

DO YOU APPROVE ?

ROYAL E. S. HAYES, M.D.

For three months B.R., age 32, had had steadily a "slow ache" in his right ear following an attack of influenza. There was an irregular circle of redness around the edge of the tympanum and of the adjacent part of the auditory canal. The posterior auricular glands on that side were sore and swollen and the cervical glands were sore. He gave a history of "dropped turbinate," but I did not determine what had been done to it.

The pain was worse in the evening, better in a noisy place but worse for a while coming out of it (he works in a noisy factory), ameliorated by warmth, aggravated by cold air; throbbing when holding the hand to the ear, sometimes stabbing. Ringing in both ears.

The man is tall, of motive temperament, a brunett with ruddy, coarse complexion. Not much point in that.

Other symptoms: the feet burn and sweat; tonsils large; yellow mucus from the right nostril; aching in the right occiput; yellowish coating at base of tongue.

Sulphur 1M: was given *d.u.*, and he told me afterward that it was not five minutes later as he was walking down the street that his three months' pain was gone. It did return a little three days later, but that was all.

There is just one item that to me was not only the attracting symptom but also the *deciding* symptom so that the remedy was picked out without opening any book. Can the reader put his finger on it? I doubt it unless he has caught it up incidentally, some time. Just the same please try it and give your reason or tell how you would have selected *Sulphur*, then post at once so as to complete the first round quickly. Then I will reveal my hand and you will be in a position to answer the question in the title; and I hope the little bother of sending the extra round may be repaid.

DISCUSSION

DR. LEONARD: THE FEET BURN AND SWEAT; coarse complexion and temperament, yellowish coating at base of tongue.

DR. STEVENS: The feet burn and sweat.

DR. FARRINGTON: Burning of the feet *with* sweat.

DR. POMPE: My guess is, the second symptom given (circle of redness in ear—H.), certainly not on foot symptoms.

DR. A. PULFORD: What if the auditory canal had been pale, Doctor? The second symptom is the true key, irrespective of all others. Many of the others are even contrary.

DR. D. T. PULFORD: Redness about tympanum. *Sulphur* has red border about mucous membranes. It is a distinguishing feature.

DR. HUTCHINSON: Cannot select the one symptom. Would have given *Kali mur.*

DR. SLOAN: Don't know. Should have looked it up. Rhus poisoning is the only thing I prescribe for off hand. The CM. unless there is much burning.

MISS SUGDEN: Redness of single parts seems conclusive, but I fancy Dr. Hayes has a more subtle symptom in store for us.

DR. HAYES: The result of this quiz is astonishing! I am surprised that others could have selected *Sulphur* with the practical certainty of cure on some other symptom. For instance, I did not realize that burning feet *with* sweat might be so important or that "redness about orifices" would hold at the proximate end of an orifice, although why should it not? Certainly. This shows how plainly the remedies are indicated, usually, and how often inattention, neglected training of the senses or lack of coördination with book knowledge may be responsible for missing things right before one's eyes.

Of course the general aspect or totality of this case was inescapably *Sulphur*, but that is not the point. The

reason I selected *Sulphur* was because of swelling of the post auricular glands (and soreness) for while I have seen many instances of this I have never seen a case in which *Sulphur* did not give entire satisfaction; and *Sulphur* is not included in Kent's rubric, "Swellings behind ears."

DR. WOODBURY: The deciding symptoms in this obscure case are to my mind as follows: (1) What Nash laid especial stress upon, the redness of orifices; (2) the aggravation from both heat and cold; and (3) burning feet with sweat; and finally the yellowish discharges. I do not mean that the case has not unity as a whole, but these three symptoms (the Hering tripod) would decide upon *Sulphur* regardless of the swelling of the posterior auricular glands (which symptom, by the way, is sometimes considered as the deciding one between ordinary measles and the German measles—in children). The colour of the discharges, the swollen glands and some other features might suggest a *Kali*. But it has not the relief from cold of *Kali sul.* nor the stringy discharges of the *bichromate*. The *muriate* comes nearer, as suggested by Dr. Hutchinson. I do not find *Sulphur* in the list of remedies for swelling of the glands behind the ear, as given in Kent. *Sulphur* was a splendid prescription.

DR. FARRINGTON: Let us hope that brother Hayes is compiling a repertory for, as suggested by Miss Sugden, he did have a "subtle symptom" or at least an unusual one. There are many scattered through the materia medica. If only we knew their value! This symptom confirmed by an expert clinician I have added to Kent's meager list. I have doubts as to redness about the tympanum being construed as "redness of an orifice." It occurs when other remedies are indicated. Also redness of the affected part is a common symptom when that part is inflamed. It was my idea that the Doctor wanted us to name one symptom which called attention to the remedy. It was just like him to pick on one that was not a "keynote."

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