

HOMEOPATHIC THERAPEUTICS

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THE HOMEOPATHIC THERAPY OF AN ARMY MEDICAL OFFICER*

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The therapeutics of the army surgeon is limited in many ways. The very title "surgeon" as applied to the Medical Department shows how much more emphasis has been laid upon the surgical branch. Indeed, the attainment in the line of surgical work is almost beyond our conception, when compared with former wars. When it comes to the treatment of diseases by medicine there is very much yet to be hoped for in the Service.

The scope of the medicines furnished the army surgeon is very limited. In the Medical Manual remedies having a similar action are not to be furnished. Where the alkaloid of a drug is obtainable, the drug itself is not supplied, as atropin for belladonna or strychnin for nux vomica. To a homeopathic physician the remedies seem still more circumscribed in scope than to the old school man. The remedies which are used largely by the homeopathic physician should be at our command. This would seem just, especially as we have had 1,862 surgeons from our school of medicine in service in this war. There is a proviso that other remedies than those in the Medical Manual may be obtained and used when it is deemed necessary for the saving of life. It was under this proviso of the Manual that we were able to substitute chenopodium in place of thymol in the treatment of hook worm. It is known there is great danger of thymol poisoning in case any fats should be used along with the thymol, and in army life fats may be administered by the cook unknown to the army surgeon. The risk is too great.

It was by taking advantage of this proviso of the Manual that we were able to prescribe homeopathically while in service. When called to active service I was assigned to the contagious wards at the base hospital at Newport News, and had charge of the mumps ward for five weeks, and certainly there

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were mumps all the time in large numbers. The uncomplicated cases were given no medical treatment but when complications developed the homeopathic application of remedies was utilized. Orchitis was the most common complication and was the cause of much distress. It is characteristic that this complication causes a rapid rise and high range in temperature, most of the cases developing a temperature between 105° and 106°. The patient is very restless, uncomfortable and thirsty. It was in the early stages that aconite was very valuable. Then would follow clematis or pulsatilla; a few cases called for camphor in the early stages with the initial intense chilliness and blueness. Capsicum did some very remarkable work in two cases with otitis media complications, being led to its choice by the shuddering when drinking water. These two cases had no deafness afterward as is almost universal when this trouble follows mumps. This result greatly pleased the consulting otologist.

I had charge of the measles ward for six weeks and homeopathic remedies were used entirely. This gave a very good opportunity to demonstrate the value of our school of medicine, for measles in the army is a serious disease and up to the time I took it over the ward had a mortality of 4%. This disease ranks next to pneumonia in importance. When a disease of childhood is contracted by an adult many complications are sure to develop. The remedies most commonly required were bryonia or pulsatilla in the early stages. Belladonna did some valuable work in the cases of excessive photophobia. The cases complicated with bronchopneumonia quickly responded to bryonia, causticum, phosphorus or lycopodium. Iodin, excessive thirst and the involvement of the right upper lobe, was of great value in one case. One case of hemorrhagic measles was saved by the timely administration of lachesis; there was excessive putrid sloughing of the mucous surface and marked aggravation during sleep and from the slightest constriction of clothing about the neck. Squilla controlled the very troublesome diarrhea so often met in these cases. These six weeks were well spent and brought a deal of satisfaction, for I closed the service with no deaths under my care during this busy period.

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were contemplated during this year, that is, the spring and summer of 1919. With this in view, enlarged preparations were made to meet the great exigencies of war so that many of the things we met were due to the rushing of construction, a lack of proper transportation, and the inexperience of not only the volunteer medical men who made up the great mass of the hospital units, but also the inexperience of our regular army men. And in whatever we have to say or think of the results of our work, we must bear in mind constantly the uncertainties that go with war, the difficulties in dealing with problems three thousand miles from our base, and the difference between medicine as interpreted by the regular army and by men in civil practice.

Boericke and Tafel had supplied us with many thousand triturated tablets. They said they could not enter the combat actively, and would like to donate the medicines, which was certainly a commendable spirit. Enough homeopathic medicine was given to us to last about two years, because we had every reason to expect remaining there at least that length of time. These triturated tablets were of 2x, 3x, and occasionally 6x strength. After all the packing and repacking, when they reached us one-third were broken. Because of the great need, it presented a sad picture to find bottle after bottle absolutely useless. And it so happened that several of our unquestionably most valuable remedies were among those lost, for instance, phosphorus; when we needed it more than anything else, we had none to dispense.

In the army, the one idea is to have as many vacant beds as possible for unexpected attacks which would fill the beds with new patients. As you know, the base hospitals occupy an outer zone as compared with field dressing stations, and are close to the fighting zone; then there are the ambulances and evacuation hospitals, which, by the way, did a great amount of heavy surgery, and finally the base hospital. So it was not possible to be relieved entirely of the dangers of combat, and also take care of the cases that had received early dressings and first aid. A great many surgical cases were sent back to us to receive final medication or further surgical treatment which would admit of their being classified and sent back to duty.

This leads us to the question of American Red Cross trains. They did a great deal of good in picking up wounded and bringing them to the rear. They had to have separate departments and beds for all kinds of cases. But in the rush and confusion of war and the great desire to get patients back the trains were often

poorly manned, and it sometimes took a rescue train from one to three days from the expected time to arrive, so the patients seldom arrived in anything like a fair condition.

During that epidemic of influenza which raged at the time it did in this country, the trains were filled regardless of medical or surgical cases, with mixed cases, so when the trains came to us forty per cent of the cases had influenza which had spread through car after car, so those who at first needed surgical attention only had been infected with influenza as well as others. That condition ought to have been averted. As a result, there were many deaths, much time was lost, and many patients came down with influenza which possibly otherwise would have been free. That was the most annoying part of the work, and something which we couldn't understand at all. When these cases arrived at our hospital, we had planned to put all surgical cases in one building and the medical ones in another building, but our medical officers, with the same sense of rush, decided to rush every case into one hospital building until full, and then put them in another hospital building. In carrying out these orders there was overcrowding, so that we had the stairways and corridors filled, and the medical cases were mixed with the surgical. A few days later the medical cases were put in one building, and the surgical in another. This caused a great deal of delay, but orders had to be complied with.

When these cases arrived, and especially those complicated with influenza, they were in a pitiable condition because of the two days on the road in excess of the time expected that they would put in. There were thirty-eight fresh pneumonias taken off the train. These pneumonias were lobar, apparently, and were very fatal. We had no time to give much medical care. The small rooms into which these patients were crowded gave no opportunity for any method of isolation. The fresh pneumonias were put in a room by themselves, and the uncomplicated influenzas by themselves. We did the best we could, but had no opportunity of making a study of them, or giving the proper care. When I tell you that the surgical teams of our unit were at the front, that fifty-seven of the nurses had been requisitioned and taken from us before the "flu" epidemic came on, and ten of our men down with influenza, and had from one thousand to seventeen hundred patients—that in this critical condition the work piled up in proportions which we were not able to cope with. We found that gelsemium, eupatorium, arsenicum, and

bryonia made up our group of remedies which did excellent work as far as we could give it. Some only lasted two or three days. We lost thirty-three cases out of the three thousand patients under our care. Many of the three thousand were convalescent patients. It seemed to us as if they were dying by thousands—they were in such a critical condition that they died in a short time after arriving in the hospital.

I do feel that if they had received proper care on the train, with proper allotment of air space, and with little more than army regulation consideration of the value of human life, we would have made a better record on the pneumonia cases.

It was brought out in the Bureau of Homeopathy that we did better in pneumonia than any other school, and I am glad we can make these assertions. However, we could not get this in the army because we did not have the essentials to work with to secure good results.

We had many cases of poliomyelitis, diarrhea, gangrene, aggravated by exhaustion, poor food and drinking water. These cases will probably present intestinal difficulties for many years, and will have a long and tedious recovery. There were cases of acute arthritis, and we found this due in a good many cases to the fact that the boys were without proper blankets. In these cases, rhus tox, and bryonia accomplished something, but the careful studying of cases was impossible.

THE HOMEOPATHIC TREATMENT OF SYPHILIS*

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The true relationship between mercury and syphilis is apparent to all close observers of symptomatology. The discovery that this famous remedy could cure such a loathsome disease was one of the greatest achievements in the history of medicine. A careful perusal of the pathogeneses of this metal and its combinations cannot fail to elicit the fact of the homeopathicity existing between them and the various manifestations of syphilis. The discovery of the spirochaeta pallida and the size of the dose sometimes required have "nothing to do with the case." The discovery of the plasmodium malariae did not detract one atom of truth from the law of similars. China is truly homeopathic to many cases of intermittent fever regardless of the cause. Mercury is

*Symposium on Syphilis, Bureau of Clinical Medicine, A. I. H., 1919.