

**A REPERTORY OF GONORRHOEA:
WITH THE CONCOMITANT
SYMPTOMS OF THE GENITAL
AND URINARY ORGANS, PP. 1-52**

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SAMUEL A. KIMBALL

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OF THE

GENITAL AND URINARY ORGANS.

COMPILED BY

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PREFACE.

A NUMBER of cases of gonorrhœa, and a difficulty in finding suitable remedies, suggested the compilation of a repertory which, taking a gonorrhœal discharge as a basis, should also include the concomitant symptoms of the genital and urinary organs.

The symptoms are taken from —

HAHNEMANN'S	Chronic Diseases.
HAHNEMANN'S	Materia Medica Pura.
HERING'S	Guiding Symptoms.
HERING'S	Condensed Materia Medica.
LIPPE'S	Materia Medica.
ALLEN'S	Encyclopædia.
C. LIPPE'S	Repertory.

All symptoms of the genital and urinary organs, of remedies in these works, having a gonorrhœal discharge or an intimate relation with the sequelæ of gonorrhœa, have been taken. Symptoms of coition, emissions, and sexual desire have been omitted; also symptoms of the kidneys, the quantity, color, and sediment of urine, as these did not seem to bear any special relation to the subject.

The contents are arranged alphabetically, with all the symptoms of one anatomical part arranged under that head. There are one hundred and thirty-four remedies, and all have either a proved urethral discharge, or have been proved especially efficient in the treatment of the sequelæ of gonorrhœa, — as *Ocimum*, in the swelling of the testicles after gonorrhœa, which has no proved discharge.

It must not be supposed that these are all the remedies that will be applicable in the homœopathic cure of a gonorrhœa. Any remedy in the *Materia Medica* may be required if indicated by the concomitant or constitutional symptoms. In fact, the gonorrhœal discharge should be the last thing to base a prescription upon, as we should prescribe for the patient, not for a pathological lesion.

All monographs on *diseases* are not, in the strict sense of the word, homœopathic, as in them the pathological condition is made the most prominent.

On the other hand, how many patients present themselves with a diarrhoea or gonorrhœa, with no constitutional symptoms; and then the discharge, with its concomitant symptoms, is the only thing there is to prescribe for. In such cases these monographs are a great aid to the careful prescriber. Much has been said concerning the inefficiency of homœopathy in the treatment of a gonorrhœa; nevertheless, any disease having as its main feature a localized expression, especially those due to inoculation, can only be *cured* by strictly homœopathic treatment.

A suppression of the discharge is never a cure, and is always followed, sooner or later, by manifestations of disease in one form or another.

This is not admitted by those who advocate the use of injections; and there are even physicians professing to be homœopaths who advise the use of bichloride of mercury to "kill the germs" and stop the discharge. Fortunately for the patient, the discharge is not always stopped after months of injections; or is only suppressed for a short time, to break out again from slight causes. Whether this fact is accounted for by the presence of a very powerful germ, and in order to kill the germ it is also necessary to kill the patient, is a doubtful question. For if the same germ always produces gonorrhœa, an injection that will destroy it in one case should do the same in all; and unless there is a ferocious species of gonococcus, that laughs at germicides and goes about the country seeking whom it may devour, it is difficult to reconcile the theory with the facts. That these germs are simply the result, or at most a concomitant, of the disease, — *never the cause*, — does not seem to have occurred to the advocates of this germicidal practice.

The fact that evil results from these suppressions are not seen or admitted by some observers, does not invalidate the truth of results that are seen by others. A case or two in point: A robust young man had a slight cough for a week or more; then he began to raise blood quite freely. There was no pain, no discomfort, except to his family, and no physical signs presented themselves; but every time he coughed, which was very often, he would raise a considerable amount of fresh blood. Under the action of suitable remedies this all ceased in a few days, and immediately a gonorrhœal discharge reappeared which had been *cured* by injections a month or six weeks before.

This was not a fresh inoculation, for there were no inflammatory symptoms, and had such been the case it would have been readily admitted by the patient; but it explained the hæmoptysis to his entire satisfaction. Another case, now under treatment, is that of a coachman with a bad family history, several members having died of consumption. The patient has not been well for six months, complaining of night sweats, losing flesh, cough with profuse expectoration, and bronchial respiration with slight dulness in right infra clavicular region. Under the action of the remedy, the night sweats ceased, the cough grew much less, he gained in flesh and strength, and a gleet discharge has reappeared which was suppressed by injections four years ago. A fresh inoculation would have been readily admitted; but a fresh attack would not have caused a gleet discharge. He may not recover now; but he certainly would never have recovered if that discharge had not reappeared.

That gonorrhœa can kill, is not an idle statement; and the discussion of the subject at the June meeting of the I. H. A. bears out the assertion. That discussion is printed in full in the August number of the "Homœopathic Physician" for 1887, in which a number of interesting cases of suppressed gonorrhœa are given, and they will well repay careful study.

How are acute and chronic inflammations of the prostate, strictures, and cases of chronic cystitis accounted for, if the suppression of gonorrhœa by injections is never followed by evil results; and how is the fact accounted for, that in almost all cases of the above diseases, not traumatic, there is a history of a gonorrhœa suppressed five, ten, or fifteen years before?

Even our old-school brethren are not blind to these evidences, as the change in their treatment of gonorrhœa testifies. Of two of their celebrated specialists in New York, one of them writes in this manner: "A large proportion of cases require many weeks and months before the discharge ceases; prognosis in every case must be guarded; complications are by no means always absent in cases that begin very mildly." The other says: "Use no injections until the discharge begins to decline." They evidently do not believe in checking the discharge at once, as we are now advised to do by a member of our own school. Another prominent old-school physician stated several years ago that all cases of salpingitis, and many of perimetritis, were caused by inoculation from a latent gonorrhœa in the male,—that is, a suppressed gonorrhœa,—and supported his claim by numerous cases. This theory has not as yet received the full support it will have later, but its effect is already apparent in the

articles and editorials on the subject in old-school journals. These recent developments are all simply confirmations of the teachings of Hahnemann, — that the suppression of any local expression of disease is inevitably followed by manifestations of disease in one form or another; and the truths of his observations are becoming more and more acknowledged by old-school physicians.

It is strange that men professing to be homœopathists should ever depart from his teachings, and take a position below that taken by the more advanced allopathists. Under strictly homœopathic treatment the gonorrhœal discharge may continue for a longer time; but when it is cured by the action of the remedy, it is never followed in after life by stricture, enlarged prostate, with all its distressing symptoms with consequent use of the catheter, or by diseases of the bladder, as every true homœopathist of experience can testify. The plea made by some physicians, that the discharge must be suppressed in order to hold the patient, puts the practice of such men upon a purely mercenary basis, and leaves the unavoidable inference to be drawn, that anything will be done by them to hold the patient, provided there is money enough in it.

Such *principles* suit admirably to the professions of highway robbery, burglary, and other like fine arts, but hardly have a place in the noble work of *curing the sick*, even if they are sick through sin.

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