

CASES WITH A MORAL

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The chief object in reporting this case is to illustrate the necessity of constant care and the utmost vigilance on the part of the physician in the examination of the patient, and in the construction of the anamnesis, on the correctness and completeness of which the selection of the remedy depends. Just here is the weak point in the armor of so many homoeopathic physicians. Sufficient care is not taken in the examination and the large majority, I regret to say, overlook the first and essential duty of the homoeopathic physician, the making of a written record.

Under 83 Hahnemann says :

“The individualizing examination of a case of disease demands of the physician nothing but freedom from prejudice and sound sense, attention in observing and fidelity in tracing the picture of the disease.”

How few of us ever approach a case free more prejudice. Unless we do it is absolutely impossible to arrive at correct conclusions.

And again, in 104, Hahnemann says :

“When the totality of the symptoms that especially mark and distinguish a case of disease, or in other words, when the picture of the disease, whatever be its kind, is once actually sketched, the most difficult part of the task is accomplished. The physician has then the picture of the disease, especially if it be a chronic one, always before him in his treatment. He can investigate it in its parts, and select the characteristic symptoms and compare them with the symptom list of the remedy.”

“When the case is properly taken under the rules laid down by Hahnemann,” Dunham says, “then any one can prescribe,

for every one can select a remedy." And he might have added, unless the case is properly taken, no one, no matter how expert in *Materia Medica* or what his knowledge of symptomatology may be, can make a correct selection. The anamnesis should include both objective and subjective phenomena, and it is to the former of these on which we wish to lay special stress in this case.

Hahnemann in 4 says :

"How is likewise a preserver of health if he knows the things that derange health and cause disease, and *how to remove them* from persons in health."

(88) Case. Mr. J.C.K., aged 26, brown hair, blue eyes, fair complexion, weight about 149. He is a salesman in a large wall paper house, the foreman of which—a patient of mine—referred him to me for his deafness, for which he had been under the care of three noted specialists for some years. He could hear a watch tick but one inch from the left, and an inch and a half from the right ear. He was discharged on account of his deafness.

In examining his throat I found the soft palate and pillars of the fauces reddened and edematous, and the uvula more than twice its normal size.

On examination of his mouth, I detected seventeen large mercurial amalgam fillings in his teeth.

The tongue was broad, flabby and showed imprint of the teeth throughout the entire border.

He had suffered for years with ptyalism, saliva running out of the mouth and wetting the pillow in sleep. I sent him to a dentist to have the amalgam fillings removed and until the teeth regained a portion of their normal strength, to be replaced with cement.

From the symptoms elicited, the condition of the tongue, the throat, palate, uvula and the profuse saliva. I gave him *Mercurius*

dulcis several doses in various potencies for the next few weeks, and in less than three months the deafness was completely cured and he returned to his former occupation.

This case is only one among a large number that could be enumerated where the principal factor in the cure was the removal of the cause, and I report it to this society especially to call their attention to a thorough examination of the mouth in case of deafness.

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(Continued from P. 405)

number and the date, put the thing away for record somewhere, and give my *Baptisia* and give them a certificate and have the darned thing notarized, which impresses people in Suez or some other place, and so far I have had no kick and nobody knows I don't do it the conventional way : but I am careful, believe me.

Dr. Grimmer shamed me. He made me feel. I ought to stand up in the middle of Broadway and say "Hi, hi you are not doing right in the board of health." I believe that but I don't believe for a single doctor it is really worthwhile to battle with them alone. I think we ought to battle with them as a group ; alone, I aim to keep out of trouble.

A wise old lady once said to me, "Never pick a bone unless you know you are going to get what you want off it." That has saved me a lot of trouble.

[Courtesy : I.H.A., June 1949].

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INSOMNIA : FROM MERCURY ?

(89) Case. Mr. J.G., aged 35, a tall, fair complexioned, muscular man, weighing 156, has been suffering five years from insomnia and for the last year with a trouble—some vertigo. He first thought it was induced by long hours in his occupation, which required attention 16 or 18 hours a day. (But after changing or curtailing the time, and doing no night work, the vertigo still continued.)

The uvula, soft palate and entire throat were red, congested, edemations, and a profuse saliva called my attention on an examination of the mouth to the mercurial fillings of his teeth.

Vertigo when sitting or turning the head suddenly; as if in a swing ; after stooping when raising the head everything turns black with momentary loss of vision ; unsteady in walking with constant fear of falling, has several large amalgam lings in his teeth. Further questioning elicited the fact that the insomnia and vertigo began co-incidentally with the filling of the teeth.

The amalgams were removed and in three weeks the vertigo and insomnia disappeared and he considers himself well. *Mercurius dulcis* was his remedy.

(90) Chronic Bilious Attacks : From Mercury ?

Case. A : J.C, aged 50, dentist, brown hair, fair skin, hazel eyes, weight 165; extremely susceptible to weather changes for years. Mother had bilious attacks for years, and died aged 80.

Heart intermits every third or fifth beat.

Megrim, preceded by blurred vision.

(Continued on P. 428)