

## A Case That Might Have Been Surgical

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I hope the lengthy description of this case will not bore, but it is one, I think, of peculiar interest and I have tried to give a portrayal of the homœopathic thought that was devoted to its solution. The patient was a man 45 years of age, well developed and unmarried. He came to me on January 16, 1929. He was not very prolific with words and hence did not give me many details at his first visit. He was fearful that something was wrong with his lungs but wished to have the doctor say that his condition was only one of indigestion. As a result, he carefully refrained from mentioning anything, outside of his cough, that might possibly relate to his lungs. He did lay great stress on his stomach symptoms and remarked that he thought his cough was due to the state of his stomach. A careful physical examination of his chest revealed normal vesicular breath sounds over both lungs and percussion did not reveal any noticeable disturbance. Heart was O. K.

*Carbo vegetabilis* 200, one dose was given on the following modalities: Large amount of gas from any food that he might eat. Distention was relieved by eructations and flatus. Upon eructating, he noticed a burning sensation in his œsophagus; this sensation extended into his mouth. He felt irritable and restless—but otherwise well and strong.

Five days later: The *Carbo vegetabilis* had the effect of ameliorating the stomach condition, decreasing the amount of gas and allowing the cough full expression with its accompanying modalities. The cough was now more pronounced, causing expectoration of a yellowish-white secretion and, as patient coughed, I now got a

distinct foetid odor from his breath. This made me think of a possible bronchiectasis, especially as the cough had now persisted for several weeks after his last cold. I again examined his lungs but did not find any definite signs of a pathological change and his testimony of general well being was so favorable that I was non-plussed.

On the modality of foetid breath with each cough and only when he coughed, I gave him *Capsicum* 200, one dose.

The next day, he came with the testimony that, during the night, he had coughed up a large quantity of dark red sputum that "stunk to heaven". He had saved this secretion. I had him send it to the laboratory for examination. The laboratory report stated that the odor of the specimen was so disagreeable that no one could work in the room in which the container had been opened until a deodorant had been applied and all the windows opened. No tubercular bacilli were found, but the secretion abounded in various strains of other bacteria.

The next day another specimen was sent, having been collected in a sterile jar, and the following bacterial content was noted: Tubercular bacilli absent. Other bacteria were extremely numerous. There were many forms of Gram positive and Gram negative cocci and bacilli, the only bacteria that grew on culture media were staphylococcus aureus and albus, pneumococcus, and streptococcus.

I now called Dr. Guy Beckley Stearns into consultation, explaining my uncertainty in regard to the lung examination, and asked him to make an examination of the chest. Upon percussion, he located an area of dullness about the size of a fifty-cent piece in the third inter-

costal space just to the left of the left border of the sternum. Whether the action of the *Capsicum*, in releasing the pent up secretion made this area apparent to percussion or whether the technique of Dr. Stearns was more refined than my own, one cannot definitely say, but I am inclined to believe the latter was true. Be that as it may, we have here an instance revealing the importance of modalities in prescribing; for I prescribed the *Capsicum* on modality alone and I think it was the correct prescription.

We had the patient undergo an x-ray examination with fluoroscope and stereoscopic photographs. This revealed an area of shadow in the left lung at the level corresponding to the third intercostal space.

At the x-ray examination, the patient was put through a sort of third degree examination and, for the first time, brought out the fact that about December 27, 1929, while playing in a swimming tank and laughing heartily, a companion suddenly forced the patient's head under the water and held it there for a time. During the immersion, he swallowed a quantity of water and it was very difficult for him to get his breath when released. He felt very ill after this experience and experienced a terrible nausea. He had to lie quiet for about one hour. After this experience, he developed his cough. This testimony in conjunction with the circumscribed darkened area on the film and the character of the secretion suggested a developing abscess in the left lung in the region of the hilus. The roentgenologist asked that another picture be taken in about fifteen days as then the tissue would have liquefied and a level would have been established and we would have an idea as to where it would be best to open the chest for drainage.

The patient was now put to bed. The foot of the

bed was raised about twelve inches and he was adjured to lie on his right side, changing only when it became tiresome and then only long enough to give relief to his muscles. He was allowed to go to the bathroom to defecate. He was put upon a diet rich in vitamins and salts.

As patient continued to cough up bloody streaked sputum and as the cough was induced by tickling in the larynx and behind the sternum, was aggravated by talking and laughing and by swallowing, as he was thirsty for cold drinks, and as he was intelligent and of a bright temperament, I prescribed *Phosphorus* 200, one dose on January 22nd. After the *Phosphorus*, the sputum changed to greenish-yellow in color and occasionally had a disagreeable odor. The patient felt generally well up to February 8th when, during the night, he had a severe coughing spell in which he brought up a small piece of tissue with considerable bloody secretion which had a very foetid odor and his general condition was unsatisfactory.

During the night of February 12th. patient coughed up considerable fresh blood. Appetite was good and he was thirsty. Gave *Phosphorus* 200, one dose. This held fairly well, but not as satisfactorily as one would wish, until February 17th when a very definite picture was presented. During the latter part of the night of February 16th, patient had a severe coughing spell, lasting continually for one and a half hours. The immediate cause of the cough was a tickling sensation in the throat and behind the sternum. For the first time he complained of a stabbing pain in the left chest upon coughing and upon deep inspiration, relieved after coughing ceased. Secretion contained much dark blood, was of a strong foetid odor, and caused a burning sensa-

tion when it passed through his throat. He felt very restless in mind and body and could not lie still during the night. Mouth and lips were dry and he desired frequent drinks of cool water in small quantities. As I entered the room, I noticed a strong foetid odor and that the sputum cup contained considerable prune colored sputum which had the same foetid odor. This picture corresponded so well with the one so strikingly described under *Arsenicum album* by Kent in his *Lectures on Homœopathic Materia Medica* that I prescribed *Arsenicum album* 30th in water, a teaspoonful every four hours.

That night and the next day there was a decided improvement in the general condition, but in the evening of February 20th, the sputum changed again to a prune color and had a very decided foetid odor and the temperature rose to 102 degrees. I prescribed *Arsenicum album* 200th, one dose.

February 21st. Patient complained of the fact that his throat felt dry during the night, especially toward morning and that he had a pain in the left side of his throat when he swallowed empty. Food, hot or cold, did not bother him. He felt thirst for small quantities and felt generally restless. The whole body seemed to be in a dry heat. He complained of a light dull pain behind the sternum and that a tickling sensation in this region caused him to cough. The skin had a cachectic color. I read this picture as indicating a remedy aggravation.

February 22nd. Patient is much brighter and feels easier in every way, is cheerful and has a good appetite.

February 23th. During the night and today, patient has had frequent urge to stool. At two-thirty p. m., shortly after taking some nourishment, patient had a severe coughing spell during which he brought up much

bloody secretion, having a strong foetid odor. Shortly after the coughing attack was ended, he had a severe chill which began with the sensation as if a cool breeze struck his head and traveled down through his body to his feet. At the same time, his body felt warm to the nurse. Temperature, 102 degrees; pulse, 120, weak and thready. The increase in the amount of strongly odored sputum accompanied by the chilly reaction and the condition of the pulse caused me to prescribe *Arsenicum album* ℥m, one dose.

February 26th. Patient's morale rather low. All food causes him to cough and he feels uncomfortable in the abdomen. Food eaten causes urge to stool at which he passes much gas and a little fluid. He has been very thirsty for small amounts, the mouth and throat are dry. All food causes urge to stool, but warm soup is the most troublesome. Sputum has strong foetid odor and is prune colored.

February 27th. Last evening about 9 p. m. after a coughing spell during which patient brought up much prune colored sputum with an extremely foetid odor, the temperature was 104 degrees and the pulse rate 150, very irregular and thready. During the rest of the night, he had several coughing spells which were not so severe and the sputum was thicker. It took on a grayish color, and did not have so strong an odor. He had several urges to stool during the night and passed much gas and small quantities of a brownish fluid which came out with considerable force. This morning the patient looks refreshed and bright. He says that he feels much fresher than yesterday. Temperature 101 degrees, pulse rate 160, full and large excursion.

From this date on there was a continual general improvement. The patient slept well until after mid-

night after which time his sleep was disturbed by occasional coughing spells which varied in intensity. His thirst for small drinks continued. His bowels became regular, his appetite improved, and he felt so generally strong and well that, on March 14th, he was allowed to sit up in an adjoining room for one-half hour. Day by day as his improvement held, the time was increased. His sputum was occasionally prune colored at which time it burned his throat on passing and had a strong foetid odor. His temperature ran from  $98.3/5$  to  $101.2/5$ , and his pulse rate from 100 to 126. While the general condition showed a constant improvement, one had to realize that the source of his trouble had not been eradicated, so we followed a policy of watchful waiting.

March 24th. On Saturday, March 22nd, patient sat up only one-half hour instead of the two hours that he had been up the immediate previous days, because the atmosphere of the room felt chilly although his body felt comfortably warm. During Sunday he sneezed several times and during the night he coughed up a quantity of blood which had no odor and did not burn. Today there is a soreness in the mid-line of the larynx and the nose feels stuffed and secretes a thin fluid. He is thirsty for small amounts. A sensation of warmth spread through his body towards evening, a sensation that he had had constantly until about March first, but has not had since then. I considered this picture an indication for a repetition of his remedy and gave him *Arsenicum album* 1M, one dose. Temperature  $100.3/5$ , pulse 120, regular and fair excursion.

March 25th. Pulse 105, regular and not very strong excursion, temperature  $99.2/5$ . Nose feels decidedly more free. Slept more and better last night than

since the beginning of his illness. Feels generally better than yesterday.

March 26th. Coughed occasionally during the night due to constant tickling in the larynx and behind the sternum. During the coughing, he brought up a dark lump that had a foetid odor and he perspired freely on his thorax, more profusely on the left side. Occasional twinges of pain in left thorax which come at any time. When he takes a deep breath, he gets a foetid odor if he allows the breath to pass through his nostrils. Feels generally strong and has a good appetite. Spontaneous and formed stool.

March 31st. Temperature 98.3/5, pulse 100, regular and good excursion. During the night of Friday, March 28th, patient coughed up two small lumps of a dirty grayish material which had an extremely foetid odor and caused a burning sensation in his throat. After this had occurred, the nurse remarked that she could no longer get the foetid odor from his breath as before and that the subsequent secretion did not have the usual disagreeable odor.

From this point there was a gradual and constant improvement in the patient's condition. An x-ray examination of the chest on April 14th showed an area of scar tissue. The temperature remains constantly at 98.3/5. His quick recovery from now on was shown by the fact that from April 21st to May 15th he gained twelve pounds and 11 ounces in weight.

The subsequent course of this case is rather instructive. He had been earnestly warned against the danger of drinking alcohol to excess and also as to exposure to wet and chill. On June 27th, 1930, he was caught in a severe rainstorm during