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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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PRACTICAL SURGERY AND SPECIFIC MEDICINE.

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The faculty which apprehends principles, and the innate differences of these, as they are met in practical duties and experiences, is one the student of medicine and surgery should early and earnestly cultivate, and the practitioner never cease endeavors to enlarge and perfect, and especially the practitioner of *specific medicine*, because its exercise is so constantly demanded in his every endeavor to relieve the pains and heal the sicknesses of mankind. His life-work is so largely made up of analysis and comparison of visible and invisible elements, and his success in dealing with these depends so much on his right apprehensions and discriminations of them, that a vigorous and trained faculty for this work is, at the outset and forever after, a *sine qua non* in his duties.

First. The principles of the philosophy of the relationship of curatives and sicknesses by which health, when lost, is restored. A knowledge of these implies a recognition of the true nature of that which constitutes sickness, and of that in the drug which makes it a curing agent. A wrong understanding of either will assuredly lead the student or the practitioner into the regions of the unknown, where all will be found to lead to a system of therapeutics, uncertain, unreliable, and to disappointing guessing. It should be remembered that *specific medicine* demands that each element in the problem it is called to solve

shall be *known*, and this implies that all elements a knowledge of which is necessary to this solution are knowable.

Before this faculty we are about to present practical surgery and specific medicine, with a view to discover the relationships of the two to each other, if we may. At first sight it may appear that no two duties can be more unlike than are those of these two departments of professional work. But *first* sight does not always cover the whole ground of any subject, and it may not of this. It sees on the one side the man or the woman with his or her paraphernalia of knives, scissors, forceps, saws, tubes, needles, etc., in great variety, together with splints, bandages, and pulleys, with whatever else may be necessary to enable him or her to deal in the best manner and with best success in endeavors to repair the damages of accidents, or to relieve of the consequences of morbid processes, as these may be met in various deposits of matter or in destroyed parts, organs, or tissues. So the surgeon appears, and has for centuries, as one equipped for duties altogether mechanical in their nature, and he is best prepared for these who comes to them with the nerve and skill needful for the performance of the grand operations which mutilate where the operator could not cure; and if life be preserved by these mutilations, let not the operator nor his work be lightly esteemed. Thus viewed, the surgeon is prepared to deal with material elements by use of material agencies. But the work of the true surgeon is not limited to these, as we shall see.

The practitioner of specific medicine, on the other hand, appears with neither instruments nor apparatus other than a few small phials, each containing a few small pellets, each charged with its own power, which relates it to the sick conditions for which it is the specific. A knowledge of these powers is to the specific prescriber what the frightful display of instruments and apparatus is to the surgeon. But there is in the equipment of the two this wide difference: the physician finds in his simple and unobtrusive armamentarium a magazine of powers equal to all his needs and those of the sicknesses he cures, while the surgeon who is equal to the most imperative demands of his calling is often compelled to go beyond his material resources into the immaterial domain of the physician, and there borrow the forces which alone can bring relief to his own embarrassment and his patient's woes; and no amount of skill in the use of instruments and apparatus can take the place of these forces in the most satisfactory cures which result from the surgeon's work. Even in treating the results of grave acci-

dents, where mechanical injuries are the objects of the surgeon's care, and where, if anywhere, we might look for completeness of resource in mechanical means, not seldom the true surgeon finds his most precious and effective helps in the dynamic arsenal which contains the resources of the specific prescriber.

If it be asked, Why this difference between the two related branches of the healing art? we can only answer, It is in the very nature of the problems the two have to solve: those of the physician being simple in their nature, while the surgeon is constantly called to deal with those which are complex. The physician's are purely dynamic; the surgeon's are often a mixture of dynamic and mechanical elements, and hence, if he be equal to the demands of his calling, he must frequently resort to both mechanical and dynamic means, while the physician, if he be a physician, employs only those which are dynamic.

In treating sicknesses this man knows he is dealing with processes which have resulted from the impress of one force—the morbid cause—on another force, that which governs and executes the processes of functions in the living body, so that the harmonious action of these, which is health, is disturbed, and discord is introduced; and this discord, wholly a dynamis in its nature, is the sickness the physician is to cure. To restore this lost harmony is the one objective of the physician's work, and this experience has abundantly proved is best effected by means which are also wholly dynamic in their nature.

All that class of diseases which have been called *surgical*, because in their progress they are more or less likely to develop conditions which may call for mechanical interference, have their origin in dynamic causes, and hence in the beginning often find relief, and not seldom their cure, in the means borrowed from the armory of the physician; while even mechanical injuries, after dealing with them by mechanical means, according to their nature, often find their cure greatly promoted and accelerated by right dynamic medication. There is this distinction between the diseases which are regarded as more especially belonging to the province of the surgeon, and the results of accidents, which are his by prescriptive right. The diseases call for dynamic means in the beginning, while with results of accidents, such as fractures of bones and dislocations of joints, these are in place chiefly after the use of mechanical means.

Then there are conditions sometimes met with after mechanical injuries which fail to respond to whatever of skill in the application of means from the armamentarium of the surgeon.

For example, you may find fractured bones refusing to unite even when treated by the most skillful and experienced surgeon. He has exhausted his means, and at the end of weeks of pain and anxiety on the part of the patient, and anxious endeavor on that of the surgeon, there is found no beginning of the process of reparation. The ends of the fragments are as movable upon each other as when first broken. The best skill has failed, and what can the poor patient or surgeon do? Here is one joint more in the limb than nature intended or has use for. Indeed, the one joint more has made the broken limb perfectly useless. Such a case came under my observation in 1846. A boy, fifteen years old, had an artificial joint in the right forearm at about the junction of the upper and middle third. The case was of three years' standing. It cannot be necessary to add that he had had the best of treatment the surgical skill of that day could give him, after saying he had been a patient of the late Dr. Valentine Mott, who certainly would have looked on himself as wronged by any one who should assign him to a less exalted rank in American surgery than that of its head. Dr. Mott had done all, and the best he could, for the boy, and the end had been an utter failure. The case had been abandoned now for a long time, and the boy left to go through life with only one arm for its practical duties. This was the state of the case when his mother, on whom I was in attendance, first called my attention to it. It was so that this happened about the time I was translating Croserio's paper on the "Relations of Homœopathy to Surgery." I learned from this paper that this eminent surgeon and earnest advocate of Homœopathy had found that dynamized preparations of *Symphitum officinalis* hastened the reparation of fractures by exciting and increasing the needful deposit of callus matter, thus greatly abridging the period of convalescence after such accidents. Croserio was the first, so far as I know, to call attention to this root as a remedy for these accidents. I do not know how his attention was called to it, or how he ascertained the fact. But a fact it is, as I have had many opportunities of verifying, that it does shorten the period of repairing fractured bones. When I examined this arm, the thought came to me that here was an opportunity for an experiment to test the truth of Croserio's observation. To be sure, the case was not exactly a fair one for this purpose, for the artificial joint was of some years' standing, and had been subject to all the means known to old surgery for its cure without benefit, and if these means caused suffering and exhaustion to the patient, this was no reason for withholding them with

the Signor Dr. Mott. He was not afraid to deal with heroics, and presumably the boy had had the ends of the fragments rubbed against each other, and had enjoyed the experience of setons and whatever else this excellent surgeon was able to devise, from which he could hope for aught of benefit to an artificial joint. The patient and his parents had been told by this eminent surgeon that the case was helpless and hopeless as to cure. But then the next thought was: Dr. Mott knew nothing of Homœopathy. He only knew enough to hate it. At any rate, he had not tried it in this case, and probably had never heard of Croserio's discovery.

So, though the case, on the face of it, was sufficiently discouraging, I determined to try it, if the root could be had. I asked the mother if she had ever seen the *comfrey root*. She said there was a large specimen of it in her father's garden in —, a town not far from Brooklyn, on Long Island. I said, If you will get me a specimen of the root, I will cure your boy's arm. I was rash and enthusiastic in my faith in Homœopathy, and I believed in Croserio. Three days after this an expressman brought me about half a peck of the root. From the best specimen of this I carefully prepared a tincture according to the directions of the *Organon*, dynamized a drop of this, and gave the boy every six hours a teaspoonful of water in which some pellets charged with this dynamization had been dissolved. The result was remarkable. It astonished me greatly, though I had seen homœopathic cures before. In two weeks from taking the first dose, this boy, pronounced crippled in his arm for life, played and enjoyed *a game of ball* with it, and had the full use of his arm ever after. My promise was rash; but the boy was cured!*

* The following record of a case of artificial joint, treated at the Brooklyn Homœopathic Hospital, has been kindly furnished me by the surgeon in charge of it. He treated the case wholly by mechanical surgical means, and knowing him, as we do, we have no reason for believing any man would have used such means in a like case more skillfully or with clearer intelligence. It is given here as a contrast to the case treated wholly by dynamic means. This is of interest, because of the difference in the nature of the means employed in the two cases, the difference as to time of beginning treatment after the fracture, the duration of the treatment, and the probable suffering of the patient resulting from this in the one case, and the perfect painlessness of the treatment in the other. The one was taken in hand immediately after the fracture, and, no doubt, was skillfully handled as to the means employed. The other was first treated after an interval of three years from the time of fracture, and yet in fourteen days from taking his first dose the arm was restored to soundness, while the case treated mechanically was under treatment more than a year. Verily, in this case the *new* would seem to be the better.

CASE OF FALSE JOINT, MIDDLE THIRD HUMERUS.—Humerus fractured by

It was not long after this before I had an opportunity to test the preparation in a case of simple fracture of the humerus. The patient was a boy of seven years. The bone was broken about the junction of the middle and lower third. The lad suffered greatly from nervous shock after the accident, which was the result of a fall. There was great trembling and agitation, which continued after adjustment of the fragments and application of the splints. For this the boy got a teaspoonful of water, in which some pellets of a dynamized preparation of the homœopathic remedy related to such a condition had been dissolved, and he became perfectly tranquil and free from pain in less than five minutes. He was then chiefly troubled with the fear that he should not "be well by the fourth of July." The accident occurred in the third week of June. He got occasional doses of the medicine first given till it was judged he had passed the point of danger from inflammation and its attendant fever, of which he showed signs only in a very slight degree; indeed, these were so slight as to give but very little discomfort at any time. Then he had a teaspoonful of a solution of pellets of *Symphitum* every four hours. There was neither pain nor swelling to trouble the patient or his doctor. The splints were removed for the first time on the eighth day. The fragments

getting arm in a rubber-roller machine at middle third, on August 3d, 1885. Dressed with rectangular inside wire splint.

September 17th.—No union. On this date patient anæsthetized, and ends of fragments rubbed together.

September 18th.—Arm tightly bandaged, and shoulder-cap applied.

October 30th.—No union. Plaster splints applied. Patient leaving hospital with instructions not to remove bandage for next eight weeks.

March 17th, 1886.—Re-admitted to hospital with arm in same condition, viz.: no union. From this time till April 3d, at intervals of a few days, site of fracture hammered with wooden mallet for a few moments to excite inflammatory action.

April 3d.—Bone cut down upon, ends cut off, and fragments wired together. Arm dressed with wire splint.

April 9th.—Arm put in plaster-of-Paris dressing.

May 29th.—Dressing removed; no more union than on day of operation.

June 2d.—Left hospital.

June 5th.—Re-admitted to hospital.

Constitutional treatment.—Out-door exercise, Murdock's food, etc., with Farradic and galvanic currents for most of the time till August 9th, when second operation, performed similar to the first, viz.: ends of bone sawed off and ivory peg driven in; also brought ends into a position with silver wire, and arm put in wire splint.

August 18th.—Wire changed for plaster-of-Paris.

September 28th.—Plaster dressing removed. A good callus thrown out, and a very good union. Same day arm again put in light felt splint, in order to insure good union. This is the condition the patient is in at present time.

were immovable on each other, and the arm bore the handling of the dressing without complaint.

He wore his splints a few days longer to guard against a second fracture from a fall or other accident. Of course, I was greatly delighted with this success, and thought I had done a good thing, and had a right to rejoice over the unparalleled speedy recovery of this broken bone. I was not a little surprised, therefore, to learn, a few weeks afterward, that the case had brought me into great disgrace in the neighborhood. The neighbors insisted on it, and the parents were only too much inclined to believe, there never had been a fracture in the case, because a broken bone, *i. e.*, one *really broken*, was "never healed in so short a time." And certainly, there is no denying, from the standpoint of old-school surgery, they had a strong case on their side. If I had been tempted, by my surprise at this almost miraculous experience of success, to believe with these neighbors that there had been no fracture, how should I have accounted for the crook in the shaft of the bone and the crepitus when the fragments were moved? This, of course, the neighbors did not hear, and so their confidence in their judgment was not disturbed by it.

Then there are cases which demand mechanical interference of the surgeon as the first step in the process of cure. An operation is called for, and till this is performed nothing can be done by specific medicine for relief. But after this is accomplished it may do much, and it is not seldom, if this be omitted, the best skill of the operator will leave his patient to destruction from the original diseased condition, and the shock he has inflicted by his necessary violence. He may find, in such a case, if his patient now gets the true specific remedy, that it will lift him speedily up and out from his pains and danger. A case which well illustrates this was that of a young lady who came from a distant Southern State to Philadelphia to consult our great leader and master, Hering. He at once saw the case was first one for the surgeon, and called a professor of this art, in one of Philadelphia's famous schools, who found evidence of urinary calculus. This was to be removed by the surgeon, and after this the patient was to be treated by Hering, an arrangement equally honorable to both; and the more as the surgeon and physician were representatives of different schools of practice, between the members of which such courtesies are not too frequent. The stone was removed by the surgeon, by the use of the knife, and though a master of his art, he had only imperfect means of estimating the size of the stone till he had seized it

with his forceps. Then he discovered, to his horror, that his opening was inadequate to its passage. What did he do? Did he enlarge the way for the passage of the body to be removed? Not at all. But being a man of great physical strength and greater determination, he grasped the stone more firmly and dragged it through this too-narrow way by sheer force. Of course, great injury to parts was a consequence, and a very great addition to the shock of the simple cutting which had preceded it. This was so great the surgeon told his class (of which my informant was one), the day after the operation, that the patient would inevitably die.* In this prognosis he left out one important element—the patient was to be treated by Hering, and, therefore, was sure to be treated *homœopathically*. It was in this state of hopeless injury she came into the hands of our master, and because in his hands her case was not quite hopeless. Hering appears to me as before this case more the old master he was than in any other. He at once saw the “key-note” to the cure, and saw it where a less than Hering might well have overlooked it. It was in *the mental state of the patient*. She was *indignant* in the extreme, because she thought she had not been treated with proper respect by those whose hands she had just passed through. I have recited this case to illustrate this point of relationship between specific medicine and surgery rather than either of the many lying at my hand, because it not only presents the power of right medication, but also this marvelous knowledge and insight of the peerless physician. He gave a dose of *Staphisagria*, and in a very short time the patient was free from pain and danger, and her convalescence was brief and perfect.

[TO BE CONTINUED.]

WHAT CONSTITUTES AN “UTTERLY AND UNCONSCIOUSLY IGNORANT” PHYSICIAN?

A REPLY TO EDMUND J. LEE BY M. O. TERRY, M. D.

If the readers of THE HOMŒOPATHIC PHYSICIAN will refer to the December number, 1885, they will find an article on “Addresses, etc.,” and if they will examine the May number, 1886, “A Reply to the Author of Addresses, etc.,” and also immediately following a few comments by Dr. Edmund J. Lee, one of the editors of the journal.

* My informant described the stone as of the size and shape of a large lemon.