

This is the description of her sufferings for a year or more before she came to Baltimore for counsel, except a reference to some pain in the region of the right kidney and crest of the right ilium, which, I thought, indicated an obstruction of the ureter. Another letter referred to passing calculi (gravel) at several different times. At no time in her letters or talks did she give an expression as ever having any symptoms of pain or trouble about the womb or ovaries.

She explained that when young she was troubled with diarrhoea and took a great deal of medicine. About six years ago she had a large tape-worm taken from her, and was given a very drastic cathartic immediately afterwards, which caused great straining of the bowels for a long time and left her with the above described symptoms.

About three years ago she came to Baltimore and consulted many physicians and visited several hospitals, and got many opinions and much advice from the highest authorities. Finally, she placed herself in the care of a gynaecologist of the highest position who assured her that the trouble was all in the ovaries and if they were taken out, she would be well and have no more of the trouble. She followed the advice, went into the hospital, and was operated on, the physician saying one ovary had a cyst on it. "Operation very successful." "Recovery good." She went home minus ovaries and much of her exchequer; but she had all the old pains just the same as before and menstruated with the same unvarying regularity as before. She stayed at home and suffered for nearly a year more, when she returned to the city and selected another physician and soon landed in another hospital to have the ovaries taken out. When the first gynaecologist was told that she still menstruated he wrote to her that some women had four or six ovaries. A very distinguished gynaecologist and official surgeon who took out another ovary and the uterus

promised a speedy recovery and pronounced it a beautiful and successful operation. Patient went home again relieved of the trouble of menstruation and surplus funds. Without any relief from former troubles she remained at home until January 31st, when she wrote to me the letter quoted above, which I answered by asking a description of her present symptoms.

February 3. Received a lengthy description of symptoms from which I was impressed with two, viz.: had taken much medicine; difficulty in passing even soft stool, with great pain and tenderness in rectum and hot flatus; sore irritable bladder, frequent passage of hot, stinging urine. Gave aloes soc. 10th trit., my own make, a very small dose in powder once a day.

February 11. Symptoms better. s. l.

February 25. First meeting. She is a little over medium height; slender; red hair and complexion; bright, penetrating eyes; very emotional; impatient; restless disposition and very changeable moods; well cultivated and intelligent.

Digital examination. Bladder very sore and tender, especially the urethra. Felt through the vagina where the womb had not been sore. Rectum through the vagina very sore to touch and appeared as a bunch of soft tissues. With two fingers in rectum the first three inches in good condition. The coccyx was long, broad and rigid in the last joint. By pushing back the tissues forcing my fingers high up the rectum they came to the bunch of tissues as felt through the vagina, which was very tender to touch but revealed the shape of the fold of the bowel from above down in the upper part of the rectum. It appeared the rectum was retained in its proper place against the sacrum higher up than I could reach, and a portion of the sigmoid flexure and anterior upper part of the rectum had slipped down into the rectum, which may be called an intussusception or

telescope, and as the posterior wall was held in place against the sacrum, the fold formed a pocket, which, when filled with fecal matter, by its weight and tension on the strangled vessels and sore tissues necessarily caused great pain and necessitated the recumbent position. She often said it felt as if it were filling and the fuller it got the more it pained until she could pass it off, then she would be easier for awhile.

Frequent passage of scalding urine. *Canth.*^{1m}.

February 26. Urinary trouble better. Hot flatus. Brown pasty stool. Much pain. *Aloes* s. 30 once a day.

March 4. General improvement but slow. *Aloes*²⁰⁰.

March 7. Taken with grippe. *Arum tr.*^{45m} one dose.

March 8. Grippe better. Great flatulent pain in stomach, with difficulty in belching. *Arg. nit.* ^{45m} Sk.

March 9. Stomach better. Hot flatus. *Aloes*³⁰.

At this date she is thoroughly convinced by the explanations, verified by the improvement, that the diagnosis is correct and the only one which has been correct. Though convinced of improvement she is getting very impatient because of its slowness and even sent for one of her former physicians, the one who had performed the hysterotomy operation, to come and make a new diagnosis and cure her quicker. He talked to her awhile and then declined the case. So she continued to take advice and not follow it. I went through many changes of symptoms and many remedies until many of the reflex symptoms disappeared, and left a good collection of symptoms based on the red head and emotional disposition. When on

March 24 she got *Pulsatilla* ^{mm} and s. l., which kept things quiet till

April 2. Great pushing down in rectum and a darting pain from rectum up into the abdomen. *Sepia* ^{cm}, s. l.

April 22. All symptoms doing well but exceedingly sensitive to damp days. A damp floor or street always makes her worse. *Dulcamara* ^{1m}, s. l.

May 5. Had felt great soreness and something appeared to give way and soon after a fleshy mass as large as her finger passed and left her feeling better. s. l.

May 18. Has a feeling of something drawing up and hurting as if tearing loose. She now sits up much longer and visits her neighbors and sweeps her room. Sour, greasy belching. *Pulsatilla* ^{cm}, s. l.

May 28. Still improved.

When in the city during February her host jokingly told her she was suffering from growing pains.

June 17. Her hostess received a letter from her saying: "Tell Mr. F., I am done growing. I have no more growing pains, and I am getting well. I visit my friends all over the city and enjoy myself. I eat what I want and it doesn't hurt me."

The same day she wrote me describing a visit to the country several miles out and over a very rough road which she made in reasonable comfort, which she had not been able to do for several years, and without any bad effects afterwards.

I think it safe to conclude that she will be well in six months more. *Pulsatilla* ^{cm} is still working.

I hope to be able to report this case to the finish at our next meeting.

CLINICAL CASES.

ERASTUS E. CASE, HARTFORD, CONN.

COLIC.

Aug. 25, 1895. A dark haired man of twenty one years spent the day in dissipation, drinking lager beer freely. He dined on ham and eggs, lunched on crullers and cheese, and took ice cream in the evening. He awoke from sleep at 10 P. M. with colic pain and has had frequent paroxysms of it since then (one and a half hours). During an attack he

will bite others if possible, or, failing that, will set his teeth in his own arm until the blood flows. Three able-bodied men have been trying to control him with only partial success. Subjective symptoms cannot be obtained. Objective symptoms—during pain:

Face red.

Eyes shining, pupils widely dilated.

Pains seem to come and go quickly.

One powder Belladonna ²⁰⁰ B. & T.

Only one attack followed, so much less severe that the medicine was not repeated. He rested well afterwards and was at work the next day.

OTITIS.

A black haired boy of eleven years has had pain in the left ear for two weeks under eclectic treatment. He has been unable to sleep, except when under the influence of quieting powders.

Pains stitching, upward, through the internal ear—better from heat; worse from noise.

Soreness to touch all around the ear.

Swollen cheek in front of the ear.

Face very red.

Foul odor from the mouth.

Delirium during sleep and on first awaking.

Fever temperature 103 degrees.

Worse since 3 P. M. to-day.

Apr. 3, 1896—Evening. Four powders Belladonna ²⁰⁰, one every three hours until better.

Apr. 4. He fell asleep within an hour after the first and only powder was taken and rested well. No pain or fever to-day. Careful investigation showed that there had been no discharge from the ear.

SUPPRESSED FOOT-SWEAT.

A black haired engineer, aged thirty six years, single, has had offensive foot-sweat since childhood, which would

destroy the texture of stockings and shoes. Six months ago it was suppressed by applications of boracic acid. Since then the feet have been very dry, and, although in good health previously, he has been under constant medical treatment. His ailments developed in the following order:

First: Constipation and hæmorrhoids with dyspeptic symptoms.

Second: Pain in the back and lower extremities.

Third: Ulcerated cornea.

Fourth: Dandruff and itching eruption on the skin.

The constipation seems due to a sensitive sphincter which will not permit the stool to pass, although it is neither large nor hard.

The hæmorrhoids are moist, itch in the night, and become sore if rubbed.

The pain in the legs is worse when sitting or standing still, better from continued motion and when warm in bed.

Itching blotches on the body, worse when in bed.

Nervous twitching sensation in the skin.

Trembling sensation in the muscles.

Sleepless until 2 A. M.

Peculiarly sensitive to a draft of air since the foot-sweat was suppressed.

Dec. 3, 1895. One powder Silicea ^{c m} F.

Dec. 23. All symptoms better, except constipation and hæmorrhoids. Feet sweat a little and are offensive. No medicine.

Jan. 23, 1896. Hæmorrhoids better and bowels in good order.

Two weeks ago itching began on the inside of the thighs, voluptuous, aggravated when warm in bed; after scratching, bleeding and soreness.

Foot sweat continues, but less offensive. No medicine.

Feb. 24. Hæmorrhoids still itch in the night.

No eruption now except on the feet, especially under the toes.

The feet sweat by day, not at night. No medicine.

April 25. The patient is restored to health. The feet sweat, not excessively, and without foul odor. The worst part of this story is that the boracic acid was prescribed by a homœopathic physician who ought not to have been guilty of such malpractice.

PTOSIS.

A stout, light haired woman of forty four years has had irregular catamenia for five years, but none for eight months.

Subject to vertigo during the climaxis, not at present.

Partial paralysis of right upper eyelid all of the time; worse in the morning and when tired.

Bloated around the eyes.

Margins of lids red, encrusted, burning, agglutinated in the morning.

Lachrymation; worse in the morning and when using the eyes.

Sensation of sand in the eyes.

Awakes in the morning with excessive pain in the vertex, aggravated by the slightest jar; better, or ceases, after arising.

Sleepless before midnight.

Used to have encrusted sores in nares, not recently.

Nov. 23, 1895. One powder Nitric acid^{cm} F.

Dec. 7. Feeling better. One headache only, that one on Dec. 1.

Since the prescription the soles burn at night. No medicine.

Dec. 26. Better still. Burning of soles continues, with itching, at night. For two weeks itching all over the body. One headache since last prescription. No medicine.

Jan. 16, 1896. No headache in four weeks. Eyes are well. The soles continue the same. Itching of skin is worse. Faint at stomach and must eat at 11 A. M. One powder Sulphur^{cm} F.

Feb. 12. Vertigo has been troublesome for a week (old symptom).

Sores in nostrils (old symptom).

Itching of body better, now most troublesome on elbows and feet. No medicine.

March 18. Vertigo gone. No headache in three months. Itching much better. Nose continues sore. No medicine.

April 22. Reports health perfect.

In this case there was a question whether it were wise to give the sulphur. Nature had responded to the nitric acid and thrown out an eruption upon the skin and the patient was improving. Generally I would await its action, but sulphur symptoms soon followed the administration of the nitric acid and became more urgent as time went on. The result was good, but I wish the opinion of the members of the I. H. A. as to whether the sulphur was necessary to the cure of the case.

EPITHELIOMA.

A slender, black haired mechanic, aged forty seven years.

His mother died from cancer in the stomach. He has had epithelioma nearly two years under eclectic and allopathic treatment. Ointments have been applied daily, and strict injunctions have been given against touching the affected parts with water.

The sore is located upon the bridge of the nose, is three-fourths of an inch in diameter, and covered with a thick, yellowish crust.

The inflamed surface surrounding it and extending onto the cheeks and lower eyelids is of a bluish color and covered with a brownish scurf.

Burning, itching, crawling and pricking sensations are felt throughout the affected parts.

He is fond of salt and eats it to excess.

Malaria was suppressed by quinine a few months before this disease appeared.

Subject to neuralgic stitches in the left temple.

The palms and soles sweat freely.

Unable to urinate in the presence of others.

Oct. 22, 1894. Ordered to wash his face carefully and keep it clean, but to put no more ointment upon it. One powder *Natrum muriaticum* ^{cm} F.

Nov. 6. The inflammation increased for a few days, but it is now subsiding. No medicine.

Dec. 6. A decided improvement is manifest. The crust comes off the sore at intervals of from five to ten days, and bloody matter escapes. Burning sensation in it when uncovered. No medicine.

Dec. 31. Sore smaller. Thinner crusts are formed over it. Surrounding inflammation gone.

Jan. 29, 1895. Sore now two-thirds the size at first prescription and improvement seems to have ceased. One powder *Natrum muriaticum* ^{scm} F.

Feb. 12. Improving. No medicine.

March 18. Since the last prescription he gave the sore a hard rubbing in the night, increasing the inflammation. One powder *Natrum mur.* ^{mm} F.

May 1. The present crust has covered the sore for three weeks and is not very thick. No medicine.

July 10. His grandson cut the sore open with the edge of his hat brim on July 4th and more inflammation in it. No medicine.

Sept. 16. Sore smaller; some burning in it. One powder *Natrum mur.* ^{mm} F.

Nov. 1. Better; no burning now. No medicine.

Dec. 10. The sore is now a quarter of an inch in diameter. A thin, light brown crust covers a raw, moist surface. General health good. The nervous inability to micturate in the presence of others is gone. One powder *Thuja* ^{cm} F.

Jan. 23, 1896. A dry crust only one-eighth of an inch in diameter remains. No medicine.

March 28. The nose is now healed and is natural in appearance except that the blood vessels are visible on the scar.

LARYNGISMUS STRIDULUS.

While attending the I. H. A. meeting at Watch Hill in 1890, Dr. Fincke presented me with a vial of *Lachesis* ^{12mm} with the request to try it and see if any curative power still remained in that high potency. On the second day of the following September, a boy of two years was brought to the office, who had been afflicted with spasm of the glottis for ten days, the attacks increasing from day to day in frequency and severity. Soon after falling asleep, whether by night or day, he was awakened by a paroxysm. They occurred at no other time. No symptom save the time of aggravation was prominent. Here was a good opportunity to test *Lachesis* ^{12mm}, and a few pellets of it were placed on his tongue. There were two more attacks that day and none afterward. That potency has been used several times since then, always with good results.

GANGRENA ORIS.

A dark haired girl of eight years has suffered with gangrene of the mouth for five days, under the care of an allopathic physician.

The ulceration covers the gums and inside of the cheeks.

Tongue ulcerated; so swollen that it protrudes from the mouth.

Saliva profuse, flowing from the mouth.

Fetor of breath intolerable.

A bluish tint on the skin shows blood disintegration.

Sleeplessness.

Exhaustion.

In earlier practice cases of this disease were cured by teaspoonful doses of an aqueous solution of Kali muriaticum crystals. In this critical condition, the first of the kind since adopting pure homœopathy, there was a temptation to go back to old methods. Then the question arose—If the high potency can cure diphtheria better than the low, why should it not be efficient here also?

Aug. 25, 1895. Four powders Kali mur.²⁰⁰ B. and T., one every three hours.

The patient was better the next day, and the mouth was healed in a week without further medication. The recovery was more rapid than I had ever seen under the influence of the crude drug.

RENAL COLIC.

At 4:30 A. M., Apr. 8, 1896, a man awoke from sleep with a disagreeable sensation in the left side of the abdomen and faint sickness in the stomach. While wondering what was disturbing his anatomy in so unusual a manner, the cause was declared by a cutting pain in the region of the left kidney, the pain extending to the left testicle and to the glans, accompanied by a burning pain in the meatus, like an ineffectual desire for micturition. This soon caused a flow of cold perspiration, especially upon the forehead and lower extremities, together with great nausea. Although a man of fortitude, he groaned aloud because of the severity of suffering. Renal colic was recognized, and inasmuch as the patient was ordinarily troubled with flatulency, he received one powder Lycopodium^{40m} F. The pain was soon relieved, leaving a sensation of pressure in the kidney, with an occasional twinge of pain, each arising from a point nearer the bladder than its predecessor. At the end of half an hour from its onset, the trouble was ended and the patient asleep. He attended to business on the following day with no reminder of the early morning experience.

“This is the disciple (of Hahnemann) which testifieth of these things and wrote these things, and we know that his testimony is true:” and it giveth him great joy to proclaim openly the wonderful anodyne quality of the dynamized homœopathic remedy.

DISCUSSION.

Dr. Campbell—Speaking about that case which you wanted criticised, I want to know what I am to do in the future; whether in taking the case we should not get the similimum and stick to it; or if we do not, if we merely get a palliative, and then have to change and give another drug afterwards, which was the similimum, the first or the last? There is a principle involved, and I think, either, we do not get the similimum at first, and we do at last, or we do get it at first and do not wait for developments. I have been exercised upon this subject for a good while, and am very glad it was touched upon.

Dr. Wesselhœft—It seems to me that the case could not have been treated any better than it was. I do not believe that we get, even with the most careful examination, *always* the similimum in the case, but we get that which is near to a similimum; therefore it is necessary, as has oftentimes been the case with the very best prescribers, to use a succession of remedies for the cure of a disease. In this case, I think it is very evident that the first remedy did all it could. New symptoms came up which pointed strongly to sulphur, which either did not exist or were not recognized at the first examination.

Dr. Case—They were not present at the first examination.

Dr. Wesselhœft—Consequently the picture of a case in treating it, changes. A remedy cleans as much as it can and no more. Then, in the second examination, that is, the second picture we get, we will have to be as careful as with the original examination. Many years ago, when quite a

young man, and soon after the provings of apis were published, I had the good fortune to cure a young lady, who at every menstrual nusus was insane, with this remedy. I reported the case to Dr. Hering and Dr. Lippe, and asked them what I should have done if apis had not come to our knowledge. Dr. Lippe replied: "You would probably have 'zig-zagged' her into health by pulsatilla, sulphur and graphites, which would have taken much longer, and you would have probably got there in a year instead of two months."

Dr. Allen — There is one very pertinent question in our therapeutics which has not only perplexed a great many of us, but it perplexed Hahnemann before us, and he laid down rules which are probably our best guides to-day. A second prescription is often the most important one, and very often the most difficult one, to make in the treatment of a case. To know definitely and exactly when the action of the first remedy has been expended, and to know definitely and exactly the call for the next one, and when to repeat or when to give a new one, is a very important question, and a question frequently, that if properly decided cures the case permanently. If improperly decided it sometimes mars the progress of the case very materially. Now, in this instance reported by Doctor Case, the symptoms called for nitric acid; it was the only picture he had. He could not have given anything else, and when this picture passed away, Hahnemann says he must take the next picture that comes to the surface. It is the totality of the symptoms that must always be our guide.

Dr. Clark — Go to Hahnemann and you will find that he has something to fit the case. He says, I think it is in the Lesser writings: "So long as the remedy which we have chosen for the positive, curative treatment excites no new symptoms, provided it has been properly chosen in the first place, it is the remedy for the case and should not be inter-

fered with"; but here in this case, we see there were new symptoms which came up, and unquestionably it was the only thing for the gentleman to do.

Dr. Custis — The Doctor's experience has helped me to answer some questions; when we ought to make a second prescription, and when we ought to go outside the prescription for the relief of our patients. I have been attending this Association for a long time, and I failed to meet to-day many friends that I have made. Unfortunately some of these members have fallen by the wayside, and do not prescribe as well as they used to. The question is often brought to me, why so many good Hahnemannians fail after awhile and go away off, and I think it is because they expect too much of their remedies without looking all over the case. That is only under certain circumstances. I will explain myself. I was very much pleased with Dr. James' remarks this morning. It showed that many of the physicians here do keep abreast of the times, and keep posted on all that is going on.

I have recently had two cases that applied to me for ptosis and accompanying paralysis of the side of the face. The first case was a boy about ten or eleven years of age. His mother brought him in and the first thing that attracted my attention when he entered at the door was the drooping of the eyelid. She told me that she had noticed Robbie could not talk plain; that when he laughed one side of his mouth went up. Afterwards her attention was called to the eye. I went all over the case carefully, as I thought, and got all the symptoms that I could, and prescribed for him. He came back in two days a little worse than he was on the first visit. I then went into the history of the case carefully and found that he had recently had a tooth filled for toothache, but there had been no return of the toothache, though that tooth was sore to some degree on touch. I went all over the symptoms again and prescribed for him, and on