

REPORT OF CASES

Grace Stevens, M. D.

Case Reports by Dr. Grace Stevens in the International Homoeopathic Association (hereafter I. H. A.) are a wonderful study in case taking, *Materia Medica*, and technique.

1. In the Phosphorus case, I have underlined two symptoms :

(a) Aversion to *thought* or *sight* or food is *not* found in Phos—in repertory or *Materia Medica*. Most probably we must add it.

(b) Actually “when passing flatus as if stool would pass with it” is found in Aloes, Muriatic acid, Nat. M., Oleand, Phos. Ac., Podo., Pyrog., and Ver. Alb—*not* in Phosphorus. But Phos has : Involuntary stool : During cough and “as if anus was wide open”.

2. Regarding delayed aggravation. This can happen both after single dose as well as after repetition *after* amelioration has started.

Kindly compare the masterly Apis case of Prof. Guernsey, immediately following cases by Dr. Stevens. In both, instances the greatness of the physician was in understanding that the remedy was correct, and their implicit faith that it was acting and would cure without any other repetition, potency or change of remedy.

3. Also note the “Emergency” treatment by Aconite in the case of Dr. Dienst.—S.P.K.

69. Case I : ~~Intestinal Grippe~~

L. H. F., boy 15, went to bed feeling well except that he was not hungry for his dinner ; but he woke at 4 a.m. with a severe chill followed by uncontrollable vomiting and diarrhoea. Temperature ran as high as 104, and a severe cough developed, while diarrhoea continued. When I was called, on March 8, he had been sick a week. His temperature was 103 (6 p.m.) ; P. 92, R. 26. He had a hard, hacking cough.

Cough worse lying on the left side.

Cough worse motion.

Headache worse cough.

Thirst for *cold* refreshing things, but aversion to any food.

Tight feeling in lower part of chest ; examination of chest negative.

He had been having salol, codein, and a cough mixture, and my first impulse was to give *Nux Vomica* to antidote the drugging, but the remedy stood out so clearly that I decided to give it at once—one dose of *Phosph.* 1M.

The next morning he seemed better and the second morning he was reported so much improved (temperature normal) that I decided not to see him that day. However, soon after four in the afternoon his mother reported that his temperature had gone up to 103.6 and that he was feeling very ill. At six, when I saw him, his temperature was 102.8 ; P. 96 ; R. 30 ; the cough was hard.

Cough worse deep inspiration.

Cough worse talking.

Cough worse any exertion ; *e.g.*, turning in bed.

Cough worse lying on the left side.

Thirst for cold water.

(a) *Aversion to the thought and sight of food.*

Very weak and tired ; much worse sitting up in bed.

Chill from uncovering.

Bed and pillow feel hard.

Bachache better motion.

Wants to move but feels too tired.

(b) *Wants to pass flatus but fears watery stool will pass with it.*

Chest still negative.

I could still see only *Phosphorous*, and since the patient was slightly more comfortable and his temperature lower than two hours earlier. I decided to wait till morning before changing or repeating the remedy.

When morning came there was a general improvement in temperature pulse, and strength, and for the first time the boy was interested in food. From this time the improvement was steady and rapid and the patient was taken home to New York just a week from my first visit.

I don't know just why the symptoms were aggravated forty-eight hours after the remedy was given, but I am glad I did not change the prescription.

70. Case II : Carbuncle

Mr. G.P.H., Large, stout man, nervous and irritable. Had been having many small boils in external ears and several styes, for which he had had *Pulsatilla* and later *Sulph*. February 14 a small pustule appeared on the back of his left hand, and a day later, when I saw it, the hand was swollen, red and throbbing. On general symptoms I gave *Silica* high. He seemed a little better for a day or so, but the third night he had a chill and suffered much burning pain. There was also throbbing and pricking like hot needles, the pains extending the elbow, hand much swollen and also the forearm.

Pain better hot applications.

Mouth dry and thirst for a glass of water at a time.

Tongue coated, red tip.

Aching in small of back.

Very tired and restless.

Jumping and twitching in sleep.

The case looked like *Arsenicum*, but I wanted advice and so called his former physician, Dr. Fred Keith, on the telephone. He advised *Arsenicum* high, one dose. I gave Finke's 45M and awaited results.

The first day was very uncomfortable, partly due to the fact that I positively forbade cigarettes for 12 hours, in order to give the remedy a better chance ; but the night was better and the improvement continued steadily. A large amount of pus was discharged and the hand healed rapidly. Several years before, the patient had a carbuncle which was treated in the classical fashion with deep incisions and it was several weeks in healing. He was not slow to observe the difference in healing and in his general health under the two methods of treatment.

71. Case III : Crushed Finger

One morning last winter as I entered the garage where my car is kept, I met the mechanic who was grasping his left index finger in his right hand and was groaning with pain. He said he had caught the finger in a V belt. I did not know just what that was, but it had evidently crushed his finger, so I told him to go the nearest surgeon at once, and to make sure that the finger was X-rayed.

Just as I was driving out, he came back again, saying that the surgeon had left his office, so I seized the chance to test *Hypericum* once more, and gave him one dose of the 45M. The pain stopped almost immediately. He was comfortable all day and slept soundly all night. The following morning the pain returned, and he remembered his promise to see a surgeon. The X-ray showed the bone splintered. Evidently the effect of the remedy lasted about 20 hours, and that is better than morphine.

Northampton, Mass.

DISCUSSION

Dr. Green : I gave a second dose of *Phosphorous*, say the 1M, in a chronic case and had a marked aggravation after the second dose and I have felt possibly that was because I respected too soon, although I never did within a month. I would like to know whether any of the other members have had experience

of having more aggravation after the second dose of *Phosphorus* in chronic cases than after the first.

Dr. Olds : I would say that I think it was generally understood that *Phosphorus* was a particularly vicious remedy if repeated too soon. I think our older homoeopaths laid stress on that, that *Phosphorus* once given should not be repeated until you are very, very sure that its action has ceased. It is very dangerous to do so.

Dr. Dinest : Mr. Chairman, I don't want to take your time, but speaking of the aggravation from *Phosphorus*, I want to report a little incident that under my care.

72. A farmer down in the country took with what we call a bronchial fever. I prescribed *Bryonia* which did very well, in the 200th. The next day when I saw him I thought ; I don't want to be driving out here in the cold and ice and snow. I am going to give him a dose of a higher potency. This was on Saturday. I did. On Sunday I was passing through the neighbourhood. I stopped to see him about 4 O'clock in the afternoon and I found that my high potency had dried up the mucus, stopped the secretion of the mucous glands, and while my man was feeling fairly well, I didn't like conditions. I should have let it alone, however, but I didn't. In my haste I gave him a single dose of *Phosphorus* the 10M at 4 O'clock in the afternoon. The only difficulty he had was with his cough, so I went home and put my horse away, and went to a neighbour to make a call, and while I was there a messenger came after me in hot haste : "Come out as quickly as possible, the man is dying of pneumonia". That was quite a picture. I drove out as quickly as possible. I never saw a picture of *Phosphorus* so finely defined as in that man. He was delirious, his face was quite red. I didn't stop to take this temperature, I had no time, and every time he attempted to cough he would take hold of the bed clothes and tear them in two. I put my ear to his chest. There was a terrible storm raging in the lung. If you have ever thrown something into basin of soap bubbles and heard the bubbling, you can

imagine what was going on in this man's chest, and I could see very clearly that a few more moments and he would burst a blood vessel and my man would bleed to death. I don't think I ever sweat as much in my life as I did there. The neighbours had come in and were standing around the bed, the room was full and I was sweating like a thrasher. I did it with *Aconite*. He soon quieted down, and Dr. Dienst got a wonderful reputation for curing pneumonia so quickly. (Laughter)

Dr. Boger : About *Phosphorus*, remember this : *Phosphorus* aggravation may not come until the fourth day ; that is a pretty common experience.

Now another point, the greater the aggravation the more severe the storm, as Dr. Dienst's case shows here. The cases with the smallest, feeblest aggravations are the ones that get along the best, just a mere suggestion or an aggravation, that is all. You are always depending in every case upon the reaction of the patient. How much reaction will he stand ? Dr. Dienst's case was one that wouldn't stand much more reaction, he had to quiet down with a little *Aconite*, and my opinion is, I think it is well brought out by prescribers : watch your reactions and gauge the strength and vitality and the come back of your patient. Don't make him come back too severely. A gentle reaction leads to a more permanent and better cure.

Dr. Dinest : Would that dose of *Phosphorus* have killed that man ?

Dr. Boger : It probably would have.

[*Courtesy : Homoeopathic Recorder, (Feb.) 1929*]

