, and thereby sitting up a proctitis, the hemorrhoids and fistula being secondary. Now instead of "operating" I ordered injections of water as hot as consistent with comfort, to be alternately injected and passed until a half-gallon had been used, three times a day. Internally she got *Belladonna* 30x, three times a day; this was to be kept up for a week. On June 7th, 1896, I again saw her, the sphincter was not at all irritable, soreness had almost disappeared and the tumors had shrivelled down to half their former size. I made use of speculum, and digital examination, without pain. I located the internal orifice of the fistula, found the three external openings joined to one stem which opened internally. The anal speculum being already inserted, its blades opened so as to open *over* the internal orifice of the fistula, I now took a slender, soft

silver probe of small size, inserted it from without inward until its point showed between the blades of the Speculum; this was held by an assistant. I then took half-ounce rubber syringe with a nozzle in the form of a partly-curved hook, the hook part being about half-inch; this was filled with a solution of *Argentum nit.* 30 grs.; *Aqua dist.* ʒj.; it was inserted within the speculum and its beak turned over the point of the probe, the point of which entered the beak or nozzle of the syringe, the probe serving as a guide. Now as I withdrew the probe I pressed on the point of the syringe letting it follow the probe so now I had the point, or hook, of the syringe within the internal orifice of the fistula; withdrawing the probe I placed the point of a finger over the mouth of two of the external orifices and slowly injected until the caustic fluid emerged from the one opening left uncovered—this was repeated with each of the other two in like manner—syringe and speculum were now withdrawn, the patient allowed to rest one hour, when she had her injection of hot water as before, with *Silicea* 6x trit. (B. & T.) once in three hours—the hot water injections to be kept up for a week, three times per day and to lie down most of the time—the medicine continued for same length of time. June 14th I saw her again, “Oh! I am about well,” she said; I found the pile tumors nearly gone; no soreness, not even on defecation; two of the fistulous openings closed, the one remaining just barely noticeable; bowels regular. *Silicea* 6x trit., night and morning, the hot water injections night and morning and to see her in a week again. June 21st, no sign of piles or fistula, no soreness, no pain on defecation, wants to go to work; case dismissed entirely cured and at this writing has remained well.

Mrs. K—, aet. 27. Mother of one child of twelve months. Lymphatic tem., robust appearance, hemorrhoids since girlhood some ten or twelve years ago, anus studded with hemorrhoidal tumors, bluish tumors. Hemorrhoidal veins large and knotty, making inside of rectum at first sight look as if filled with blood clots. Bowels not constipated, but frequent spells of diarrhoea causing intense aggravation of hemorrhoids. No local treatment whatever, but gave *Aloes soc.* 3x, 4 glob. No. 25 (B. & T) once in four hours for one week, then three times per day for another week; then twice a day for the third week, the fourth and fifth week a dose every alternate day. A ʒj vial of B. & T.'s globules of *Aloes soc.* 3x, stung out for five weeks, cured the case

entirely and not a vestige of the “pile” difficulty remained, and well now for two years. Always give this remedy when hemorrhoids are associated with *looseness of bowels*, but I would advise you to have the B. & T. article to rely on.

Allen H—, aet. 42. Very large, muscular man. “Piles” for ten years. Examined anus; bulged out like the crater of a small volcano; hemorrhoidal veins tortuous, knotty, with appearance as if several of them had bursted, or had been torn open by the hard dry stools, for he had inveterate constipation, and at each passage of stool profuse hemorrhage of dark blood; these appeared to have thus been started were now confirmed ulcers from half to two inches in length, the largest three quarters of an inch inside the long diameter parallel with the bowel. This patient had no trouble with his digestion, but had frequent attacks of palpitation of the heart. No organic disease. While the speculum was introduced I applied the stick *Nitr sil.* to the surface of the ulcers turning the instrument so as to expose each of them in turn. I ordered the hot water injection for one week, gave (B. & T.) *Collinsonia* minus of  $\theta$ , once in four hours, four doses per day to be taken, and to be seen in one week, at which time the bowels were regular, once each day natural stool, no hemorrhage and palpitation all gone; the ulcers red-looking, healing and not half their former size. I continued the remedy at longer intervals as with Mrs. K. At the end of a week he was entirely well and has so remained now for three years—but I wish he “had ’em” again, I didn’t get my pay!

I have some typical cases cured with *Æsculus hipp.* and with *Hamamelis Vir.*, but this paper is now entirely too long; but to sum up as to direct treatment for hemorrhoids alone I seldom need surgery, and if surgery at all, nothing more than the curved scissors, and as for remedies, *Belladonna* 30x, *Gelseminum*  $\theta$ , or 1x trit., or *Sulphur* 30x, for the unnatural contraction or spasm of the sphincters; then *Silicea* 6x trit. and 30th dil. for cases with fistula; with diarrhoea or absence of constipation, *Aloe soc.* 3x; with palpitation of the heart or dyspepsia, bleeding, *Collinsonia*  $\theta$ ; with “dry” cases, feeling like splinters in anus, *Æsculus hipp.*; with easily-bleeding cases, bleeds evenly in proportion to amount of local change, *Hamamelis*  $\theta$  to 6x dil. and the “pile bearing inch” remains *right there* but becomes “unproductive.” I advise to always use B. & T. remedies, then you are sure of the integrity of your medicines and can anticipate favorable results.

J. A. UTTER, M. D.

Crawfordville, Ind.