

A CLINICAL CASE*

Reported by DR. CONSTANTINE HERING, M.D.

Mr. D., musician, age 59, somewhat below medium height, of weakly constitution, sallow skin, emaciated; so weak he can scarcely walk, and greatly depressed in mind.

Had the diseases of childhood without any sequelae; remained well to his thirtieth year, when he came under allopathic treatment for a fever. Twelve years ago he had tertian intermittent, which was successfully treated by Dr. Hartmann, homoeopath. Since then his health has been tolerably good, but he began to drink hard during the last months, since when his present symptoms have made their appearance.

He complains principally of mental weakness; loss of appetite; had a whitish, dry tongue; feeling of fullness and pressure in the epigastrium: great tension and dropsical swelling of abdomen; tardy, infrequent, and hard stool; scanty, dark red urine, painful in passing. He has a hydrocele the size of an infant's head; the penis is curved in the shape of an S, at least four inches in circumference, swollen; the prepuce oedematous to such a degree as to hide the orifice. Short, frequent cough, mostly dry; occasionally whitish, frothy mucus; great dyspnoea; has to be propped up in bed, Anxiety; sleeps little and seldom; great and unquenchable thirst; craves refreshing drinks. Legs oedematous as far up as the abdomen; very ill-humoured: small, frequent pulse; dry skin and weak voice.

Physical examination revealed enlargement and induration of the liver, particularly of the left lobe.

Prescribed Arsenicum, Carbo veg. and Zincum without the slightest benefit. The disease made rapid progress; the ascites and hydrocele increased, the latter to a degree which threatened gangrene. There was now suppression of stool and urine, when one night the patient suddenly and involuntarily passed a large quantity of urine, and was attacked by fear of death, with great prostration.

Tartar emetic was prescribed in alternation with Aconite. Two days later his condition was as bad as ever.

Fluoric acid, 6, in water, a teaspoonful every four hours. This remedy worked such a rapid and remarkable change as I have never before witnessed in similar chronic cases. His forces rallied, the swellings decreased and entirely disappeared within eight days. Stool became regular, urine passed copiously and without pain; appetite, sleep and pulse in a short time became normal. In two weeks he was well enough to work; continued his medicine

* Contributed from the Hering Collection by Calvin B. Knerr, M.D.; this case was reported by Dr. Hering in the *Hahnemann College Journal*, 1876.

for two weeks more, and had no relapse during the next year.—Dr. Carl Haubold, *Allg. Hom. Zeitung*, vol. 53, p. 157.

REMARKS BY DR. HERING

The Fluoric acid was prescribed in this case according to Dr. Jeanes's statement: "In two cases of incurable hydrothorax Fluoric acid 3rd gave much relief." (Symptom 320, *Transactions of American Institute of Homoeopathy*, vol. 1, p. 54, Philadelphia, 1846.)

Note 1. Every physician in a large practice, will have observed cases in which younger or older men, mostly in the prime of life, got an irresistible desire for strong drink after having passed through a typhoid or intermittent fever, or some gastric disturbance of a bilious nature. Since this is not regarded as a distinct disease, nor as a possible sequel of an enteritis, either by the patient, his family or his physician if he happened to be a fanatical temperance man, no attempt at a cure is made. These good people resort to what is called moral suasion, by which we know the error is only increased. It is the same gross error as to suppose that hysteria may be removed by calling the patient 'nervous' or 'hipped', in the belief that such patients could overcome their symptoms if they only showed a firm will.

As regards the effects of alcoholism, our homoeopathic art has made greater advancement in the curing of this horribly ruinous disease than it has in many other serious troubles. Our repertories abound in symptoms peculiar to this morbid desire.

Note 2. My dear sanguine old friend Haubold, a candid, upright and amiable man, tries to excuse himself for making an experiment in a public hospital, before the eyes of many witnesses, on this particular case. He says he was primarily led to prescribe Fluoric acid by the great prostration of strength of the patient and next by the remark of Dr. Jeanes quoted above. We clearly see that it was in truth a very lucky, but after all, an accidental, cure. The prostration, great as it was, could not be considered a leading symptom since it depended on other conditions and is not peculiar to the remedy. It is true, we find under symptoms 594 to 599 a few remarks, relating to weariness, but increased muscular action and greater ability to stand exertion predominates.

There can be no doubt that it was the remark of Jeanes that led to the choice of the remedy.

What may have induced Jeanes, who never makes experiments on his patients, to prescribe Fluoric acid in the hopeless case of hydrothorax? It may have been the observation that the aggravation observed in his patient came an hour earlier each day, since some symptoms of the remedy had the decided peculiarity of appearing every day, or every other day, at a later hour. In conversations with Dr. Jeanes we had dwelled upon the necessity of giving remedies with postponing symptoms for diseases, which antedate and *vice versa*.

It is to be hoped that by attempting to explain this remarkable accidental cure, that none, in expectation of a similar lucky accident, will prescribe Fluoric acid without sufficient similarity of symptoms. A sudden running discharge of fluid secretions, i.e. tears from the eyes, water in dropsy, ichor from ulcers, etc. has been observed in a number of cases after receiving Fluoric acid, making this one of the most characteristic symptoms of the remedy.

The old lady (Symptom 9, page 29, *Transactions of the American Institute*, and Symptom 10, page 144, vol. 22 of *Stapf's Archives*, and again in the following volume, page 121) had running of slimy purulent water from the eyes, in a stream down the cheeks.

Fluoric acid, given for suppurating glands, increased the discharge even in cases in which there was no curative result; it caused ears to run and feel as if a stream of air was running from them. Might not the quite unusual sudden discharge of quantities of urine observed in the case quoted be taken for an indication belonging to Fluoric acid? Might it be taken for a useful hint in cases where we have no other leading symptom?

What Haubold mentions about induration of the liver, and a specific influence of the remedy upon this condition, is worthless. The cause of the dropsy in the case could not be attributed to amyloid degeneration of that organ, in which case there could not have been so speedy, complete and permanent a recovery. Besides, Fluoric acid, among its 725 symptoms obtained from more than seventy provers, most of whom were physicians, while having eight symptoms from the region of the spleen, has not a single one from the liver.

The lucky accident of this remarkable cure proved of little use to the doctor who reported it, who even complained of the wordiness of the provings—a sure sign that he did not study them. On page 108, reasons had been given and the uses of the remedy stated under diagnostic remarks.

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