

**On Fistula**  
and its  
**Radical Cure**  
by **Medicines**

J.C. Burnett



# On Fistula and its Radical Cure by Medicines

by

**J. Compton Burnett, M.D.**

*Reprinted from the*  
**Second Revised & Enlarged Edition**

*“Men will not heed! Yet were I not prepared  
With better refuge for them, tongue of mine  
Should ne'er reveal how blank their dwelling is;  
I would sit down in silence with the rest’.*

—BROWNING’S “PARACELSUS”



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## **ON FISTULA AND ITS RADICAL CURE BY MEDICINES**

Second Revised & Enlarged Edition  
9th Impression: 2009

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*Published by Kuldeep Jain for*

### **B. JAIN PUBLISHERS (P) LTD.**

An ISO 9001 : 2000 Certified Company

1921/10, Chuna Mandi, Paharganj, New Delhi 110 055 (INDIA)

Tel.: 91-11-2358 0800, 2358 1100, 2358 1300, 2358 3100

Fax: 91-11-2358 0471 • Email: [info@bjain.com](mailto:info@bjain.com)

Website: [www.bjainbooks.com](http://www.bjainbooks.com)

*Printed in India by*

**J.J. Offset Printers**

ISBN: 978-81-319-0785-6

# PREFACE

During the past fifteen years a considerable number of cases of diseases of the anal and intercrural regions have been under my professional care, notably cases of haemorrhoids and varicocele; and intercurrently with these not a few cases of fistula have come under my observation. At first I did not quite believe it possible to cure fistula with medicines alone without any operation or topical applications, for I had been taught that to cure a fistula you must need to operate upon it. So you will not find anything about fistula in works on Medicine. I pulled down a dozen master works at random from my shelves, Kafka, Grauvogl, Kissel, Guttceit, Rademacher, and the like and found either nothing at all, or passing reference to fistula merely. Fistula belongs to the surgeons. But I had also been taught that piles cannot be cured without operation and as I found this teaching false and untrue (having

myself cured numbers of such cases with homoeopathic treatment alone). I set about the treatment of fistula also with medicines, and frequently succeeded in my task, mostly with the help of the experience of eminent homoeopathic physicians, whose written testimony any inquirer may find for himself on reference to the literature of the homoeopathic school. With the lapse of time my own experience has grown, and I have found that not only haemorrhoids, but also fistula can be genuinely and radically cured with medicines alone, a knowledge of homoeopathy, a little patience, and diagnostic skill being given.

It is unfortunate for the progress and extension of Scientific Medicines, and by Scientific Medicine I mean no more and no less; than Homoeopathy it is unfortunate, I say, that our surgeons are so clever with their hands, for they do their work for the most part so well, so neatly, so painlessly, that medical men have come to rely more and more upon the knife, to the almost total exclusion of the more gentle, more humane, and more rational treatment with medicines.

The medical profession at large condemn homoeopathy, they know nothing about it. There was a time when I also condemned it, I also then knew nothing about it but now, having studied it

and practised it, my contempt has given place to humble-minded thankfulness and I maintain that homoeopathy, real scientific homoeopathy, is the most mighty weapon against any disease known to mankind. It is in the hope that other may share this knowledge that I send these pages to the press.

2, Finsbury Circus, E. C.

**J. COMPTON BURNETT**

March, 1894.

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R

*Nux vomica* 1x, five drops in water night and morning.

August 7-Perfectly well of the fistula, and of the circumjacent telar sclerosis. Just before the fistula began to heal up definitely, a small calculus, hard and sharp, size of a pea was passed from it with much pain, or rather it pained very much, and on feeling the part he discovered the calculous formation and removed it, and brought it to me.

## **CASE OF POITRINARY FISTULA**

This designation of fistula in connection with chest symptoms seems to me convenient, and I accordingly coin it.

A city gentleman, single, thirty-five years of age, came to me on March 4, 1889, for fistula-in-ano and chest. He informed me that he had had much expectoration of phlegm all his life, but for the past two years the same had become bloody. For a number of years, under homoeopathic treatment with benefit, he had maintained his ground, and even gained a little in strength and bulk. Present weight ten stone. I found his throat studded with tubercles, his lungs very flat, vocal

resonance much increased at both apices, and all down the left side of the thorax; he is very shortwinded, coughs and expectorates almost incessantly; his skin is dingy, dusky and greasy; the glands of his neck hard, though small; the phlegm is thick, yellow-green. For the past two years has been suffering from fistula. Under my treatment the old fistula dried up, but then (Ap. 9) a new one formed on the other side. Previously, he had been twice cut for fistula. This needless torture I was able to spare him.

April 29-Perineal abscess reopened, burst, discharged very freely, and has now all healed.

May 13-Fistula quite well.

August 9-Fistula continues well. Patient himself much better and stronger, and remains under treatment for his throat and chest. Patient received some nosodes—*Thuja occidentalis* 30, *Hydrastis canadensis*  $\theta$ , *Nuxvomica* lx, and *Dulcamara*  $\theta$ .

I have myself not met with many cases of fistula in the very young, but here is one.

## FISTULA IN AN INFANT

On June 23, 1879, a country gentleman brought his little six-year old son to me for fistula-in-ano. At its

birth the nurse discovered a lump at the seat. A little time afterwards this gathered and burst like a boil, and had continued ever since to gather and burst at intervals. The right eye had no lashes; he had severe ophthalmia tarsi of the same eye also ever since he was born.

An examination of the anal region showed a fistula external and incomplete and numerous scars where others had healed. The right nostril was also chronically inflamed. If he gets a thorn or splinter in his flesh, it festers as does equally the tiniest scratch or prick. A connection between eye and fistula is noticed. For when the eye is very bad the anus gets better and conversely.

R

*Tc. Phosphorus* 30 three drops in water night and morning.

July 24-The eye-lashes are beginning to grow.

R

*Tc. Kalium carbonicum* 30.

October 20-Fistula cured. His nose bothers him a good deal, becoming very much inflamed. There is considerable matter discharge from the eye.

R

*Aurum foliatum* 3 trituration, four grains dry on the tongue twice a day.

January 15, 1880-Fistula continues well; nose well; eye better, lashes perceptibly growing.

Repeat the *Aurum foliatum*, but in the fourth centesimal trituration, four grains at bed-time only.

July 25, 1881-Fistula and nose continue well; there is now quite a show of eye-lashes; still some ophthalmia tarsi, however around the meatus of the left ear there is some eczema.

R

*Psorinum* 30 in infrequent dose, and thereafter *Thuja Occidentalis* 30 in like manner.

Discharged quite cured.

Four years later he was again brought, but this time for enlarged tonsils, which our ordinary remedies slowly (not rapidly) cured, and then he was reported well, and I again ascertained that he was well in all respects in February 1894.

It is not often that one meets with fistula in the very young. The eye, nose, and anal troubles all yielded to remedies administered internally and the permanency thereof proved by nearly fifteen years of subsequent observation.

I suppose the ‘proper’ treatment of this case would have been—

Firstly, an operation for the fistula by a specialist for the anal affection.

Secondly, the eye must have been treated by an oculist, who would have used his greases and his washes, and the never-lacking *Nitras argenti*.

Thirdly, the eczema must have been treated by a skin-doctor also, without any doubt, with an ointment.

Fourthly, the nose must have specially needed the services of a rhinologist.

Fifthly, the enlarged tonsils would have afforded an opportunity for the exercise of the special skill of a throat specialist, who would have whipped off the tonsils by an operation never before invented.

And, finally, as the good lad was nervous, and twitched once or twice a moon, do doubt his prepuce would have been ablated or slit open. Quite lately a noble peer told me gleefully that he had just had his son circumcised, and also had had his tonsils removed, and I fear his Lordship thought me rude when I replied that the Creator must have bungled a good deal, else why these needless tonsils and superfluous prepuces?

It is satisfactory to note that some of the greater physician are beginning to see the true effects of specialism.

Thus, I lately read an account of the Eighth Medical Congress at Wiesbaden, and in it the following report summarized from the 'Berliner klin. Wochenschrift' Nos. 18 and 19, 1889:

Herr Petersen (Copenhagen) read an important paper 'On the Hippocratic Method of Treatment', or, in other word, 'On Hippocratism'. Although this mode of treatment seemed overdrawn in many respects, many of its principles were still deserving of recognition. Hippocrates' designation of fever as *instrumentum felicissimum* was now seen to be worthy of praise. With Hippocrates the whole man was ill, not one particular organ only; hence specialism was excluded. An extremely individual treatment was adopted. The first aim of treatment was not scientific, but sanative, and the chief means were dietetic. The physician was a 'healing artist' who became such only by unwearied diligence and powerful talent, especially the gift of observation. The whole cultivation was mainly clinical. The French had become more anatomical, while the English remained true to 'Hippocratism'. In Germany, medicine, as directed by Trauble, Rokitansky, and Virchow, had departed from Hippocratism; but since then, under the influence of Fredrichs and Leyden, seemed inclined to return to it. Modern medicine must

return to the ancient path, or it would be destroyed by specialism.

## **PILES, PERINEAL ABSCESSSES AND FISTULA**

One certainly meets with a goodly number of cases of fistula in portly men about forty years of age. Such is one, a dark gentleman, forty-one years of age, came under my observation on November 26, 1887, complaining of his liver and perineal abscess, and also haemorrhoids. Patient suffered also from pains in the stomach, coming on in the early morning about six or seven o'clock. Both liver and spleen were swelled, tongue and fingers gouty, slight eczema of anal region and there was much depression of spirits, attributed to business worries.

R

*Nux vomica* lx, five drops in water, night and morning.

February 4, 1888 - Much better in almost all respects; only had the stomach pains once lately. Complains of anal irritation on getting warm in bed at night. Sleeps badly; has much business worry, and is in consequence depressed; weight on the top of the head.

R

*Sulphur* 30.

May 5-Not very materially improved: has indigestion, anal irritation, insomnia, depression of spirits, some uncomfortable feelings about the heart, and he has grown very stout of late.

R

*Tc. Vanadium ammonium* 12.

Feb. 16, 1889-Has had another perineal abscess, and there is now an incomplete external fistula with much mattery discharge.

Two months of *Phytolaccinum* 3x, six grains at bed-time, cured him of the fistula, and he was otherwise so far well that he did not want my further treatment.

## **SYMPATHETIC RELATIONS BETWEEN THE ANUS AND THE HEAD**

One very frequently observes an intimate sympathy between the anal region and the head. Let me relate a case in point. A gentleman of sixty was under my care for haemorrhoids and nocturnal pruritus ani that at times was maddening, and which had worried him for many years, and for the cure of which an almost endless

array of local applications had been used in vain. He used to have attacks of giddiness and faintings, and he also had a small lipoma in the poll. What distressed him most was the *pruritus ani*, due, he thought, to threadworms. My treatment cured his giddiness, but the anal itchings grew rather worse than better. I will here interpolate the remark that whisky often causes itchings at the seat at night, and then the cure consists in leaving off the whisky. But this gentleman did not take whisky, being a teetotaler for many years.

The only time in his life he had ever obtained a respite from his *pruritus* was from the cure at Kissingen, so to Kissingen he would go, though I tried to dissuade him from it.

The Kissingen cure was effectual, for he returned without the *pruritus ani*. However not every long after his return from Kissingen, cured of the *pruritus*, he had a fit, consisting in a long fainting attack, evidently cephalic, and he became very giddy and habitually unsteady in his gait, so that he was afraid to go about. Moreover he then got partial ptosis, notably of the left side. In this state he returned under my care. *Zincum aceticum* put his head quite right, and he feels now perfectly well and sure of gait, and free from faintings, and the ptosis is better, but the nightly itchings at the

anus have returned. For these and for the lump in the neck which, however, is decreased he remains under my treatment, I should say that patient carries on an enormous business, and often sits up half the night intensely occupied with intricate calculations, while on Sunday he takes a complete rest in the form of preaching and Sunday-school teaching. He is a grand man, but whether the Master's work, at this time of day, needs such a sacrifice may be questioned. My own opinion is that a labourer is worthy of his rest.

But my point here is the sympathy between the anal region and the head.

By the way, for a fagged brain *Zincum aceticum* lx, five drops in water night and morning, is indeed mighty for good (See: Rademacher's experiment in 'Erfahrungsheillehre')

## **PROLAPSUS AND THREATENED FISTULA**

A gentleman consulted me last summer in a very agitated frame of mind for fistula. An examination of the parts disclosed slight rectal prolapse, and a certain amount of inflammation of the projecting folds of the mucous membrane lining the rectum, in which the haemorrhoidal vessels were very prominent. He had

been operated on for fistula, and also for piles and prolapse; but notwithstanding all this beautiful rectal surgery, the unfortunate patient is never comfortable at the seat nor do I think he ever will be, as the anal region is puckered with the crookedly healed tissue, and a blind funnel has been produced more than half an inch deep; this funnel is lined with common integument, and would otherwise be an incomplete fistula. There was blood at the anus almost every day. His nerves had received a grave shock from the operations, for notwithstanding the ten years that had elapsed since they were performed he still suffers from the effects. I have often been struck with the grave head symptoms that occur at the same time as rectal troubles, and these former are made much worse by all surgical interference. Thus this gentleman lives in a constant state of daze and fright lest a further operation should be needful for piles, prolapse, or fistula; his so called nervous headaches are at times so bad that he thinks he will go out of his mind. The very mention of the words 'fistula' or 'prolapse' quite horrifies him.

A close examination showed so little to account for his state, that I was led to conclude that his very numerous vaccinations might have caused his trouble, he had been vaccinated five times.

Remedies greatly improved his condition, and so far that there was no further fear of fistula. *Thuja occidentalis* was the principal remedy; infrequent doses of the thirtieth dilution administered during two months. He is not comfortable at the seat, nor do I think he ever will be, a fact due, I think, to the bungling way in which he had been operated on. I see evidences of bungling after operations in this region so very seldom that I am constrained to admit this much in common fairness to the surgeons, that they believe in the operations I do not doubt; that they do their work well I can testify; but that their views are erroneous and their practice bad I am certain.

## **TUBERCULOUS FISTULA BY INFECTION**

A certain number of cases of anal fistula in middle-aged, highly-nourished men come under my observation, and I have been struck with the fact that their wives had either died of, or were suffering from, consumption. Four such cases in one year have I observed, and I have been constrained to ask myself the question, whether these cases do not represent a class by themselves? The frequent coincidence deserves at least some attention. I would not be too hasty in generalizing, but anyone who sees much of fistula may, I think,

readily verify the fact for themselves. I imagine that the fistula represents, in such cases, an infection from a consumptive wife communicated to the husband in the intimate relations of married life. I commend the subject to the consideration of my colleagues. I imagine, further, that the infected husbands, had they been prone to phthisis of the tuberculous variety, would in all probability have developed genuine consumption, but not being so prone, they simply maintain a tuberculous sore-the fistula-in-ano much as one observes obstinate tuberculous sores on parts exposed to mechanical infection from cuts and the like, as, for instance, on the hands, whereof numerous cases are on record in general medical literature. I take it that the infection is truly tuberculous in the bacillary sense, but the soil is not fit; the constitutional power is too great to allow of the development of general tuberculosis.

That this kind of locally limited tuberculous infection does actually exist, I am satisfied. One sees this also exemplified at rare intervals in syphilis. In certain very obstinate cases of Hunterian chancres that becomes very unusually penetrating with a distinct resistance to specific treatment that is otherwise usually successful, and that promptly, I have of late been led to assume the existence of a tuberculous mother soil, and

have treated the two pathological states simultaneously, and at any rate they begin forthwith to mend. I will relate a very instructive case in point.

## URINARY FISTULA-A REMARKABLE CASE

Some seven years since, a London professional man came under my observation for an ordinary gonorrhoea. He is otherwise a good, conscientious fellow, but harvested the wages of sin at the very start, and was in a great state of mental perturbation. I was, after careful examination, enabled to assure him that he had a gonorrhoeal urethritis, and nothing else; there was absolutely no sign or suspicion of anything beyond that. *Aconitum napellus*, *Hepar sulphur*, *Hydrastis canadensis* and *Cynosbati* were administered, and in some six or seven weeks I thought were out of the wood, there only a little urethral suintement left. But one day, without any concern whatever, he told me he thought, he had caught a cold, and was getting a boil in the fork, that he also had some lumps in the groin, and nettle rash on the body. The experienced may judge of my utter amazement when I discovered a typical roseola syphilitica all over his body, notably on the chest and abdomen, and all the superficial glands of the body enlarged and indurated. Moreover,

on the under surface of the member, some two inches or more from its extremity, and just in front of the prostate there was in the very deed a 'boil' of the size of a gooseberry, and very hard. I set to work vigorously with antisiphilitic treatment, and in a few weeks the roseola and other prominent symptoms had much abated, but his hair came out, and the nuchal glands were very prominently enlarged. During all this time the urethral discharge, which had returned, persisted. Just as I thought I was mastering both the gonorrhoea and the syphilis, he called one day and informed me that he had a leak in the region of the boil (as said boil had burst). *Horrible dietu*. I found a fully established urethral fistula, with a thick hard wall surrounding and lining it. Several further months of persistent treatment finally resulted in a cure of the gonorrhoea and of most of the manifestations of syphilis, but the terrible fistula persisted, notwithstanding *Mercurius solubilis*, *Aurum metallicum*, *Nitricum acidum*, *Stillingia silvatica*, *Iodium*, and *Silicea terra* and some other seemingly likely remedies. I do not easily despair of a case, but when distinct consumptive symptoms began to show themselves, I certainly felt very anxious indeed and I deemed it my duty to tell my poor patient that I feared he would have to undergo an operation for the urinary

fistula, as it, seemed to be wearing him out. However. I thought the matter over a few days, and finally came to the conclusion that the fistula was not only syphilitic, but also tuberculous, though how the infection could have been communicated within the urethra some three inches from the orifice I cannot even now understand. I then alternated *Mercurius solubilis Hahnemanni* 3x with very infrequent doses of *Bacillinun C.* (six grains of the former, and as many globules of the latter to the dose). At the same time I put him on very full diet with a generous wine.

*Result*-In a few months the patient was quite well in every respect. The indurated glands all returned to the normal, the hair grew again, the night-sweats ceased, the fistula completely healed up, the sclerosis around it disappeared, and patient put on flesh and reassumed his old healthy appearance.

I will finish this long story by remarking that the amelioration, that set in as soon as he was put on the last mentioned double prescription, was truly remarkable, and for weeks and weeks whenever it was discontinued for other remedies, the amelioration at once ceased, so that I had to refer to it over and over again. The *Bacillinum* was, however, never given more than one dose in four days. The *Mercurius solubilis* three times