

not present characteristics which we recognise as those of Aconite, the symptoms would nevertheless speedily disappear under the use of Aconite, if that drug were clearly indicated by characteristic symptoms in the other organs. So abundantly has our experience confirmed this view, that if we find clear characteristics of any drug in the symptoms of any organ of the body, no matter what symptoms may be presented by other parts of the body, and no matter how little these latter symptoms may seem to indicate this same drug, we never dream of alternating remedies. We are confident that a remedy, which is clearly indicated by characteristic symptoms, though they be but few in number, will cover the whole case, and will remove the entire disease. Nor do we, as is assumed by the alternators, expect to accomplish by "succession" what they aim to effect by Alternation. We so thoroughly believe in the unity of disease as to be confident, that, in however many organs and tissues morbid symptoms may present themselves, they still spring from and depend upon one and the same unknown and inscrutable cause, just as the multifarious symptoms of a drug-proving depend upon the one cause, viz., the drug; and that though the characteristic symptoms which furnish the indication for the remedy may be observed only in the symptoms of *one* organ or system, yet the symptoms of all the rest of the body will be equally controlled by the action of this remedy. It is remarkable, however, to how great an extent, if we observe carefully and intelligently, we may recognize, in the various groups of symptoms affecting the various organs of the patient, the characteristic mode of action, and the *conditions* of that remedy, the characteristic indications for which we find in some one organ alone of the patient!

2. The tendency of the second of the classes of minds into which we divided medical philosophy is to Synthesis. They are, perhaps, in danger of underestimating those material changes of tissue which are the proximate cause of disease, because they are intent upon observing and tracing out that perversion of the vital force, which must have preceded and

induced all the organic and material changes which the case presents, and which perversion they regard as *essentially* the disease itself. They study this perversion in its various manifestations, viz., the symptoms. They do not seek to analyze these groups of symptoms, for the purpose of forming a theory respecting the tissues affected, so as to select a remedy which affects, as they suppose, identical tissues, and in the same way. They do not thus admit *hypothesis* into their method. They study the groups of symptoms to get at their peculiarities and conditions. Profoundly impressed with the intimate connection of all parts of the body, through the all-pervading Vital Force (whatever it may be), and with the fact, observed every day, that change of function in one part of the body speedily brings about corresponding changes in almost every other part, they seek, by the light of one group of symptoms, to find in the patient other and corresponding groups. In these investigations Physiology and Pathology, which teach the relations and mutual dependencies of different organs, are of inestimable value, enabling the student to find in remote organs parallel groups of symptoms; the characteristic which determines his choice of a remedy being often in an organ very remote from that to which his attention was first called as being the seat of disease. Having thus been led, by his philosophy, to collect the various groups of symptoms presented by the entire body, as constituting one single disease, the practitioner surveys this collection in search of the characteristic symptom, or group of symptoms which shall point to his remedy. Ninety of the symptoms might be found among many remedies, ten perhaps may be peculiar to, and characteristic of, a single drug. *This* he selects, without hesitation, as his remedy for the entire malady of that patient.

Suppose the patient to have taken cold, and to present, in consequence, a malady which, anatomically, is made up of a pneumonia and hepatitis. It is all well enough, and doubtless important for the purposes of diagnosis and prognosis, to make this pathologio-anatomical analysis of the case. But

when we come to regard the case from the standpoint of Therapeutics, we are not surely to follow the plan which Dr. Drysdale seems to sanction, viz., to look among the drugs which are shown by provings to act on the tissues of the lung, and select the best from among them, and then to look among remedies which act on the tissues of the liver, and select the best from among these remedies, and to alternate the two thus selected. What if, as would be likely in such a case, the pleura, likewise, were inflamed? Should we have a third remedy? Or the kidneys also? Should we have a fourth? "*Quousque tandem—?—*"

On the contrary, we should collect the various groups of symptoms, as well those from which the Pathologist infers that the tissue of the lung is affected, as those from which he infers that the tissue of the liver is affected. All other symptoms likewise would be gathered. We should examine these symptoms, in the manner so often described, for the purpose of finding in them the peculiar characteristics of some particular drug. In thus dealing with the case, we should have this advantage over the Pathologist, that whereas *his* inferences may lead him astray, since the lung tissue *may* not be affected as he thinks it is—and likewise the tissue of the *liver*—we, on the other hand, taking into account only the obvious symptoms, avoid at least one very patent source of fallacy. Our own experience has altogether misled us if we do not find, in the case supposed, that if the lung symptoms give us characteristic indications for a remedy, the liver symptoms not only will not *contradict this* indication by affording one for some other remedy, but they will *corroborate* the indication, so as to give us no pretext for alternating.

But another case is supposed, viz., that a pneumonia is present, and a remedy has been well selected for it, and now a hepatitis supervenes to complicate the case. Here, we are told, is a new disease, which can have nothing to do with the previously existing pneumonia, and which *must* require a distinct treatment, in the way of alternation. This is in no way different from the complication of a burn, of which we

have already spoken. If the complication is serious enough to produce constitutional symptoms (as a hepatitis would surely be), it would always (or our observation has uniformly deceived us) modify all existing symptoms. For example, a severe burn would give a typhoid character to an existing pneumonia. We must then make a new collection of the symptoms, and proceed as before to select a remedy.

Under any other plan—if we are to select our remedy according to correspondence of known drug-action and disease-action upon the *tissues* of the body—not only are we liable to errors already pointed out, but our scope is wonderfully restricted. How could we find remedies for changes of structure, such as we can never expect to see in drug-provings, such as cancer and heterologous growths of all kinds? How, for affections which do not depend on or involve any definite known change of tissue, as Intermittent fever, Epilepsy, Hysteria, and the host of chronic ailments?

(*Concluded in our next.*)

CLINICAL CONTRIBUTIONS.

BY WM. GALLUPE, M. D., BANGOR, ME.

I wish to report, through the pages of your REVIEW, a few cases showing the value of *Rhus toxicodendron* in the treatment of inflammation of ligamentous and cartilaginous textures and synovial membranes, resulting from strains and injuries about joints, dislocations, etc.

Case 1. Miss H—, a servant girl, about twenty-six years old, of strong athletic form, sanguine temperament, received a severe strain of the right wrist. It soon became painful and tender, when used at all, and sensitive even to slight movement or use of the joint, or to pressure from handling it. After receiving prescriptions and attendance for three months, from one of our prominent physicians of the allopathic prac-

tice, with but very little if any relief, she sought the advice of another, and one who prides himself much upon his surgical skill and ability to manage obstinate cases. She followed his advice and prescriptions for three months more, but without any perceptible benefit, except the concentration of the pain and tenderness in the inner parts of the joint; not being able to use the hand without suffering acutely from it at the joint, with heat, pain, swelling and soreness, lasting from one to four days. She then stopped all medical advice, except to make use of a few articles urgently recommended by her friends, which were represented as sure remedies, but did not enable her to use her wrist or hand. She then desisted from all remedies whatever for about one year. After the expiration of this time she came to me for advice respecting the wrist, being healthy and well in other respects.

She could not use that hand except with the greatest care and caution. It caused pain, soreness, and swelling about the joint. The external appearance of the wrist was about natural. On pulling steadily by that hand, in the direction of the forearm, no unpleasant sensation was produced, but to push the surfaces of the joint together was quite painful. Taking hold of the forearm near the wrist, and shaking the hand back and forth, produced much pain and irritation at the central portion and about the joint. Again, on pressing with the thumb and fingers at opposite sides, and over the central portion of the joint, it was quite tender and irritable, causing it to be painful for a short time. Afterward she could not use the hand in any sidewise motion, nor lift any weight, not even the hand, by the direct action of the wrist. It required much care and caution to use that hand, even for very light work.

It was evident to me that there was a decided inflammation of the cartilaginous surfaces of the whole joint and, probably, to a greater or less extent, of the synovial membrane of the joint. I prescribed *Rhus toxicodendron*³⁰ five powders, each to be taken in two doses, by dissolving one in six spoonfuls of water, taking a part of it at evening, and the remain-

der in the morning, also to repeat a powder twice a week until she could take hold of the arm above the wrist, and shake the hand back and forth without causing pain at the wrist. I did not see her again for six weeks. She reported that, after taking the third powder, and when it became time to take the fourth, she found she could shake the wrist freely without causing uneasiness; but as the next day was her time for washing, she thought she would take one more powder; and the next day, before she was aware of it, found she was using that hand with much ease and freedom, and without any uneasiness about the wrist. Next day no soreness was observed from it, and she used the flat-irons with that hand for the first time in twenty months. The next week she did her washing in the forenoon, and her ironing in the afternoon, for the family of five, and did not feel any inconvenience from it. Thus was the effect of a severe strain, which had withstood all her best directed efforts, with allopathic advice and prescriptions for over nineteen months, causing her much affliction and suffering, radically cured with about twelve small pellets, in the short space of two weeks time. About one year afterward she again strained that same wrist in handling some heavy articles. It was quite sore and painful, and she was unable to use the hand without much pain. She called on me for medicine, and I gave her three powders, the same as before, and with the same directions. After two weeks she reported that two powders cured her entirely, and she had no further trouble from the wrist.

Case 2. A strong, athletic man, of sanguine temperament, with large, hard, muscular frame, was crushed by a gravel bank caving in upon him and injuring the right hip. A physician, of considerable note and practice as a surgeon, was soon called, and decided that it was only a severe strain about the hips and across the back, with neither fracture nor dislocation. He was in considerable pain, and unable to use his right leg or turn himself. Liniments and cooling applications were applied about the parts, and anodyne powders given him to relieve his severe distress. A painful, sleepless

night was passed and the doses were increased the next day, but without relief or even a momentary mitigation. The second and third nights were passed without much if any sleep, from the constant pain and distress, the physician having visited him three times.

On the fourth day I was called to him at three, p. m. I found him suffering from severe pain, and constantly groaning in anguish. It was stated that he had not slept any apparently since the accident. He was lying partly on his left side, with his legs diverging and partly flexed. The right limb appeared longer, from one to two inches, as well as I could ascertain, as he could not bear even a slight movement of it without great suffering. On examining the hip I found an erysipelatous redness, of a circle of eight inches diameter, over the region of the great trochanter, the parts considerably swollen, and such exquisite tenderness as scarcely to admit of handling it; the least movement of the thigh upon the pelvis was excruciating to him. I felt no hesitation in saying it was dislocated at the hip, or possibly fractured. But what could be done? In the existing high state of inflammation of the part, he could not endure any manipulation with it. I prepared a solution of ten or twelve pellets of *Rhus. tox.*³⁰, in a tumbler of water, one-third full. I added to it (as I happened to have it with me) some granulated *Sac. lac.* which had been medicated with *Rhus. tox.*¹², as much in bulk as that of the pellets, and gave him two-teaspoonful doses, to repeat in two hours, and again in three to five hours, as I felt he needed quietness and sleep, also to bathe the part frequently with cool water. On visiting him the next day, at eleven, a. m., he reported decided good effects after the second dose, mitigation of pain, and he slept quietly after the third; he had taken four doses. I could examine the limb, and move it somewhat with comparative ease to the patient, and I was thus able to confirm my suspicions of the previous day of a dislocation into the foramen ovale. There was some soreness of the muscles of the limb when moved, though but little tenderness to gentle pres-

sure about the hip. I gave a solution of pellets of *Arnica*³⁰ in a cup half full of water, to take two spoonfuls, and repeat in two hours, then again in four hours, and, after passing over six hours, to return to *Rhus.* again, and repeat it in two hours. I visited him next day, at two, p. m.; he had had a quiet night; there was very little soreness of the muscles on movement of the limb. I could examine the parts freely with comparative ease to the patient. I made preparations, and adjusted the bone to the proper place with as little suffering to the patient, perhaps less than usual, when this is done soon after the accident.

This case I think shows a decided power in potentised medicine to control the effects of injuries of parts about the joints, a matter which has hitherto been considered beyond the control of medicine, internally administered, by all classes of physicians, until the law of similarity became known. But even now how strongly do we see it contended against by nearly all of the old school of physicians. I feel quite sure, from observations since, that the solution of the pellets of thirtieth potency would have been amply sufficient. I added some of the powder of the twelfth, which I happened to have with me, as it was for an athletic, vigorous looking patient.

We find, in the pathogenetic symptoms of *Rhus tox.*—“Pain, as if sprained in the joints; painful sensation of the joints on rising from one’s seat;” and in the enumeration of its general symptoms—“Affections of the ligaments, tendons and synovial membranes.” Thus its pathogenetic symptoms and the law of similarity are verified by its curative action.

CLINICAL CONTRIBUTION.

BY C. SCHAEFER, M. D., SOUTH BEND, IND.

The following case was suggested by reading the interesting article of Dr. Wesselhoeft, as also the article on *Apis*, published in a previous number of the *REVIEW*. I also in-

tended to give a few cases from practice, showing symptoms characteristic of Apis in Intermittent fever, as well as of Ipecac (of which *vomiting* is *not* characteristic) and Helleborus; *old* remedies it is true, but from which we nevertheless may yet learn something *new*. Time, however, will not permit at present.

Mrs. O—, about thirty-six years old, of strong constitution, mother of three children, the youngest three weeks old, was taken with nursing sore mouth, as soon as she had recovered from her confinement with her first child. After three months fruitless allopathic treatment, being reduced to a skeleton, and her life despaired of, she was obliged to wean her babe to cure herself. The birth of the second child caused but a repetition of the state she was in with her first, only that she was determined to *wear out* the disease, and continued to nurse and suffer six months. Suffering and failing strength necessitated her to forego the important office of nursing her babe, and her mouth got well without further treatment, which during lactation had been of no avail.

The last confinement, myself in attendance, passed off without anything noticeable, excepting that metritis set in a day or two after confinement, also plegnumesia alba doleus (she had, some weeks previous to confinement, noticed painful stiffness and lameness of this limb); both were promptly relieved by homœopathic treatment. About the third week I was called on to do battle against her old enemy, nursing sore mouth, which had appeared at its usual time, about the second week. Although she had recovered more rapidly from this than any previous confinement, I found her attending to her domestic duties, being a hard worker—portions of her tongue were entirely denuded of epithelial covering, red and shiny; in the same condition was the soft palate, and as far as I could see into her throat. Smarting, stinging pains, profuse salivation, no appetite, feverish.

The good reputation of Homœopathy being at stake, I did not feel at all easy about this case, especially as the patient had declared the disease incurable. A prompt effect was

necessary to encourage the patient to continue treatment. But what remedy would do this, was the query. She was thoroughly Mercurialized. Hesitating between Nitric acid and Apis mellifica, I gave the latter the preference, as being better adapted to the general feverish condition of the patient. Apis mel^o, a few pellets in a tumbler half full of water, a teaspoonful every four hours. On the third day less pain, less salivation; denuded surfaces red, shiny as before, nor were they less in extent. A few days after, sent for more medicine, and reported improvement. The medicine was now alternated with unmedicated pellets. Saw her a week after and found her cured. A few weeks after, intermittent fever, cured by Nux vomica, but no return of nursing sore mouth.

OBSERVATIONS ON BRYONIA.

BY CARROLL DUNHAM, M. D., NEW YORK.

(Concluded from page 154.)

PRACTICAL OBSERVATIONS—*Concluded*.—About the third day after confinement, women are liable to chill and an access of fever, just when the mamma begins in earnest the performance of its peculiar function. Experience has shown Bryonia to be one of our most valuable remedies in this condition. The correspondence of symptoms indicates this. For, the “milk fever” is one in which chill predominates; it is a mixture of chill and fever, the former much in excess, and, moreover, the gland, which is the seat of pain, becomes rapidly *sore* and sensitive to touch or motion. In addition, there are drawing tearing pains in the limbs and a headache resembling that of Bryonia. Bryonia is likewise our foremost remedy in Inflammation of the Mammæ during lactation.

A word of caution, bearing on the diagnosis of the latter affection, may not here be inappropriate. It is of the utmost

importance to avoid mistaking symptoms of exhaustion of the supply of milk in the gland for symptoms of commencing inflammation and treating, with medicine, a condition which should be met by rest of the organ and an appropriate diet.

In primiparæ the secretion is often established tardily, and the milk fever is severe. For this reason the patient is apt to be kept on a very low diet, with a view of preventing inflammation of the mamma and, for the same object, the child is applied to the breast at very short intervals, in order to prevent "accumulation of milk in the gland," "to keep it free." Under these circumstances, the supply of milk is apt to be scanty. If, now, the child be vigorous, the supply will soon be exhausted, and the child will "draw upon a vacuum." Very soon an acute dragging pain is experienced by the mother, extending from the nipple through the gland and the thorax to the scapula. It would be a sad mistake to regard this as always a sign of existing inflammation, to still farther curtail the diet and to resort to medication. It is *not* always a sign of inflammation—it is a "dragging on the milk-tubes." The diet should be increased in its nutritive qualities, and directions given to apply the child less frequently to the breast, and to remove it as soon as this peculiar pain begins to be felt. This is very important; for, if the "dragging" be allowed to continue long, and be often repeated, it will *produce* inflammation, first of the nipple and subsequently of the gland. This is the origin of perhaps a majority of the cases of "Sore Nipples" met with in practice, and attention to these precautions constitutes one of the best preventives of that distressing affection.

It should be observed, however, that cases sometimes occur, in which, as soon as the infant *begins* to nurse, the patient experiences severe, acute dragging and stitching pain, extending from the extremity of the nipple to the scapula, and rendering the pain of nursing almost unendurable—and this too when there can be no reason to suspect a deficiency of milk. Indeed, the pains set in as soon as the child *begins* to nurse, and not, as in the case before described, after the

child has already nursed, for a time, satisfactorily. These are cases of irritable nipple, and they often result in mammary abscess, because the mother cannot endure the pain of having the breasts freed from the milk that is secreted. Such cases find their best remedy, as I learn from Prof. Guernsey, of Philadelphia, in *Croton tiglium*.

On the *Respiratory Organs* the action of Bryonia is very emphatic.

Dr. Wurmb says of it: "Although Bryonia be not so often administered in diseases of the mucous membranes as in those of the serous and fibrous tissues, it is, nevertheless, in the former, a very important remedy. Its action on all the membranes must be a very extensive one, because of its powerful influence upon the processes of secretion and absorption, and because the mucous membranes, in particular, belong to those organs by means of which these appropriations are, for the most part, carried on.

"The results of provings show that Bryonia produces powerful irritation in the mucous membrane of the respiratory organs. This condition is important, not only inasmuch as it enables us to designate Bryonia as an important remedy in acute Bronchial Catarrh, but also as giving us a *point d'appui* in studying the remedy. For experience teaches us, on the one hand, that the more violent forms of catarrh almost always involve the *pleura*, causing stitch in the side, and, on the other hand, that stitching pains almost always yield, and *in a short time*, to Bryonia.

"We lay great stress on the fact, that, in the Bryonia catarrh the mucous secretion is diminished, because a great majority of the symptoms which are considered to indicate Bryonia derive their significance from this fact, and it will serve to keep them in memory. They are—hoarseness, hacking cough, which sets in especially in the morning and evening, and is generally *dry* or yields but a little tenacious mucus (which is sometimes streaked with blood), and which sometimes, through its violence, causes retching and actual vomiting. As rarely failing concomitants of the Bryonia

cough, we have stitching pains in the throat and chest, and pressing pains in the head."

In the bronchial catarrh, with scanty secretion, and attended by dyspnoea and nervous erethism, to which infants are subject, and which is often mistaken for true pneumonia, Bryonia is a most valuable remedy. In a subsequent stage of the same affection, when the secretion has become very *abundant*, every paroxysm of coughing producing nausea and copious vomiting of mucus, with dyspnoea, exhaustion and sweat, *Ipecac* is likely to be required. In former days, before I learned to distinguish sharply between the indications for these remedies, I used to give them, as was and is so commonly advised and practised, in alternation—a slovenly practice which cannot be too strongly condemned. Each of the remedies has its place in the appropriate stage of the malady.

In the Pneumonia of adults, especially in that form in which the deposit or exudation is scanty and fibrinous, Bryonia is the remedy most frequently required. So true is this, and so valuable is Bryonia in this case, when indicated, that some practitioners have not hesitated to say that Bryonia is the sole and all-sufficient remedy for Pneumonia, and that they give nothing else. This view, however, restricts the idea of Pneumonia to one pathological form, *ignoring* that form in which the exudation is *not* purely fibrinous, and in which Phosphorus or Tartar emetic is likely to be indicated, as we shall see in "Observations on Phosphorus."

A reference here may be permitted to the singular fact that whereas, in New England, where Pneumonia is frequently met with, more than one busy practitioner places his whole reliance on Bryonia in Pneumonia, and claims to cure every case with it; in Vienna, on the other hand, where Pneumonia is still more common, Dr. Fleischmann regards Phosphorus as the specific, and uses it almost exclusively.

Admitting the looseness of the practice, which, in any locality, looks to one remedy exclusively as the specific for any disease whatever, may it not be that the *character* of the Pneumonia, in the two regions, is radically different, depend-

ing on differences in the constitutions and habits of the races in the two countries? Be this as it may, the facts are a warning not to prescribe on the basis of the *name* of the disease.

Important as is the action of Bryonia on the regions already designated, it is still more marked in the serous and fibrous tissues.

The stitching pains in the thorax and abdomen, especially the stitch in the intercostal regions on taking a deep inspiration, all point to the efficacy of Bryonia in Plenritis, an indication which experience has confirmed. It is believed to be more suitable for Pleurisy of the *right* side.

In Pericarditis, also, it is valuable, though perhaps less frequently indicated than Spigelia.

In its relations to affections of the Pleura, Bryonia is resembled by Spigelia, Squilla, Ranunculus bulbosus and Kali carb.

In Rheumatism, Bryonia is one of our most important remedies. Its symptoms of the extremities simulate a muscular rheumatism, with moderate fever; while the symptoms of the joints show it to be still more appropriate to *articular rheumatism*.

The joints are much swollen and are reddened; streaks of red extending up and down the limbs. They are very sensitive to touch, and are especially painful during motion, the pain being less the more perfect the repose. Dr. Wurmb gives the following indications: "The fever not very violent, or, if so at first, much diminished; the rheumatism does not change its location; the local phenomena, especially the swelling and pain, very violent; the irritation of the skin but slight; the redness not very great." The aggravations, as to time, are in the morning some time after waking, and the evening. The pain is of a sticking and tearing character.