

Dr. Clark—The giving of the various remedies reminds me of a case of acute phthisis. I have had but two cases of this malady in my experience, and strange to say, both started in the same place, Atlantic City. A young married woman about twenty-five years of age, while at Atlantic City on a Sunday was taken with a decided chill, with high fever, intense soreness from the top of her head to the soles of her feet. She came home immediately to Germantown; was unable to get a carriage from the station to the house, and walked perhaps three quarters of a mile. This was on Sunday evening. I was called to see her early Monday morning, and found her with very high temperature, I think it was 105, pulse between 140 and 150, great fetor of breath, intense restlessness, tossing about and continually crying for water. Of course the remedy was obvious, and I gave her one dose. I saw her again in the afternoon and there was no change. There was no question in my mind about its being galloping consumption. The only other case that I had ever seen had died, and I felt that certainly this would be fatal, the symptoms being so severe. But I knew nothing better than the remedy, so I gave her nothing more that night. On the next morning I went there, and instead of finding her tossing about the bed, she was lying perfectly still, intense pain in the chest, so painful that she could not move, and feared to take a breath, she still was thirsty, but there was no other change of condition so far as symptoms were concerned. What could have been done? Only to give the remedy that met that condition. In the evening there was no apparent change for the better. I went again the next morning; still the high temperature, high pulse and fetor of breath, in fact, every symptom was serious, but instead of being so quiet and not wishing to move, she was restless, but not the restlessness that had been present on Monday. Now she was like a child, throwing her hands about, unable to keep

quiet. Her condition reminded me very much of that of a naughty child whom nothing would suit. I gave her one dose of *Lycopodium* ^{mm}. In the evening the temperature was lower, the pulse was lower and, altogether, she was a great deal better. A nurse came from a so-called Hahnemannian college. On my entering the room after the arrival of the nurse, I found a decided odor of iodoform. I admitted plenty of sunlight and fresh air, and had the iodoform removed at once, and she made a rapid and permanent recovery. That is the only case of acute phthisis that I ever knew that got well.

Dr. Allen—What were the physical conditions, as to the lungs?

Dr. Clark—Intense soreness. The father died with tuberculosis and her mother is tuberculous.

Dr. Hastings—I don't think there were any indications whatever for *digitalis* high. Dr. Plummer reminds me that the child had pneumonia, when six years old and had been treated by the old school practice then, but had recovered; but perhaps she was bound to recover.

Dr. Wesselhœft—Perhaps she was bound to recover with any kind of treatment.

PHLEGMONOUS ERYSIPELAS.

B. L. B. BAYLIES, M.D., BROOKLYN, N. Y.

On the night of Sept. 24th, 1895, I was called to Mrs. P., a stout, dark-haired woman, in a partially comatose condition, with rapid and feeble pulse, when aroused complaining of severe pain in the lumbo-sacral region, aggravated by turning in bed, lying most upon the left side. Yesterday morning she pricked a pimple, located immediately over the right tibia, and last evening had a general chill with sensation of internal coldness of the chest. After the chill, burning

heat, with disposition to uncover, drowsiness and lethargy
 R Bryonia 45^m F., one dose, dry.

Sept. 25th. She has recognized no one to-day; restless and moaning, pulse weak and rapid. She wants to be covered. R Arsenic. a. ^{cm} F, one dose, dry.

Sept. 26th. Right leg erysipelatous, much swollen on the calf and inner side of the leg from the ankle to the bend of the knee. A flattened, circular, whitish spot, about one-half inch in diameter, at the middle of the tibia. The site of the original pimple was surrounded by dark-bluish discoloration. She has recovered consciousness, is still drowsy; the pulse somewhat fuller and less rapid. She dozed a little last night before midnight, and slept from 12:00 to 2:00 A. M. Head and leg pained on awaking; stings or stitches of pain in the side of the nape, between the head and neck, cause her to start at intervals. She likes the head elevated, the tongue trembles when protruded, the leg burns, aggravation from touch and pressure of the bed-clothes, but less painful under the blanket covering; aversion to milk and eggs. Much perspiration last night toward morning. No fever at present. R Lachesis 40^m F., one dose.

Sept. 27th. Pulse fuller, less weak, head dizzy the moment she raises it from her pillow; lower and more natural position of the head. Stings in the neck seldom; pain there starts her at times. Profuse sweat at night causes yellow stain of the clothing; diminished swelling of the leg. She was restless at 11:00 P. M.; took Ars. a. ^{cm}, and slept after 2:00 A. M.

Sept. 28th. Was very restless all night, with much pain in the leg; the pain she said was "pulling, pulling all night"; rather more swelling and tension than yesterday; it seemed to her three times the natural size; color of inflamed region florid; aversion to being alone; tired of lying long in one position; relief from warm drinks; two or three mouthfuls at once enough. Respiration hurried. Leg re-

lieved by warmth and pressure. R Arsen. a., ^{cm} F., one dose.

Sept. 29th. Rested better; pain, redness and swelling diminished. No medicine.

Oct. 1st. Continued improvement; no suppuration; much sensitiveness of the leg.

Oct. 13th. Neuralgic pain at site of the former erysipelas. R Arsenic. a. ^{cm} F.

Oct. 15th. Absence of pain; general improvement; patient recovered strength.

Oct. 17th. No further treatment required.

PERITONITIS AND APPENDICITIS.

B. L. B. BAYLIES, M.D., BROOKLYN, N. Y.

Mrs. K., first seen by me February 1st, 1896, fifty-five years of age, had procidentia uteri and chronic bronchitis; the cough most troublesome and attended by most expectoration in the night, always obliging her to sit up in bed; was attacked two days before my visit by a chill followed by fever and inflammation of the bowels; the bowels were relaxed and passages most frequent during the night. I found her under allopathic treatment with three or more medicines, morphine, etc. There was general peritonitis and appendicitis, the abdomen acutely sensitive, pains shooting between the lumbo-sacral region and abdomen, and extending even to the nape of the neck; pain worse if attempting to lie on either side; she must immediately be raised to the sitting posture during severe paroxysms of pain, or cough, and expressed suffering in loud outcries. Fever with rapid, hard and irritable pulse; thirst for cold water: February 1st, Aconite²⁰⁰ in solution with brief palliation of the restlessness and excitement.

February 3rd, Dioscorea villos. 45^m F. without benefit.

February 4th, Pulsatilla 45^m F. in solution, every three hours as pain might require. This arrested cough and

diarrhœa, and relieved the pain. Inflammation, distension and sensitiveness of the abdomen abated, subsiding last in the region of the caput coli, where a firm, indurated and sensitive swelling for some time continued. She had been unable to lie on either side, then could lie only on the right, finally at pleasure on one or the other, and rise in bed without assistance. The swelling in the region of the vermiform appendix gradually disappeared, and recovery was complete in the fourth week. She had during her illness repeated quotidian and tertian chills, commencing usually in the afternoon, followed by fever and sweat, and one preceded by profuse hot sweat; and suppuration was apprehended but did not demonstrate itself. Operation was considered at an early stage, but medicine preferred.

MEDDLESOME GYNÆCOLOGY.

P. C. MAJUMDAR, CALCUTTA, INDIA.

The more we study Hahnemann, the more we are struck with the sagacity of the great mind. His system of studying each case on its own merits, studying our patient on the one hand and materia medica side by side on the other is the true guide for the cure of patients. There is, according to him, no disease to treat, but patient to cure.

This is very nicely represented in cases of the female organs of generation. These delicate parts are susceptible of all kind of ailments from the slightest deviation of their natural function. These organs have great physiological functions to perform and in the right performance of them no artificial means are necessary unless we depart from the dictates of nature.

The less we tamper with them, the fewer will be the diseases of these organs. As it is in the healthy state, so to a great extent it is in disease. Very little interference,

either physical or dynamical is necessary to set the diseased parts right. Here our potentized, highly attenuated remedies are far better than the heroic doses of the old school physicians.

Manual interference is also little required if we know or try to know how to treat them. In India we have repeatedly observed how little instrumental help is necessary for these purposes. In this country our women scarcely allow a physician, even a woman, to examine their delicate parts, not even for operations and other manual interference. This fares very well with them, generally speaking. Instrumental gynæcology was almost unheard of before the advent of European physicians in this country. Hindus never allowed their women to undergo any kind of those operations which are of every-day occurrence in the western countries of the world. They almost invariably cured their women's diseases with appropriate remedies which are of immense value even at the present day. Strange to say, Hindu mid-wives had good medicine even for tedious labor.

I don't mean to say that our people never required any mechanical means and appliances for female diseases and safe deliveries. They sometimes required instrumental help. I merely wish to say that they are of rare requisition and applicable in extreme cases only. People in this country, and especially the older generation, have a strong conviction in their minds that since the introduction of European gynæcological arts various diseases of women are on the increase. They believe this is owing to undue interference and meddlesomeness on the part of European physicians and surgeons. They observe with deepest concern that modern allopathic medicines are quite helpless in dealing with female complaints; in fact they have no medicine except some irritating lotions and ointments, pessaries, etc. These, instead of doing good, are a source of great evil.

Though we are not totally of the same opinion with our older friends and relatives, we yet cherish an idea that there

is a great deal of truth in it. In our younger days when we were fresh from college (allopathic) we used to entertain an idea that our people know nothing about surgical art and science, so they dread manual interference in diseases of female generative organs, but since our conversion to homœopathy, a true Hahnemannian homœopathy, we come to know how beautifully these cases are curable by well-selected internal remedies alone. Many of our best homœopathic physicians know how nicely they can cure cases with the highly potentized homœopathic remedy according to strict indications. The conviction is gaining ground in this country that homœopaths have good medicines for female diseases, so they don't require undue interference.

Some years ago I was called to see a young lady with prolapsus of uterus. She had been under allopathic treatment for a long time with pessaries, injections and so forth without any benefit. She told me, after continual use of pessaries for a month she noticed the protruded parts inflamed and ulcerated and that caused her a good deal of pain and suffering. Her attending physician with a consultation declared that she will have to use these all her life, permanent cure being out of the question. I took down all her symptoms and with a dozen doses of *Sepia* 30, brought her right permanently. The allopathic physician in charge of the patient was quite struck with the marvellous effects of my medicine.

Another young Hindu lady had an attack of pelvic cellulitis after child-birth. She was under allopathic treatment for a whole year. An abscess formed, which burst of itself. All kinds of lotions, injections and external means were tried. Tonics and stimulants in abundance to no effect. Fistulous openings formed, through which pus used to come out freely, debilitating the patient to the extreme. Ovarian irritation resulted with intense pains and suffering, especially in the right ovarian region. A few doses of

Palladium 6 gave my patient rest and respite from pains, subsequently I administered *Hepar sulph.* 30 with marked effect. Pus gradually decreased; fistulous openings closed up and the patient was cured in a month and a half. I sent her up to a bracing climate and she was all right.

I think if I had gotten this case earlier, I would have cured it with homœopathic remedies without pus and fistulous openings. These cases show clearly how our medicines are of immense value in even obstinate female diseases. I had an occasion when in America to see an operation for extraction of ovaries in a poor woman by an eminent gynæcologist. I took down the history of the case and was told this woman had severe neuralgic dysmenorrhœa and was treated homœopathically for some time without benefit. The surgeon told me that she must have some serious disease of the ovaries. After operation we found nothing the matter, only a slight congestion and enlargement of the ovaries. I remarked at the time that this case might be safely and permanently cured with well-selected homœopathic remedies. I was then told that she had a few doses of *macrotine* 3rd trituration and that appeared sufficient homœopathic treatment. I regret to notice such things.

These I consider as meddlesome gynæcological interferences.

Another effect of meddlesomeness in female diseases consists in propagating one woman's disease into another by means of instruments and fingers of the operating surgeon. These are to a great extent remedied by scrupulous cleanliness and other precautions, but still we have no doubt there are chances of them.

We often found constant examination and handling of the parts, merely to satisfy idle curiosity of diagnosis, brought on bad consequences. By these procedures chronic irritation, inflammation and subsequent induration of the parts take place. When these bad consequences

happen the case becomes incurable. I had the painful duty to see a rich and elderly lady suffering from all kinds of ailments of her system. She had simple leucorrhœa. Constant examination of the parts by a mid-wife, who was retained in her service solely, produced irritation of the parts and inflammation resulted. This inflammation was treated by injections of various kinds and purgatives. Leucorrhœa was, no doubt, stopped at the beginning, and what happened? A hydra-headed monster chronic disease with various off-shoots appeared, and ended the earthly existence of the poor lady.

Another rich lady came under my treatment last winter, with a large uterine fibroid and lots of other complaints. I treated her for leucorrhœa long ago with somewhat satisfactory result. She also had a retained woman doctor at her service. I interdicted all undue manual interference by her. She grew dissatisfied with me and the treatment was changed. A peculiar, unknown medicine was given to her, the leucorrhœa stopped then and there, and was followed by a dire disease which led her to the grave, and ended her mortal suffering.

It is for these reasons I say undue interference and meddlingness, both manual and external in cases of gynæcology, produce more harm than good. We Hindus do not allow our women to be ransacked in this merciless way under the garb of science of healing. I say we are perfectly right in many cases and I beseech all our American and English homœopathic gynæcologists to search after a similitum in preference to the the knife, syringe *et hoc genus omne*.

DISCUSSION.

Dr. Hastings—I think that a foreigner in using our language often gives us a peculiarly fitting use of a word which we are not in the habit of giving. I do think that word "ransack" is especially fitting in this instance.

ERYSIPELATOUS ARTHRITIS.

FRANCOIS CARTIER, M. D., PARIS, FRANCE.

All the general and infectious diseases may be accompanied with articular manifestations more or less acute.

The prevalent infections, blennorrhagias and scarlet fever, are the infectious arthritic diseases most commonly observed, but erysipelas as a complication is rare, and I seized the occasion of a case under my observation in the hospital of St. Jacques to compile these few notes.

My patient, a young woman of eighteen years, had a serious erysipelas of the face and scalp. Temperature vibrated between 39 and 40 degrees. Intense delirium, jumped out of bed believing herself in the street. Many times the nurse found her in the middle of the room, the prey of this delirium.

Apium virus was given during the entire illness. Little by little the temperature diminished, the delirium ceased and the patient entered upon her convalescence.

Two days after the fever had ceased the young patient felt in almost all of the articulations a general relaxation, and a quick, sharp pain at her neck and elbows. Motion was very painful at the neck and the symptoms resembled those of torticollis. There were no swellings in any of the joints, and at the end of eight days, with Bryonia as a remedy, the phenomenon of articular relaxation disappeared. As Bourcey has well demonstrated in his study of pseudo-infectious rheumatism, this has nothing to do with true rheumatism. The arthritic disturbance arises from the primitive infection or from a secondary associated infection; which is established more conclusively each day by bacteriological and clinical evidence.

In their evolutions the articular localizations clothe themselves with two forms. 1. Very light, transitory, entirely ephemeral—like my personal case. These are the simple

arthralgiæ, excessively acute in some cases, but accompanied almost never with deformity of the articulations, and they get well without leaving any traces. 2. When the first illness is in its decline one or more of the articulations are inwalled by enormous inflammatory swellings, becoming very painful and at the end showing fluctuations; it produces one of several pyarthroses (prevalent arthritis), susceptible of causing articular disorders and necessitating arthrotomy.

Between these two extreme forms of arthritic infections you may find another variety called "plastic." This is very frequent in the course of blennorrhagiæ but manifests itself more rarely in the other infections. It can, however, show itself in the case of erysipelas. The Grandmaison reports a typical case. The pseudo-rheumatic erysipelas, like the pseudo-blennorrhagic rheumatism does not localize itself necessarily at the articular surfaces. It can, however, encroach upon the sheaths of tendons.

Arthritis as one sees it is not always of the suppurating variety. The streptococcus is not inevitably destined to produce pus, besides in erysipelas it engenders only a strong exudation, sero-fibrinous in its nature with Diapedése Leucocytaire very abundant, but not the true suppuration. Side by side with this infectious agent it is necessary to admit that the soil is a predisposing cause for this arthritic erysipelas; however, my patient had never had pseudo-rheumatism.

KEYNOTE SELECTION OF REMEDIES.

J. P. VAN EVERA, M. D., PASSAIC BRIDGE, N. J.

We have before us an eruptive disease extending over the entire body including forehead and scalp, coming in successive crops. It has the appearance of arsenicum poisoning

yet arsenicum does not cure. We learn that the trouble is specific, yet mercurius has no curative effect. By careful observation and visiting the patient at *night* we find a symptom and have struck the key-note: The *patient cannot sleep at night without apples*. Inexpressible and unconquerable desire for apples; no other fruit would do. After a diligent search we find the symptom among the provings characteristic of antimonium tartaricum and antimonium tartaricum only, so far as I can find. *Query*: Why did not *apples* make the cure as did the drug producing the symptoms? The many remedies having similar symptoms did not make a cure, while the remedy with a symptom belonging only to itself did the work to the end.

It is my opinion that sulphur in any form aggravates a case of this kind, unless it may be hepar sulphur and then only after salivation by mercury. A case treated homœopathically, in my opinion, should never have the latter.

Next we come across a woman with real or imaginary uterine trouble. She has had local treatment and medicine from both schools. She has had no miscarriage but has done almost everything to prevent conception. She is suffering from nervous prostration. She wanted local treatment because she thought a constant leucorrhœa called for it. Absence of the characteristic odor of kreosote threw the attending homœopathic doctor off the track, but a constant complaint of a pain "like a ball of fire" in the abdomen led to the selection of Kreosote, and that remedy alone made a cure in three months, to the great astonishment of all concerned.

Another patient can retain food of any nature for about two hours; then begins vomiting with intense burning of œsophagus which extends to the stomach. This condition lasted for months; the patient became emaciated and the doctors despairing and undecided as to diagnosis, whether cancer or ulcer of stomach. This case responded in a