Therapeutics of the

Serpent Poisons

JOHN H. CLARKE



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PREFACE

THIS little treatise was originally delivered as a Post-graduate Lecture at the London Homoeopathic Hospital on March 15, 1893. On passing it through the pages of the HOMOEOPATHIC WORLD several amplifications were made by myself or suggested by correspondents; and it has seemed to me that it might be useful to give the treatise its present separate form. This second revision for the press has enabled me to still further revise the text and to increase, as the hope, practical usefulness of the lecture.

The therapeutics of the serpent poisons is founded on their disease-producing powers, as is the case with all homoeopathic medicaments, but in the lecture I have dealt more particularly with the subject from the Clinical standpoint and have not described the case of poisoning or the provings in detail. A recent case of poisoning, however, reported in the Lancet of the June 10th, is in so many ways that I am

induced to record it here. It was observed by F.P. Reilly, M.R.C.S. (Eng.), L.R.C.P., (Lond.) of Niger River West Africa. I reproduce the account in the author's words:—

"A coloured man twenty-five years of age was bitten on April 1st on the finger by a snake about 5 p.m., and was not seen by myself till 7 a.m. on the following morning at the hospital. Directly after, he was cut by natives over the finger, hand and the posterior part of the axilla, the incisions being about twenty in number and one-third of an inch in length. These evidently had bled freely and were oozing when seen. In the morning of the 2nd he appeared anxious, the pupils were dilated and the pulse slightly accelerated and weak. His hand and forearm were much swollen, hot and painful and the site of the bite bled freely, fluctuation could be felt over the entire finger and was found to contain only blood. A mixture of ether and ammonia was given and hot fomentations of boric acid were applied locally. April 3rd— The hand and forearm were still swollen, and pain had considerably increased. In the axilla was felt a large gland acutely painful and necessitating a pillow between the elbow and the body to keep the

pressure of the arm off it. He vomited twice, the vomit each time containing bright blood. His bowels have also been opened twice and the faeces also contained blood. He complained greatly of pain in the back and aching of the limbs. His temperature was 100.2.

April 4th— He complained of pain on passing urine, and on examination it was found to be very acidic and containing blood. The quantity of urine passed in the twenty-four hours was nineteen ounces. The temperature was 99.6. April 5th— The axillary gland was smaller but still painful, he vomited again that day a quantity of blood. The urine was very darice with blood and for the last sixteen hours he had only passed three ounces, this was examined with the microscope and found to contain only ordinary blood cells. The temperature was 101.4. The hand and arm were still much swollen but were gradually getting reduced in size. The tongue was dry and brown, the pulse increased in frequency and weak and seemed much exhausted. The pain in the back was still present. Diuretics and stimulants were given freely, also a purgative. April 6th — The quantity of urine increased considerably, the patient having passed twenty-nine ounces during the last twenty-four hours, but it still contained a large quantity of blood. He was calling out at intervals of about ten minutes owing to spasmodic contraction of muscles, those of the abdominal wall and the neck being most marked, the trapezius standing out prominently during the contraction. The axillary gland was less painful and smaller in size. The temperature was 100.4.

April 7th - The patient appeared worse, his skin was cold, pulse rapid and feeble, respiration hurried and shallow. The temperature was 97.6. He complained of intense pain in the muscles of the thorax, especially the pectoral muscles. On auscultation the breath sounds and those of the heart were normal. The swelling of the forearm had nearly gone. The urine still contained a large quantity of blood and amounted to twenty-two ounce during the last twenty-four hours. The patient vomited twice this morning a blackish liquid (no blood) and in spite of treatment died from collapse at 1 p.m.

The treatment consisted principally in treating each symptom as it appeared, and at the same time supporting the patient with stimulants and a nutritious liquid diet. Throughout the case no

suppuration took place and the swollen hand, arm and axillary gland were getting smaller daily. The urine for the last four days contained a very large quantity of blood, and this along with the other haemorrhages probably caused the collapse. The patient remained conscious till the end. The snake was about a yard long with a greyish-brown back, patches at intervals on it and I was told that in appearance it was much like a rattle snake, but not of that species.

Niger River West Africa.

For the sake of brevity, I have used the > < to indicate respectively "better" or amelioration and "worse" or "aggravation" in the conditions of the symptoms.

I have also retained the spelling adopted in the HOMOEOPATHIC WORLD, replacing the borrowed diphthongs, "and" "dye" simply in all words that have been naturalised in the English language. This is the clear tendency of the language, and has already been accomplished in phenomenon "and many other words".

JOHN H. CLARKE

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CROTALUS HORRIDUS*

Crotalus Horridus compared with Lachesis— Schema—Crotalus Cascavella.

This medicine has had a very extensive proving. It was not so fully proved by Hering as *Lachesis*, which is peculiarly his own but in the very complete monograph by Dr. Hayward in the *Materia Medica*, *Physiological and Applied* will be found a full account of its effects and observed hitherto.

Crotalus resembles Lachesis closely in many particulars, yet the differences are sufficient to

^{*}Dr. Hayward writes to me (though he does not give me his authority) that many of Hering's *Crotalus* symptoms are taken from the effects of *Crotalus durissus*, and he therefore suggests that the medicine should be named "Crotalus" simply. But as there is another distinct Crotalus (*Crotalus Cascavella*), with a separate proving, I think it best to keep to the usual designation to prevent confusion.-J.H.C.

distinguish them. Crotalus causes all the symptoms of prostration and shock produced by Lachesis; it disturbs the moral and intellectual faculties, produces haemorrhage from all the orifices and into the skin; disorders digestion, the urinary and sexual functions, the respiratory organs, the heart; causes fever; produces inflammations, ulcerations and gangrene; all kinds of nervous sensations. The symptoms are aggravated after sleep, and there is intolerance of tight clothing round the waist. But yet Crotalus is not Lachesis. There is a difference in the degree of characterization of these last conditions. Crotalus has not the intense sensitiveness of Lachesis. For instance, in throat affections, the Crotalus patient lies with head stretched back, which would be intolerable to the Lachesis patient. And the aggravation after sleep is not nearly so marked as with Lachesis.

CHARACTERISTICS— Haemorrhage from orifices and surfaces.

Great and sudden prostration of vital forces (as in bilious remittent and yellow fever, typhoid, typhus, glanders, gangrene, scurvy, malignant blood diseases).

Most symptoms appear on right side.

Mould smell from mouth.

Tongue scarlet red, or brown and swollen.

Very foul breath with swollen face.

Sore pain from pit of stomach to the region of liver, with nausea and vomiting of green bilious matter.

Very severe frontal headache, with difficult swallowing, nausea, and bilious vomiting.

Vertigo and trembling of vomiting. Fetid diarrhoea.

MIND— The mind symptoms of the two are much alike. There is irritability and loquacity in both, but *Crotalus* is rather snappish than malicious. Weakness of memory (*Anac*). There is more obtuseness and stupidity with *Crotalus*, yet is excessively emotionally sensitive, easily moved to tears even by a story. *Lachesis* does not know what time of day, *Crotalus* does not know where he is, in the street and is in danger of being run over; *Crotalus* has suspicion but is not so jealous as *Lachesis*.

In a case of senile dementia Dr. Hayward relieved the following symptoms with *Crotalus*: mistakes in keeping accounts and writing letters; forgetfulness of figures, names and places; awaking in the night, struggling with imaginary foes, imagining himself surrounded with enemies or hideous animals, taking antipathies to members of his family.

Finally, — *Crotalus* is a markedly right-sided medicine, *Lachesis* is markedly left-sided. Thus *Crotalus* has a much more predominating action on the liver than *Lachesis*, hence its greater appropriateness in yellow fever and some conditions of jaundice.

HEAD— *Crotalus* has terrible headache, frontal, even over eyes and occipital, feeling as if a blow had been struck on the occiput—symptoms which have led to its successful use in cerebrospinal meningitis.

EYES— Eye have impaired vision, boring, tearing, and cutting pains around the eyes, suggesting ciliary neuralgia, keratitis and keratoiritis.