American Foundation for Homoeopathy.

BUREAU OE PUBLICITY.

Series III.
Bulletin 21.

Exhibiting through a moving pieture a model of an ocean liner scientifically shaped to move with least danger and resistance, Norman Bel Geddes made this opening remark :—

"Next to getting people to think, the most difficult thing in the world is to get them to accept change".

For more than a hundred years, Homœopathy has been inviting people both to think and to accept change. In the encyclopedias Homœopathy is credited with some influence on medicine, since doctors generally do not use the gross dosages they once did, and Homœopathy is a user of infinitesimals. Still, say the reference works, to go the whole distance with Homœopathy would be going to extremes, a thing for scientists to frown on.

That view of the matter is like the general view of disease ; it sees symptoms without looking beyond. Infinitesimals in medicine result from a viewpoiut. The viewpoint supplies the reason. Reducing the dosages of medicine without seeing it from the viewpoint of Homœopathy is like trying to assume a character by wearing a mask.

For all the hundred and more years of opportunity, few people, and just as few doctors, have got over aiming medicine at symptoms. Looking beyond symptoms to find the disorder that preceded them and underlies them, that is the thing most persons are slow to learn. It is to that level of thinking that Homœopathy invites. It is to a different form of practice because of this different viewpoint in medicine that Homœopathy directs

change. Imitation without understanding benefits neither Homœopathy nor mankind.

Those who center their attention on bacteria find that in the blood of adults a neutralizing material develops against the virus of infantile paralysis in proportion as the adults are exposed to the disease. What do they infer from that ?

The inference is that protection from infantile paralysis can be had by artificially stimulating the body to produce this neutralizing material. To do that, "small doses of infantile paralysis virus made harmless by formalin" are given to children. Judging the result solely by the amount of neutralizing material afterward found in the blood, bacteriologists report the children immune to the extent that they could neutralize "100 to 600 additional infective doses of virus". This comes to The Society of American Bacteriologists from Dr. Maurice Brodie and Dr. William H. Park of the New York City Health Department. (*Science*, January 11, 1935)

In short, they deal with materials in the blood, not with the forces that produce them. Never does it seem to occur to bacteriologists that to produce an immunizing substance in the blood in answer to a false alarm set up by a foreign virus calls for energy, energy that must be subtracted from the sum-total of the vitality of the children. Instead, the doctors report, "Neither these adults nor the children suffered any unfavorable results". None, that is, that they had the patience to wait for and observe.

Homœopathy gives different testimony. Chronic disorder often shows to Homœopathy the disturbing or suppressive effect of inoculations received in years past. The practice is violent, hazardous, unnatural. Also unnecessary.

Chronic disorders in the course of cure carry the patient backward through his own history. That is homœopathic procedure. In that way evidence comes of the most unmistakable kind that inoculations may do lasting deep-seated harm.

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Bulletin 22.

On the President's birthday public balls are held to aid a cause near to the President's heart. Up from infantile paralysis Mr. Roosevelt made a courageous fight and a hearty recovery. He was left without full use of his legs. In order that others might not have to suffer infantile paralysis, might not come out of it partial cripples, he counts it an honour to him that on his birthday money is raised for research into infantile paralysis.

So far as may be known at this writing, Mr. Roosevelt has not specified what lines this research ought to follow. Apparently that is a question for each locality, or medical center of learning, to determine for itself. But when the Governor of Massachusetts made his radio appeal for sale of tickets to the ball, he assumed that a cure was the object in view,—a cure or a preventive, or both.

Quoting statistics, he said that within his own memory the death rate from diphtheria had been cut in half. Tuberculosis, once the chief scourge of the race, now took, he said, nowhere near the toll it once did. Yellow fever, smallpox, bubonic plague, had all but vanished from the earth. Such had been the progess of medicine, particularly preventive medicine, during the last generation. He pointed to the authorities, Schick, Pasteur, Koch, and others. What had been done for

these diseases, he argued, could be done for infantile paralysis.

Governor Curely followed the familiar theme. Most doctors follow it in their thinking. It is few indeed who stop to reflect what import can be attached to figures which tell only the incidence of a disease or the mortality rate from it. Really very little.

From any of the infectious diseases there are three escapes. The most dreaded of these is death. The least understood is suppression. The most hoped-for is cure.

When a disease is suppressed, few doctors know it. But a suppressed disease strangles the vitality, by stopping up the natural and preferred channels of expression. The symptoms of the disease cease, that is true. But they cease not by ending the disorder, but by choking it. The disorder is still there. It is simply prevented from letting itself out. Unless, therefore, something else intervenes, the disorder thus suppressed will find a later, a different, and a worse outlet, which most doctors will proceed to name as another disease.

Statistics about one disease can therefore lead astray. If diphtheria appears less frequently, and claims fewer deaths, does that show that the race is in better health ? No, but a sharp decline in the general death-rate would. If you wish to compare medical practices, compare their general death-rates, or life-spans, making sure that other things are equal ; but do not be deceived by disease death-rates. Important distinction !

Statistics seldom account for other things, which may not be equal. For example, the growth of education, the progress of decency and cleanliness, the advances in sanitation, the betterment of housing and clothing and nourishment.

By all means study infantile paralysis. Study to

obtain cures. But take the course likely to lead to cures, which is this :—Focus attention on patients. Do not expect to find the same remedy in all cases. Look for the constitutional remedy.

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Bulletin 23.

The Surgeon General of the United States Public Health Service reports again this year that the people are unusually well, and evidently it surprises him.

Undernourishment, scarcity of clothing and housing, economic insecurity with all its strain and worry, all the symptoms of business depression if seen in the light of ordinary medical theory would lower the resistance of men to disease and open the way for veritable plagues. Instead the records since 1929 show exactly the reverse, better health than usual on the average, and that improving instead of declining.

A cynical Chinese twits all doctors with an old saw :—"No money ; cannot afford doctor ; so stay welly well."

But the Surgeon General might get more comfort from a piece in December *Harper's* by John R. Tunis, sports writer for the New York *Evening Post*. Graphically does Tunis show that through the dizzy boom decade, 1920 to 1930, Americans paid huge money to see super-champions perform for them, and called it sport. Professional baseball, college football, professional boxing, society polo, society yachting, olympics, all drew enormous crowds, involved huge sums, while average citizens simply bought tickets and sat and perhaps yelled. Since then big-time sports have been languishing ; million-dollar gates have gone out of style. Does that mean a decline in American Sport ? Tunis thinks not.

He finds America today being swept by participation, instead of attendance, games, and finds everybody playing. Softball, Badminton, Soccer, Squash, Archery, Polo and Horses, Ping-pong, Trap Shooting, Horseshoes, Tennis, and women playing as American women have never played before.

Perhaps the Surgeon General would find health in that. Tunis thinks at least it is better sport. If the change is a symptom of growing self-reliance there is good reason to expect more people in the country to stand on their own feet.

So-called medical education for the populace has not always taken account of self-reliance as a force for health. Allow self-reliance to go far enough and laymen might even school themselves in medical principles to the point where they can choose intelligently what kind of practice is best for them. That is a long way to go, to be sure, but the ordinary kind of medical propaganda seldom points even in that direction.

It is perhaps a failing of doctors that they prefer to tell people what is good for them and not to encourage people to know for themselves. Doctors, social workers, politicians, are filling the press with a growing flood of schemes to insure health. Dr. Ray Lyman Wilbur, former President of the American Medical Association, finds that 62% of all people receive no medical, dental or eye care of any sort, and Kyle Chrichton, staff writer for *Collier's* reports doctors and dentists driving taxicabs and doing manual labor in Philadelphia. To put all doctors to work and to serve all people is the object of health insurance. Each person would pay the premium, and the sick would be cared for.

Homœopathy, through the American Foundation, believes in having laymen medically, enlightened, works

through two Bureaus to that end. Homœopathy, calling for the highest type of medical preparation for doctors, still has simple principles. Laymen who take the trouble to think those principles through comprehend medicine and choose well as between types of practice.

If they keep generally in better health for knowing and using Homœopathy, will they want to be taxed to support those who do not ?

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"Plague No. 1" is the *Time*-given caption to a news account (February 11, 1935) of a book by Professor Hans Zinsser of Harvard Medical School about typhus. Because it is a filth disease, it warrants this title for the book :—"Rats, Lice and History". Beginning with Athenian knights it is Dr. Zinsser's estimate that typhus has caused more deaths and misery than cholera, bubonic plague, leprosy, tuberculosis, or any other pestilence. He gives this warning :—

"Typhus is not dead. It will live on for centuries, and it will continue to break into the open whenever human stupidity and brutality give it a chance, as most likely they occasionally will. But its freedom of action is being restricted, and more and more it will be confined, like other savage creatures, in the zoological gardens of controlled diseases....."

"In this—unlike most other matters of international interest—the whole world has co-operated against the common enemy. French, Swiss, American, British, German, Brazilian, Japanese, Chinese, Russian, and Mexican investigators have worked together, cheered each other on and helped one another in friendly rivalry."

Peace-lovers will like Dr. Zinsser's infectious thrusts at the human stupidity and brutality of war, where typhus always spreads, and his wish that international affairs might all be handled by co-operation and helpful rivalry. Peace-lovers may wonder why, from all the infection they have been spreading, the desire for peace and international good will has not yet become epidemic.

If, according to current medical theory, infection were the whole story, world peace might have been accomplished long ago. But the infection is one thing, and the world of erring humans among whom you spread it is another. Thus far the world's resistance seems to have stood.

So it is with typhus, clearest perhaps of all examples of infectious disease. Out of the three prineipal ways of dealing with typhus, two are medical. Typhus might disappear if everybody were made immune. Or typhus might disappear if everybody were promptly cured. The third way is non-medical and eonforms with ideas of decency; typhus might disappear if all filth were destroyed and the world made clean.

In March, 1933, Dr. Zinsser contrived a vaccine to prevent human typhus. The United States Public Health Service developed before that a vaccine to protect humans against rat typhus. Neither vaccine is called for by any condition of the patient; hence neither vaccine is offered as improving the health. Both vaccines leave wide open the question, from whence flows the immunity they are supposed to impart?

No one supposes there is immunity in any vaccine. The supposed immunity is after reaction upon the inoculated. Through forces more or less understood the inoculated throw a portion of their vital energy to the work of building protection against a possible filth in-

vasion, irrespective of whether the invasion comes or not. Depleted or upset vitality is no improvement in health. Artificial immunity can set itself up only at the patient's expense in health. Bring on enough artificial immunities, and you have the makings of an artificial plague.

Clean up the filth, which is good sense. Learn to cure the sick, which is good medicine.

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Bulletin 27.

Please do not disparage the borings of science into the unknown simply because they occasionally fail of their goal. Men highest in science are aware that failure comes more often than success, but the borings are worth while because they always add something to human knowledge and enrich the race materially and culturally. Science is never beaten by failure. It pushes on.

"Of the diseases which have challenged the resources of the modern medical sciences," writes Dr. Louis F. Fieser, Associate Professor of Chemistry, Harvard University, "one of the most baffling is cancer."

According to statistics, second only to heart disease as a cause of death in our civilization, cancer's "origin" is a "complete mystery".

Bringing chemistry to the aid of cancer research, Dr. Fieser tells how cancer of the skin prevails with persons working in the coal tar industries ; how coal tar products applied to mice brought skin cancer to them ; how chemical and spectroscopic properties of these coal tar products led chemists to search for other products like them ; how these second products also brought cancer to mice. He tells how the active substance in these hydrocarbons was isolated by English investigators,

under the scientific name, I, 2-benzpyrene ; how this substance produces cancer wherever it is applied, on the skin or internally. Then he asks whether it can be that all cancer comes from hydrocarbons of a cancer-generating kind, for few people come naturally in contact with coal tar industries, while cancer is no respecter of race, class, age, sex, or locality.

That question, says Dr. Fieser, was given a tentative answer by H. Wieland of Munich, who found by chemical studies that certain acids of ordinary human bile can be changed to a hydrocarbon called methylcholanthrene, and the Cancer Hospital of London found that this produces cancer. Now, through the United States Public Health Service, Harvard Medical School, and Harvard Department of Chemistry, studies are being pushed to discover whether ordinary reactions of the body can change any of the bile acids, sterols, sex hormones, into substances like methylcholanthrene, thus manufacturing the very cause of cancer within the body. They are trying to find substances even more active than this in producing cancer, so as to speed their work. But "above all, an answer is being sought to the perplexing questions of the mechanism whereby hydrocarbons of a particular molecular pattern are able to initiate malignant growth."

Looking through long words, an interesting story is here. Dr. Fieser tells it well. Between the lines can be perceived some equally interesting facts about cancer that these studies leave out.

Not all the workers in coal tar industries contract skin cancer. Not all the mice injected with hydrocarbons have cancer. If cancer-generating substances are manufactured within the body, not all bodies manufacture them. Left out of account, then, are the differences

between persons which incline some to cancer under conditions where others escape.

Homœopathy has a key to those differences. Homœopathy traces the case history, finds what happened before cancer appeared, goes back years, perhaps generations.

Homœopathy, tracing cases backward, finds that cancer, like heart disease, ultimates when ailments long preceding them have been suppressed,—made to disappear by local treatment.

Know that principle, unravel all such cases, and civilization's two principal death-dealers evaporate.

Difficulties In Homoeopathic Prescribing.*

BY DR. SIR JOHN WEIR, K. C. V. O.

In opening this discussion on the difficulties in homœopathic prescribing, I must, of course, presuppose agreement with the fundamental principles underlying the homœopathic Law of Cure: so it is like preaching to the converted. But few, if any, pass a single day in practice without being confronted with difficulties as to how next to proceed. We know what Homœopathy can do curatively, and all the more we feel the responsibility of our next prescription—indeed, the future of the patient lies in our hands in a way that does not happen in other methods of treatment. Somehow, lately, we have had very little opportunity of discussing our difficulties; except perhaps in the short time at the end of our meetings. The latest additions to our ranks are faced with the problems that confront those who enter fresh fields of research, with, perhaps, a short apprentice-

* A paper read to the British Homœopathic Society, June 7, 1923.