

to exert, at best, only palliative effects. Such treatment, too, often leads to unpleasant and disastrous after effects, such as dislocation of the symphysis pubis, resulting from the effect of "appreciable doses" of decoction of Ergot in "half-saucerful" quantities which produced an abscess beneath the tissues of the mons veneris, opening just above the clitoris, and indicating disintegration of the cartilaginous substance interconnecting the pubic bone, as reported in the *Western Homœopathic Observer*, Vol. III., p. 81. This occurrence coincides with Rokitansky's remark (*Pathological Anatomy*, third edition, Vol. II., p. 187), where he says, "Next the ruptures of the synchondroses induced by considerable external violence, there is observed a softening (Lockerung) of the same during pregnancy; during labor they can suffer a considerable extension, even a partial separation of connexion; after delivery they sometimes slough (verjauchen) in the course of malignant puerperal processes." The case in the *Observer* makes us suspect, that the sloughing may be the result of overdosing by the Ergot, attended with "malignant puerperal processes," for *Secale* cor. is known by its pathogenesis to produce gangrene.

The allopathic practice adds also chloroform and venesection to the list of remedies; but both are such means as no conscientious Homœopathician can recommend, if he knows his potencies well and understands how to use them.

24. It is with too much emphasis, we think, that the tocological world dwells upon the character of pregnancy and parturition as being surgical, and we must admit, in this respect, that not much progress has been made since the time of Hippocrates.

The wonderful discoveries made in the science of Tocology, would seem to admonish us, not to increase the dreadful armamentarium which is still in use, but which resembles the instruments of torture of the middle ages more than anything else. Those discoveries prove, that the generative process, considered by itself, is not necessarily a pathological process requiring medical or surgical treatment, but is a physiological

process taking place normally, according to certain fixed laws, to which the human organism is subject, and that it ranges like any other physiological process of greater or minor importance. Undoubtedly utero-gestation, and parturition, have to be regarded in the same light. We never think of surgical interference, generally, when we may attain the desired end by proper attention to the natural cause of things and try proper medication. Just so we may safely discard surgical interference in tocological cases, which require nothing but proper attention to the natural course of generation and proper homœopathic medication. "If ours were the period of honest admissions," truly observes Champion, "what honorable practitioner, and particularly what accoucheur, is there who would not have some revelation of this kind to make?" (Bedford's Chailly.)

25. According to a table compiled by Churchill, the proportions of cases of presentation of the superior extremities amounting to trunk-presentation, are on an average, as follows: in England and France 0,38, that is, little more than 1.3 per cent. In Germany a larger per centage. Spaeth having had in 12,523 cases, 93 trunk-presentations; Schwœrer in 39,917 cases, 259, which gives for Spaeth 0,74 or 3.4 per cent., for Schwœrer 0,64 about 3.5 per cent. Scanzoni observed in 8,514 cases 48, which gives 0,57, that is about 3.5 per cent.

Now, it is agreed, that vertical presentations never necessitate, or cause, dystocia, because they are always regarded as normal physiological conditions (Scanzoni). And all authorities concur, that the horizontal presentations only, on account of the difficulty of converting them into vertical ones on the part of the mother, are to be considered as vicious presentations requiring the physician's interference. And it is only in 1.3 to 3.4 per cent. of all cases of parturition under allopathic treatment, that this surgical interference is believed to be called for, on the plea of danger to mother and child.

26. In all such cases, the common rule adopted by the profession is, to perform the operation by turning (version) as the comparatively safest means of delivery under the circum-

stances. And, in order to justify this operation, some reasoning is indulged in, running somewhat in this fashion, viz.:

"There is danger for mother and child in a horizontal presentation, if it is not converted into a vertical one. If the mother herself is unable to do this by the natural mechanism required for the expulsion of the child, then it must be done by the midwife; the midwife should turn, as long as there is a chance offered by the mother to do it; this chance offered is, that the ovum be entire, so that the fœtus can easily be turned in the waters. However, version is not safe, when the uterus has contracted firmly upon the fœtus after the escape of the water; in such a case the contractions of the uterus have to be overcome by bloodletting, Opium, Tartar emetic; after that, further spontaneous action on the part of the mother is precluded, and the only chance now for mother and child exists in terminating the labor by extraction at once; extraction is only a secondary indication resulting from untoward circumstances if the first chance, turning in the membranes, should fail."

But such reasoning invites criticism. It is unsound all over.

If the profession recommends turning in every case of horizontal presentation as long as the fœtus is enveloped in its membranes, because the chance of natural conversion into the vertical presentation might fail, then it arbitrarily cuts off, beforehand, the very chance of natural delivery, which is generally better and preferable, as we have seen, since natural delivery, even under difficulties, occurs oftener than is generally supposed. Bedford (Chailly) says: "Spontaneous version almost always takes place without the knowledge of the accoucheur," and he confesses, that "we but imperfectly understand its mechanism and causes." The prognosis he considers "extremely favorable to both mother and child." Hence it is very probable, that the frequency of the occurrence of spontaneous version is generally underrated and that it would be rather safe, as a rule, to trust more to the effects of nature while supporting the organs by proper attention, than forcible operations which often are likely to be premature or unnecessary.

27. The recommendation of turning while the water is yet unbroken, strikes us, as being in the same vein with the notorious indication of Tracheotomy in Croup, which is, by the highest authorities, only then considered safe and justifiable, when there is power of reaction enough left in the system to overcome the operation beside the disease, and only as long as the children are merely anxious to get breath without really becoming asphyxiated (Roser). Yet, it is well known, that in such cases the pure homœopathic treatment offers far better chances. Many physicians, with Bœnninghausen at the head, will bear us out in this. Even if Tracheotomy should succeed in hopeless cases where asphyxia has already begun, still, Homœopathy claims as an offset many equally hopeless cases, treated homœopathically with success, without Tracheotomy.

The same applies to our present question concerning the pretended indication of version while the membranes are entire. The conditions for delivery depend, naturally, not upon the operation, but upon the conditions present, pre-determining whether the operation should be made or not. Homœopathy may obviate the necessity of version.

28. Horizontal presentations are owing to the relaxation of the parenchyma of the uterus with consecutive dilatation of the uterine cavity (Scanzoni), such as is found in multiparæ and in those whose genital organs have been weakened by disease. In such cases we would not expect to find the thick and firm amniotic sac, as in our case number one; we would rather look for a large amount of amniotic fluid, favoring an easy rupture of the membranes.

From these circumstances it is clear, that in a case of horizontal presentation a poor chance would offer for version, because the water will have been broken when the os tincæ is dilated sufficiently for admitting the hand of the operator, consequently the condition of entirety of membranes fails, and therewith the indication of version, while the membranes are entire, falls simply to the ground.

29. But, suppose, together with horizontal presentation

there should be a firm amnion? Then, again, the indication would fail, because every condition for correcting the malpresentation would be already fulfilled, and it would be not the version but only the uterine contraction which is wanted for effecting the condition.

However, they say, that this indication failing only the first chance is lost, but the second indication is induced, viz.: the extraction of the child. And here they rigorously enjoin us, not to enter the womb if the walls are firmly contracted upon the foetus, and that in such a case the uterine contractibility must be reduced and the labor terminated at once by extraction.

But here, again, they put the indication in the wrong place.

For, if the walls of the uterus contract firmly, then the uterus exerts power to expel the foetus, which is the very thing desirable and ought to be aided. That powerful contraction, in a trunk-case, is, on the maternal part, the only means to expel the child; to support it, therefore, is the proper indication, and artificial paralysis is only the mistaken professional allopathic indication.

Now there are cases on record, where, even then, when the uterus contracted firmly upon the foetus, spontaneous version took place as those quoted. We, undoubtedly, would know more cases of this kind, if the general practice of the profession did not by unwarrantable interference prevent the more frequent occurrence of such happy terminations of labor.

But clear it is, that the proper homœopathic administration of such potencies as Aconite, Apis mel., Belladonna, Chamomilla, Nux vomica, Opium, Pulsatilla, Sabina, Sepia and others, would favor the result of spontaneous version more than anything else would do.

30. Time is another great element in the tocological process.

The allopathic school, with its inadequate means, lays down the loss of time as being equally dangerous for the safety of mother and child. Yet just the contrary is defensible. For it wants time for the uterus to gather strength, and it wants

time for the foetus to shift its untoward position. This precious opportunity offered by time is lost if the accoucher takes hold of the foetus to extract it.

“Sapientissima res tempus.”—BACON.

The customary indications change entirely with the homœopathic treatment of the case. It is ascribable to a want of better information, when even homœopathic manuals on Obstetrics,\* in the event of difficulties arising, recommend all the surgical operations described in the text-book of the allopathic school. Possibly, the precarious position which the Homœopathician occupies under the pressure of allopathic traditions may have something to do with the deficiency alluded to. For they, on the other, side constantly ignore Homœopathy altogether. But this should not be an excuse for Homœopathicians for stopping where the so-called old school left it.

It is probable, that after the exhibition of the potency, homœopathic to the case, the uterus will relax and cease to contract upon the child. When so, the allopathic obstetrician would find it indicated, as well as convenient, to perform version and extraction under the usual cautela. But the homœopathic tocologian would not so understand it. He would, after medicating, patiently wait for contraction after contraction, and ultimately, I doubt not, find that the malpresentation under the action of the potency by degrees, or suddenly, yields to the resumed and well directed and well supported efforts of the uterus, and that, thus, labor takes its natural course to natural termination.

Unfortunately, but unmistakably, the indication in cases of protracted labor is *time*. But time is not what the practitioner has to spend, especially if he is much sought after.

\* The action implied by the word “Obstetrics” is so unhomœopathical, that “Homœopathic Obstetrics” would seem to be a *contradictio in adjecto*, and the use of the term “Obstetrics” for that department of our art and science which relates to childbirth should be discarded, as being inadequate, prejudicial and improper.

There are sometimes delays of hours, when no progress is made. The woman feels with all protraction comparatively comfortable, takes food and sleeps. All this requires time; and time, we repeat it, is the great element for successfully treating such cases.

It was a very good rule given in the old play: "Festina lente—let the time have its time!"

31. That the result of such treatment, as here proposed, can be successful in the end we are satisfied. But you ask, in how many cases was it so? The answer is, so far it was only in one; but that, a *unicum*, is a case closely observed. Such a case, although single, is worth more than thousands of cases less closely observed. One case shows that it can be done, and that is enough. One case is sufficient to prove that a child can be born naturally enveloped in its membranes unbroken, with comparative comfort to mother and child, and that is enough to prove that this is one of the modes of childbirth nature has prescribed.

You refer to statistics. But with them it is as Goethe says, "Thousand grey horses don't make a white one." The white one here is the case, carefully individualized, as Hahnemann taught us to do. The average of a large number of cases does not teach how a given case should be treated, for that is always a case *sui generis*. On the whole, statistics must be considered and used like auxiliary sciences of medicine, *cum grano salis*. The practitioner must certainly be acquainted with them, but he must take heed and not conclude from what does not correctly follow them.

To illustrate: the *one* single symptom 145 of *Spongia tost.*, well observed by Lehmann and recognized by Hahnemann as the true pathognomonic symptom of croup, has saved thousands of children, while all the many prescriptions of the allopathic school and all imperfect domestic medicine could not do it. So here. Thousands of your statistical cases of forcible interference, with corresponding proportion of mortality, do not disprove this one case of natural delivery and corresponding proportion of life. Your thousands of cases

only show what *you* could do. Our case proves what *nature* did, and that it can be done otherwise, than you did. What has been done, can be done again. Weighing your frightful mortality and failings on one side, and our success, and chance of success, on the other side, why would it not be better and more rational to try our new way, which happens to be the old way laid out by nature herself.

(To be continued.)

### TABES MESENERICA.

BY D. A. GORTON, M. D., NEWBURGH, N. Y.

(Concluded from page 341.)

*Chamomilla vulgaris*.—Mention of this remedy is made here only to remark that its early and judicious administration to children at the breast, will in many cases remove the existing causes of the disorder, such as offensive diarrhœa and indigestion so peculiar to infants, and thus prevent the development of the malady.

*Iodium*.—This remedy is highly valued by allopathic physicians in the treatment of tabes of every form and variety. And the study of its pathogenesis would lead one to believe the confidence reposed in the drug by them, well-founded. The pathogenetic symptoms rendered by Jahr, closely ally it with *Calcarea carb.* and *Sulphur* in the treatment of mesenteric disease. I regret to say, however, that in my hands it has not yielded the results which its pathogenetic symptoms had led me to expect. Has it in other hands?

*Sulphur*.—This drug should stand at the head of the list in scrofulous affections. There is, probably, no remedy in the *Materia Medica Pura*, whose sphere of usefulness can compare with *Sulphur*. Well might the eccentric Paracelsus have declared it one of the three great types of remedies, Mercury and Salt being the other two.

*Sulphur* is applicable in all conditions and stages of the dis-

ease. Unlike most other remedies, in cases to which it is truly homœopathic, it fulfils all the indications of treatment from the beginning to the end. It resembles *Calcarea carb.* in that respect. It is superior to the latter remedy, however, in other particulars. It is more prompt in its action, and possesses superior range of virtue. It is, moreover, more generally appropriate to desperate stages of the malady under consideration.

It should be observed that Sulphur possesses prophylactic virtues against mesenteric disease. In young children of scrofulous mothers, especially if the teeth develop slowly, and with constitutional irritation; if milk disagrees, and there be colic and distention and soreness of the abdomen, fœtid and frequent stools, Sulphur given in high potency will often afford prompt and permanent relief. When the disease is complicated, and the indications of treatment obscure and ill-defined, Sulphur may be given cautiously, if an exception may be allowed to a former remark, until a more complete individualization of the case be obtained.

*Phosphorus.*—This remedy ranks with Sulphur in *tabes mesenterica*. In later stages of the malady, and when the disease is complicated with *phthisis pulmonalis*, the drug has its superior only in Sulphur. In *phthisical* adults, with mesenteric disease superadded—a complication frequently met with in practice—presenting the following symptoms, Phosphorus will be found an invaluable remedy:

“Great weakness and paralytic lassitude, which sometimes come on suddenly, especially in bed in the morning, or after a short walk. Fainting fits. Inability to remain in the open air especially when it is cold,” and great tendency to take cold. Atrophy of the lymphatic glands, and of the whole body. Sharp ringing cough, day and night, mostly dry. Soreness and painful dryness of the throat. Dainty appetite. Any excess in eating is followed with increased diarrhœa. Bowels sunken. Periods of accession and decline of the cough alternate with diarrhœa. Stools from six to eight daily, occurring both day and night. Serous stools, of greenish or grayish

color, offensive and mixed with the ingesta. Painless stools, followed with lassitude, and aggravated by eating and drinking. Great desire for cold drinks—especially cold water—which seem to produce less inconvenience than warm fluids. Night sweats.

Young children with sprightly nervous temperaments, who have large heads, bright eyes and sharp features, presenting the following symptoms and conditions, generally find a remedy in Phosphorus:

Rapid wasting of the flesh, and great exhaustion. Mental activity. Sleeplessness. Voracious appetite. Engorgement of the glands of the mesentery, neck, throat and groins. Tumid, or “tub-shaped” abdomen. Stools frequent, henteric, watery; greenish, or amber color; attended sometimes with griping, at others, entirely painless; offensive or odorless. Milk produces colic. Coldness in the morning, and fever in the afternoon. Copious and exhausting perspiration, chiefly after sleeping. Pulse frequent, thread-like. Dry hacking cough. Shortness of breath. Respirations greatly accelerated.

---

#### DIPHTHERIA.\*

BY M. G. HOUGHTON, M. D., ST. JOHNSBURY, VT.

The subject of this case, a girl of ten years, had diphtheria in August, 1864, was treated by a homœopathic physician, but had not been well up to the time of writing this report, having had repeated attacks of inflammation and swelling of the tonsils, as I was informed.

I was summoned to visit her on the 2d of March, 1865, when I found her with a swelling immediately beneath the angle of the lower jaw, on the right side, about the size of a turkey egg, which I ordered poulticed, and on the 8th lanced.

\* Case reported to the Vermont Homœopathic Medical Society.

the same, when it discharged freely a thick pus, which continued, more or less, for two days, amounting in all to about one-third of a pint.

But that which I had purposed to report more particularly, was a subsequent attack of diphtheria.

I was summoned to see this girl on the 20th of March, 1865. Has had inflammation and swelling of the tonsils for two days past, with some membranous deposit; tonsils are now exceedingly swollen, with fiery redness about the margin of the membrane—externally on the left side is a swelling as large as a hen's egg; respiration hurried; pulse upwards of 100 per minute. Gave *Mercurius sol.*<sup>200</sup> in powder, to be repeated every two hours.

Visited her again the 21st. She has had a restless night; has not slept five minutes at a time; constant thirst; difficult and painful deglutition; respiration hurried and very much obstructed; membrane in the throat not materially increased; pulse 120 per minute. Continue *Mercurius sol.*<sup>200</sup> every two hours.

Visited her again on the morning of the 20th. The swelling externally has abated, and also somewhat internally; the membrane is being detached, and there is less fiery redness, though deglutition is difficult and respiration laborious; pulse 120 per minute and short hollow sounds of the heart's action. During the past night, has had violent twitchings of the muscles; incoherent talking; occasional choking when falling asleep; has not slept three minutes at a time. Continued *Mercurius sol.*<sup>200</sup> once in two hours.

Visited her again in the evening of the same day. The swelling is reduced one-half and the membrane is clearing off; can swallow better, but cannot breathe through either nostril; a discharge from right nostril which is ichorous in appearance and corroding in effect. Notwithstanding she cannot breathe through the nose, *there is a fan-like motion of the nostrils* in every act of inspiration, not only observable by myself, but had attracted the attention of the attendants.

This, gentlemen, is a symptom which characterizes a cer-

tain remedy, and no other remedy in the *Materia Medica* has it.

Violent and hurried beating of the heart, and, to cap the climax, she has sinking spells. Gave *Lycopodium*<sup>200</sup> every two hours.

Morning of the 23d. Has had hæmorrhage from the posterior nares during the past night, though not excessive; no discharge from the right nostril now, but from the left; has not slept during the past night; very restless but no sinking. Continued *Lyc.*<sup>200</sup> once in three hours, and sent for counsel.

Visited her again on the evening of the same day. Feels better; less discharge from the nose, and not so much thirst; pulse 108. Continued *Lycopodium*<sup>200</sup> once in three hours.

Morning of the 24th. Has slept some three hours during the past night; breathes better; less thirst and a little appetite; can now force the air through the nose with some exertion; has blown a thick matter from the nose; pulse 108. Counsel has arrived. Continued *Lyc.*<sup>200</sup> once in three hours.

Visited her again on the 25th. No discharge from the nose; slept four hours the past night; more appetite; pulse 100. Continued *Lycopodium*<sup>200</sup> once in four hours.

26th. Is doing well; slept six hours the past night; good appetite. Continued *Lyc.*<sup>200</sup> once in five hours, and I am happy to say, gentleman, the patient made a speedy recovery.

#### OBSERVATIONS ON RHUS.

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

(Concluded from page 348.)

Practical Application.—The abnormal condition of the vascular system is distinctly reflected upon the external skin. This is at first reddened, dry and hot; spots appear, resembling rubeola or measles, upon the thorax and abdomen; if the vascular excitement has subsided, copious sweats occur; along with them, almost always, a miliary eruption.

The mucous membranes are always involved. The tongue is more or less coated, becomes rough, dry, cracked and woody; the lips and teeth are sometimes covered with brown sordes; the taste is gone.

The condition of the gastric and intestinal mucous membrane is such as to produce: want of appetite; aversion to food; nausea; retching; vomiting. Gases are developed in the intestinal canal, which distend the abdomen. The abdomen becomes sensitive to external pressure under the margins of the left ribs and in the right iliac region.

The stools are at first scanty and infrequent, indeed there may be none for several days; generally, however, they soon become fluid and occur three or four times daily without tenesmus or other discomforts, and at a later period, when they are still more frequent, they pass involuntarily. They consist of serum and of a greenish-brown substance, which at a later period of the disease is mixed with white flocci.

Resulting from the affection of the mucous membrane of the air-passages, there is a sensation of dryness in the trachea; the somewhat accelerated respiration is, at first, louder, sharper, the expiration audible; at a later period, mucous rales or large crepitation set in. The cough, which, at first, is moderate and dry, becomes gradually more violent and looser in sound, but accompanied by only a very little tenacious sputa, now and then streaked with blood.

The parenchyma of the lungs is congested with blood, especially in the lower lobes and pneumonic infiltrations often form there, which explain the following symptoms, not infrequent in typhoid; constriction of the chest; short anxious respiration; sticking pains in the sides, etc.

The spleen is almost always enlarged.

The urine is scanty; it is deficient in chloride of sodium and in urea; rich in sulphates, phosphates and other salts which are always abundant in diseases characterized by a tendency to decomposition of the blood. The urine, moreover, is turbid, looks like whey, deposits an abundant white sediment, and shows, by the albumen which it contains, the hyperæmic condition of the kidneys.

"The condition above described may last many days. The patient may pass from it into a state of health, or into a still higher grade of *erethism* or into the opposite condition of *torpor*."

"In the *former* case, viz., that of a return to health, the febrile movements slacken; sleep again visits the patient; the sensorial phenomena becomes less abnormal; the patient gets his appetite again and congratulates himself on his fine condition; the diarrhoea and tympanitis may last a few days longer than the other symptoms, but they, then, vanish and there remain only a moderate degree of weakness and emaciation, and paleness of the skin."

"In the event, however, of the development of the disease to a still higher grade of *erethism*, we have not, generally, long to wait. In this case, it is possible that Arsenicum will be our remedy"—for Arsenicum, as we shall see by and by, affects both the vascular and nervous life on the one hand and the blood composition on the other hand; it acts, with almost equal energy on the vital forces and on the organic substance. It is hence appropriate for such a form of fever as that described as requiring *Rhus*. *But* Arsenicum acts with greater energy, with a wider swing and deeper penetration than *Rhus*. It perverts more thoroughly, excites more profoundly the vital functions—it alters more extensively and more completely the blood and the organic substance than *Rhus* does. It is therefore appropriate for more malignant epidemics of fever, for more severe cases of the same form of fever than *Rhus*.

Thus, as regards the *erethistic* form of typhoid fever, a group is formed consisting of *Rhus* and Arsenic, which—instead of being contrasted as *Rhus* and Phosph. acid were—are analogous and allied. They stand related to each other as *less* and *greater*—*Rhus* being the *less* and Arsenic the *greater*.

But if the fever change from the *erethistic* into the *torpid* form, then Phosphoric acid will probably be required as the correlative of *Rhus*, or if, the *torpor* be extreme, *Carbo veg.* may be required, as the correlative of Arsenic.