

CLINICAL CASES

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73. **Case I** : Was called in consultation to see Miss. M., who was thought to be near dying. I found the patient in great distress *panting respiration*, unable to speak only in a wisper, and each word uttered separately from the next by several respirations. She had great *pain shooting* all through her chest, from front to back. She had informed me she could not long survive as *each breath seemed as if it would be her last one*. She had *no thirst, scanty urine*, and had *not slept* for two days. Percussion over her chest gave a clear and healthy sound. Auscultation revealed permeability of air through her lungs, but a very loud bronchial rale. No other remedy has this combination of symptoms excepting *Apis*. My choice fell on the 40M potency for the reason that she was too ill to bear a lower potency of a large dose of the material. Directions were given to repeat *Apis 40m* in water every hour till she seemed a litter better, then to cease giving entirely till we saw her in the morning. After the third dose, she became quiet, fell asleep for two hours and remained quiet all night, sleeping at intervals till morning. Contrary to instructions the medicine was repeated every time she awoke, till 9 in the morning, when she received the last dose remaining, soon after which she became as bad as on the previous evening. We saw her at 10.30 a.m. and found her about the same as on my first visit. Now what was to be done ? The same remedy was still indicated and it was very evident that she had been overdosed ; therefore *Sac Lac.* was given during the day and when we saw her at 6.30 p.m. she was again more comfortable. *Sac Lac.*, was given till 10.30 the next morning, when we found her still more comfortable. Next day still better, and still *Sac Lac.* So day after day showed that, on the whole, she was improving and she made a perfect recovery without further dose of medicine.

[*Courtesy* : "A study on *Materia Medica*" by Dr. N.M. Choudhuri]

[Dr. N.M. Choudhuri, M.D., was the pet student of Dr. H.C. Allen. He had a vast practice, and was indeed a master of *Materia Medica*. His very practical "Study on *Materia Medica*" is now republished by Messers Jain Publishing Co. and costs only Rs. 30/-.] (S.P.K.)

74. Case II : Syphilis ; Nitric Acid

Some time ago, I was called to attend a patient afflicted with syphilis, who had been discharged from the syphilitic ward of the largest Philadelphia hospital as an incurable. I found him in the following deplorable condition : the prepuce, leaving that organ perfectly denuded. At one inch posterior to the corona glandis, on the left side of the corpus spengiosum, was a fistulous ulcer extending into the urethra, so that in micturition a portion of the urine escaped through this orifice. The integuments covering in the pubic region had likewise sloughed away, leaving the muscular structure bare, and ulceration was extending upwards under the pubis. The entire diseased surface was in a very unhealthy, or phagedenic, ulcerated condition. Frequent painful erections occurred in the latter part of the night. He had had chancres on the glans, and buboes were still in a condition of ulceration. I had the entire diseased surface dressed with sweet oil and raw cotton, and ordered Nitric acid 200, in water, to be taken night and morning. This resulted, in a comparatively short period, in a perfect cure, the fistulous opening into the urethra even being closed. Of course, the true skin, prepuce and hair, which had been destroyed, were not reproduced.

75. Case III : *Haemorrhage in Typhoid Fever—Lachesis*

The following case is illustrative of a number of similar occurrences, and I give it as a sample of the treatment to be pursued under similar circumstances, with a great deal of confidence.

One day, during the treatment of a case of typhoid fever, there occurred some very loose evacuations from the bowels, and occasional attacks of epistaxis. At my evening visit, I requested

that the stools, if any, passed during the night, might be saved for my inspection in the morning. At day-light the next morning I was summoned in haste to visit the patient, and found her suffering from a violent epistaxis, with consequent exhaustion. Three or four liquid stools, passed during the night, had been kept in different vessels, and were submitted for my inspection as I had desired. These proved to be composed of blood together with thin and offensive fecal matter. On tilting one of the vessels, in order to examine the sediment, if any, I recognised the following which I regard as a never failing key note, *viz. : flakes of decomposed blood, having the appearance and form of perfectly charred wheat straw* in longer or shorter flat pieces, together with portions more or less ground up. Close observation of the patient, and the replies to a few inquiries, soon satisfied me that lachesis would be the appropriate remedy, as I had supposed. Accordingly a single dose of Lachesis 4M, was placed upon the patient's tongue. In the course of half an hour the epistaxis had entirely ceased, and the patient fell into a sweet sleep. A slight attack of epistaxis occurred in the afternoon ; but was not repeated, the haemorrhage from the bowels gradually ceased, and the patient made a rapid recovery.

A second dose of Lachesis had been given by mistake, but was not required, and in ten days the woman was walking about the room. The haemorrhage from the nose is not always present in these cases, but, when decomposed blood, in the form described, is observed in the dejections, whether occurring in typhoid fever or in other diseases, Lachesis will, in my judgement, always prove to be the remedy. I am of the opinion that it should not be given in a lower dilution than 200, and in low form of fever, when thus indicated, I prefer the 4m. or higher. In similar cases I never knew Lachesis fail to place the patient in a condition of safety, but frequently other remedies are required to complete the cure. However, the Lachesis should have ample time to produce its full effect before prescribing any other medicine.

[Courtesy : The Hahnemannian Monthly, 1870]

