

# Case's cases!

## *Some clinical experiences of Erastus E Case*

By Stuart Close

*A long forgotten book by Erastus E Case MD has been reissued by Jay Yaszur an American pharmacist and publisher. The original material is accompanied by another 100 pages of discussion, selected writings and other items of interest. Coincidentally Greg Cooper a Canadian bookseller (The Minimum Price Books), was also about to reprint the same book introduced by Stuart Close's obituary notice. Greg has gracefully withdrawn his project at the last minute. I am therefore introducing the new publication with an edited version of the obituary as an appreciation.*

He did not philosophize much. His mind was pre-eminently practical in its workings, although he was quick to sense any deviation from the straight and narrow way in practice, or any perversion of doctrine in teaching.

To heal the sick according to the strict principles of homœopathy laid down by Hahnemann in the Organon of Medicine was his mission and his highest ideal. No man ever applied those principles more conscientiously nor more successfully than did Dr Case.

A visit to his big sunny office high up in the Sage-Allen Building, overlooking on the south and west the City, the river and the distant hills was a pleasant experience. Here surrounded by his books, his files of records, his medicine cabinets, his pictures, and his tools of the trade, he did the work for which he was famous.

He was a most painstaking and conscientious examiner, systematically writing down every important symptom of each case, and every change occurring during treatment. Each case was carefully studied and the remedy worked out by the repertory method of which he was a past master.

Dr Case had to a very high degree the ability to discern the essential elements of a case upon which a homœopathic prescription is based. He studied and sifted the symptoms until the characteristics of the remedy stood out clear and distinct. If the record of the first examination did not contain these elements he continued his delving into the history until he found them. He would not prescribe until he was sure of the remedy, and having found it he would not change it until it had either developed its action or proved itself unsuited to the condition. He was patient, persistent, and courageous - he knew how to wait.

He was an acute observer, an able diagnostician and an accurate prescriber. He had to his credit many remarkable cures of cases supposed to be incurable - all worked out to a successful issue by the strict application of homœopathic principles.

Dr Case published from time to time, a series of cases, so concisely stated, so admirably constructed, so systematically worked out and so brilliantly cured that the International Hahnemannian Association, before which many of them

Stuart Close MD was the author of *The Genus of Homœopathy*, 1924

were presented, did him the unprecedented honour to request him, in 1915, to collect and publish them in a volume, together with such other articles on the practice of medicine as he thought fit to include.

Although overburdened with work, he consented, and the volume of 226 pages was published in 1916 by the Emerson Publishing company of Ansonia Connecticut. The entire edition was bought by members of the Association and colleagues who appreciated this crowning achievement and masterpiece of a great prescriber.

It is safe to say that no more valuable and important illustration of the verification of the principles and methods of homœopathy have ever been published. Every case reported is a model of clearness, conciseness, and completeness. The characteristics of each remedy and the results of its action are vividly brought out. The brief comments are always illuminating. The method by which the case was analyzed and the remedy selected is often given. Many verifications of new and rarely used remedies are presented in most attractive form. Practical hints and suggestions appear on almost every page. Deductions from experience are most clear and logical. Through it all shines the modesty, the tender sympathy with man and animals (some of the most charming cases reported are those of sick animals), the love for his work, and the fidelity to the principle which characterized the man in all his relations.

Dr Case's book takes its place as a classic with the other two books of its type which have enriched homœopathic literature - Jahr's *Forty Years' Practice* (1869), and Edmund Carleton's *Homœopathy in Medicine and Surgery* (1913).

No one read Case's *Clinical Experiences* without being impressed by the honesty, sincerity, and ability of the man and the truth and reliability of the art of healing which he practiced. To Dr Case homœopathy was a science, an art, and a religion. To it he gave the devotion of an humble, teachable spirit and a highly trained mind for 44 years. What he accomplished for the amelioration of suffering and the cure of disease during those years can best be appreciated by those who have trod the same path and followed the same methods, although they may not have been so long on the way.

His example as well as his bearing was an inspiration to all who came within the sphere of his influence. His contributions to journals and his personal appearance before the societies of which he was a member were always awaited with eagerness and received with deepest attention.

He taught and influenced a number of young physicians to follow the classical methods of Hahnemann and his greatest followers, and in so doing helped perpetuate homœopathy.

SOME CLINICAL EXPERIENCES OF ERASTUS E. CASE MD  
edited by Jay Yaszur, Van Hoy Publishers, POBox 925,  
Greenville, PA. 1991, 329 pages \$22.50 + \$6.00 p&p

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# Letters to the Editor

FROM REX HOWARTH RSHOM

I have now been on the Register of the Society for over ten years. It is therefore, with great regret that I have to advise you that I am greatly reducing my various activities because of the ravages of 81 years of wear and tear. I shall, of course, continue to support the objectives of the Society as often as opportunities present themselves. It has been fascinating to watch the development of the Society over a decade. - I think you are all wonderful! I was greatly touched by the arrival of a 'get well card' from the Society recently during a serious illness. What a kind gesture. Obviously steps will be taken to remove my name from the Register. Perhaps you will consider a special category for retired, geriatric homœopaths? Perhaps I am creating a precedent of retiring due to old age but I would like to continue to receive the Journal and the Newsletter.

Finally let me repeat that being a member of the Society has been a stimulating experience and, had I been younger, I would have liked to contribute more to its sturdy growth.

If anyone would like a stop-over in Winchester any time my wife and I would be pleased to supply a comfy bed and some fodder.

FROM ELIZABETH ADALIAN RSHOM

I would like to bring to the attention of your readers the description in Boericke's *Materia Medica* the metal *Vanadium*:

Its action is that of an oxygen carrier and a catalyzer, hence its use in wasting diseases. Increases amount of hæmoglobin, also combines its oxygen with toxins and destroys their virulence. Also increases and stimulates phagocytes.

A remedy in degenerative conditions of the liver and arteries. Anorexia and symptoms of gastro-intestinal irritation; albumen, casts and blood in urine. Tremors; vertigo; hysteria and melancholia; neuro-retinitis and blindness. Anæmia, emaciation. Cough dry, irritating and paroxysmal, sometimes with hæmorrhages. Irritation of nose, eyes and throat. Tuberculosis, chronic rheumatism, diabetes. *Acts as a tonic to digestive function* and in early tuberculosis. Arterio-sclerosis, sensation as if heart was compressed, as if blood had no room in the aorta. Anxious pressure on whole chest. Fatty heart. Degenerative states, has brain softening. Atheroma of arteries of brain and liver. Compare: *Arsenicum, Phosphorus, Ammonium vanadicum*. (fatty degeneration of liver.)

This picture is very close to that seen in patients suffering with AIDS. It therefore occurred to me that this would be an ideal support remedy for patients suffering with this syndrome.

Being a metal, it must have a deep action on the tissues of the body. I should welcome feedback from practitioners who have used this remedy to support AIDS patients or in

other cases. It seems to be an obscure remedy but one with significant implications for the Aids virus and other destructive diseases.

As AIDS becomes more prominent we will be increasingly asked to treat patients with this illness. Therefore this information may come in useful and should be shared. Obviously I would always recommend constitutional prescribing but *Vanadium* could be a very useful support remedy to nourish and restore the tissues of the body.

FROM MURRAY FELDMAN RSHOM

Recently, in *One M*, the College of Homœopathy newsletter, there was an interview with Colin Griffith where he mentioned the term 'Kentian homœopathy' as distinct from other forms of homœopathy. While Colin did not say there was this separation, it was implied. This interview provoked David Mundy and myself to discuss this term 'Kentian homœopathy' which we feel is extremely distorted and is causing some confusion, especially among some students. As a result of our discussions, it was decided to write a response to the Society's Journal for a larger readership.

What is meant by this term? How does it differ basically from Hahnemannian homœopathy? While it is true that Hahnemann experimented his whole life and there is justification for saying that Kent as a human being was rigid and moralistic, Kent's cases and writings show an incredibly flexible mind when it came to homœopathy, that contributed tremendously to the evolution of the science and art without straying from Hahnemann's basic tenets. Hahnemann, in all six editions adhered to certain teachings; ie the disposition of the patient is solely to be kept in view, the single remedy is to be adhered to, we treat the patient not the disease, the disease can never be seen as something separate from the host, there is no such thing as an exclusively local disease, the characteristic symptoms are to be given the most attention etc. Where has Kent differed from these constant factors in his prescribing and teachings? He has certainly evolved them through his contribution on generals, mentals and particulars, but even in this area he has said to use mentals and or generals only *when they are present*.

He has defined *characteristic symptoms* as symptoms of the patient not the disease, and has considered §153 to be the greatest gift that Hahnemann has given. These characteristic symptoms which Kent so highly praises are not always mentals or physical generals. He did stress, however, and this comes out in the aphorisms in *Lesser Writings*, the need to understand the patient, to penetrate the inner recesses of symptomatology.

Kent is criticized for talking about killer aggravations and putting fear into students' minds. Personally, it never put fear into our minds. Even here, Kent shows his flexibility. Where there is very severe pathology do not use deep acting remedies, use remedies to cover the most important or

distressful group of symptoms. What do the 'pathological' prescribers mean when they use the term 'Kentian homœopathy' with respect to these aspects of Kent's teaching and practice? Kent's cases definitely show a use of mentals and generals when present. They also, however, show a wide use of characteristic symptoms and keynote as well. Look at his cases in *Lesser Writings* and decide what is meant by this term apart from a good sound understanding and application of the principles.

'Constitutional prescribing' is considered to be Kentian prescribing, but do not limit Kent's teachings to a narrow definition. I was surprised when I read Ian Watson's book on *A Guide to the Methodologies of Homœopathy*, that he also limited Kent in this way. I have a lot of respect for Ian and know he is well read and a good practitioner, so I was surprised that Kent only got a mention in the section on constitutional prescribing. In his book in the section on isopathy, Ian mentions the use of either *Lac caninum* or *Lac vaccinum* as possible intercurrent remedies where there are milk allergies that are untouched by other remedies. I am sure that Ian is familiar with Kent's lecture on *Lac vaccinum defloratum* where Kent actually suggests using the remedy in pretty much the same way. What is meant by Kentian homœopathy in this situation? If Ian is not familiar with this lecture and he reads it now, I am sure he would see that Kent was more than a 'constitutional' prescriber and will find a wealth of information in his materia medica and two philosophy texts that may surprise him. If he has read this lecture, why not give credit where credit is due?

One further point I wish to mention about Ian's book is his case that was cured by *Fucus* on the basis of organ affinity. I feel that this is also misleading and there is a better way of looking at it to contribute to a sound homœopathic methodology. The case was cured, a good case, this is not in question. If however, it strictly cured an organ affinity then every case of similar thyroid pathology would be cured by this remedy. I have known people to give *Fucus* in thyroid cases with no results and seen cures of thyroid cases without *Fucus*.

May I be 'so rigid' as to suggest that it may have been the simillimum and that we could benefit more by looking at the mentals, generals and non-pathognomonic symptoms that were cured by *Fucus* in this case. If someone else either previously or subsequently has a cured case with this remedy the same thing should be done and over a period of time we will get a 'picture' of *Fucus*. This will allow us to see what type of thyroid cases *Fucus* cures along lines of stricter individualization. Also by this method, we may find cases where possibly *Fucus* could be given on the basis of generals, mentals and characteristic symptoms without any indications of thyroid involvement (and thereby prevent pathology altogether).

Kent repeats over and over again that many remedies are not well proven. So in this case let us be classical, Hahnemannian, Kentian or just homœopathic, I do not care what the term is, and focus on the sick patient not exclusively the organ or the disease.

I hope that this letter will perhaps lead to some thought and some clarification of the habit of making Kent's teaching very limited.

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# Book Reviews

## THE SPIRIT OF HOMŒOPATHY

by Rajan Sankaran

Bombay 1991, 268 pages. p/b £15.00.

reviewed by Louis Klein

This book has in it some very compelling and brilliant ideas about the use of classical homœopathy in our modern time. Fundamentally, it describes Rajan Sankaran's struggle to obtain the deeper curative results of homœopathy; a challenge with which we have all wrestled.

He states:

Each chapter deals with a specific question. Each idea in this book seems so obvious to me now but to get to it was a struggle. I wanted to share all these insights with students who might face the same difficulties that I did.

The chapters therefore, become an important guide for any serious homœopath, whatever the experience, for Sankaran articulates and clarifies the challenges and solutions that more experienced homœopaths have discovered. Unfortunately, the major criticism I would have of the book is its mode of articulation. It is more of a compilation of ideas and lectures than a book. I say this as a criticism because some of the jewels of ideas and practical applications are lost in a poorly formatted and poorly footnoted form.

Also, the book gives the impression that all the ideas set forth are totally original ones or simply interpretations of Hahnemann's. Therefore, there is little sense of the historical evolution of these ideas which would help the student find a more cohesive method of thinking and studying. I found most of the ideas to be Kentian homœopathy with some modern day interpretations. It seems it has gone out of style to give Kent as much credit as he deserves. This maybe an appropriate oversight while lecturing to a friendly audience but in a book that attempts to reach out to a broader audience it is problematic.

The other possibility for this 'oversight' is that truly Dr Sankaran believes the concepts were completely original (some are). In this case, the dilemma presented is then: are we each, individually, re-inventing the wheel with our teaching of homœopathy? In one section of the book Dr Sankaran seems very excited and surprised by the possibility that he prescribed *Aurum metallicum* to a patient who did not have deep depression or suicidal thoughts. Yet Vithoulkas has presented this idea before (there is no reference in the book to Vithoulkas' *Essences* at all). Kent of course, also talks about *Aurum metallicum* in *Lectures on Homœopathic Materia Medica*, for someone 'extremely irritable, easily angered, is worried over trifles and easily excited'. (page 194), not necessarily suicidal.

Dr Sankaran, does though, have a new bent on many of the remedies he describes in his book and what is very helpful

is showing the use of the *Repertory* in studying and deeply understanding materia medica.

Again, on the positive side, Sankaran not only deals head on with fundamental philosophical questions but primarily approaches the practical ones of how to get the deeper results we are looking for as serious practitioners. As stated, the main thrust of the book is Kentian, or why one should rely more heavily on deeper mental symptoms or the 'core disturbance' than pathological particular symptoms.

His argument is a personal one, since Rajan Sankaran comes out of India, a country which has at the same time embraced homœopathy in a big way, yet has many practitioners utilizing pathologically specific or keynote prescribing. He tells us how he evolved into a classical homœopath:

Once I got out of the college, I started working with the *Repertory* because of prior familiarity with it and I started repertorizing cases mechanically. ... Together with my colleague Dr Jayesh Shah, I started studying our cases of success and failure. What became quite obvious was that those cases in which we had prescribed on mentals and generals were much more successful than those in which we had relied upon particular symptoms or used pathology as the basis for our prescription.

He utilizes many case examples and also even effectively describes the evolution of Hahnemann's thinking into a higher, more vitalistic level.

The overall effect of this book on me and my practice was exciting. After seventeen years of studying and practising homœopathy I was re-inspired and excited again. I have gone back to re-studying and interpreting the repertory in the way Sankaran has suggested, focusing much more on the MIND, Delusions section. Many of his ideas clarified and reflected much of my methodology and therefore I felt a renewed sense of confidence. With a little more work on the book (both content and its physical form) it could be *the* serious text book on the techniques of classical homœopathy.

There are, though, some contentious areas of thought. There are limits to much of this methodology. I believe we have to practice with a good foundation in the literature and tradition as well as advance the science and art of homœopathy in a creative and modern way.

In spite of the book not reaching the ideal of what it could have been, Dr Sankaran's ideas are very practical and accessible. Certainly, Dr Sankaran, by writing his progressive thoughts down will hopefully open the written field of homœopathy and encourage more comprehensive sharing of ideas and concepts. I say written field because there is a lot going on in various parts of the world but few forums to share these views and create debate except in journals. It makes me want to share more information, in an in-depth way. It also made me, because of certain things stated, want to study masters like Kent and Vithoulkas, and learn more about Dr. Sankaran's ideas and those of other progressive classical

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homœopaths like Jeremy Sherr etc.

The other area of the book that is open to criticism, is how far Sankaran takes the idea of utilizing mental and generals. Many of the ideas of how 'spiritual' homœopathy is or should be I find problematic. Are we to enlighten the patient or cure them of their chief complaint or both? I believe there are two different challenges and debatable points here. One has to do with what in the patient is to be cured and the other has to do with how we as practitioners cure it.

We may rely upon the individual underlying mental and general state of the patient in order to prescribe a remedy, but I am always reminded, that the patient may have just come to get his chief complaint cured. Now throughout the book, the case examples that Sankaran gives are all curative of both the main complaint and an improvement in the mental/general sphere. It is only in a few chapters that some of the more spiritual concepts of homœopathy come to the fore.

The part of the book that is open to the most debate is the chapter on 'Homœotherapy', where Dr Sankaran asserts that by the homœopath (cum psychotherapist?) understanding the main delusion and repeating this back to the patient at the appropriate moment a cure, such as following Hering's Law, can be observed. I felt that leaving this chapter out would have done the book a lot of good. This chapter does not belong in a forum of homœopathic prescribing ideas but in altogether a new book or forum. Not because it does or does not work, but because it is dangerous in the misdirected hand and novice 'homœopathic psychotherapist'. This is as dangerous as someone with absolutely no experience with homœopathy treating everyone and everything with high potencies repeated.

Since it is what appears to be lecture notes and transcripts the book lacks a total coherence. This lack of coherence is reflected in the physical shape of the book: my review copy, published in India, had the cover glued on upside down (it is a paperback). Not to worry though, because after a few hours of use the cover fell off anyway. The typesetting and printing were also poorly done.

All this said, in this book is found an incisive, pragmatic brilliance that is bound to improve your level of practice and stimulate your thinking about homœopathy. Therefore, I recommend it to all serious students of homœopathy.

#### GOATS: HOMŒOPATHIC REMEDIES

by George MacLeod

CW Daniel, Saffron Walden, 1991, p/b, £5.95

Reviewed by Lennae Sykes

This book is aimed at goat keepers with or without any experience of homœopathy, and begins with an introduction to homœopathic philosophy, administration, potency and using nosodes. The remainder of the book is divided into a materia medica and sections on various disease conditions, with suggested remedies.

The introduction is excellent with a particularly interesting explanation of immunization using nosodes. This, the author claims, is much more effective than the use of conventional vaccines, and of course, without the side-effects.

I felt the explanation of potencies was rather inadequate. The author mentions higher and lower potencies but does

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Lennae Sykes is a graduate of the College of Homœopathy who practises in Warwickshire. She specializes in work with wild animals.

not explain which are high and which low. Only the decimal and centesimal potencies are mentioned here, yet throughout the book 1M and 10M potencies are also suggested with no guidance for the beginner on where these potencies fit within the range.

The main bulk of the book is divided into sections covering different systems of the body or particular types of disease. A brief description of each disease condition is given with clinical signs to aid diagnosis. This is followed by suggested remedies with differentiation between them, a recommended potency, frequency of repetition and suggested duration of treatment.

What I found curious is that for treating a specific condition a different potency is suggested for each remedy, ranging from a 6c to a 10M. No explanation is given of why a particular potency should be used for one remedy and a different one for other remedies. This must be very confusing for beginners to comprehend. I can only assume that from experience the author has come to know the optimum potency for a particular remedy useful for a particular condition.

The final section is the materia medica. A brief outline of each remedy is given, with keynote symptoms and suggested conditions for which it may be used. It is unfortunate that in a book of this size there is not room for a more comprehensive Materia Medica as there is only a short paragraph on each remedy. For further help, the reader is referred to larger, more comprehensive Materia Medicas.

The author covers a great variety of remedies, including some unusual ones such as *Green mussel* and *Eel serum*, the latter apparently being useful in cases of acute nephritis. Chronic constitutional prescribing is not dealt with here, merely acute problems with physical and general symptoms used to select the remedy.

In general, I was very impressed with this book. It is clear and well written, and I feel accomplishes what it sets out to do. I am sure it will prove invaluable for goat keepers wishing to treat their own animals, and would also be of help when treating other animals.\*

\*Readers are reminded of the legal restrictions concerning the care of animals.

#### EVERYDAY MIRACLES

by Linda Johnston

Christine Kent Agency, Van Nuys, California, 1991, p/b, 256 pages, \$17.95

reviewed by Julian Winston

Popular books 'about homœopathy' usually fall into of three categories: those that present testimonials about how wonderful homœopathy is, and how it cured them of a long-standing illness; those that are intended as 'domestics' - books to help you find the right remedy; and those that present an overview and are often a combination of both.

The problem with the 'domestics' is in the effort to get the person to find the right remedy, the philosophy of homœopathic practice is glossed over. This has been true of all domestic manuals since Hering wrote *The Homœopathic Domestic Physician* in 1835. It is the nature of the beast.

Few modern books have taken much time for an in-depth look at the concepts of health and disease, as seen

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Julian Winston is Editor of *Homeopathy Today*, Journal of the National Center for Homeopathy, USA. This review was transmitted by HomeoNet.

through the eyes of a homœopath. It is this very subject that we spend the majority of time discussing at our Summer course beginning weekend. Because, if you keep the 'allopathic' mindset while you use homœopathic medicines, your cures will be few, and your understanding of why will be limited. George Vithoulkas, in his *Science of Homœopathy*, took the first half of the book to speak on this subject. And now Dr Linda Johnson has done it too.

The title of her book, *Everyday Miracles*, is somewhat misleading. If you are looking for stories about the wonder cures of homœopathy, this is not the place to find them. What you will find is a book that makes you *think* (ouch!) and clearly explains the homœopathic perspective of health and disease.

Liberally illustrated with pictures that visually depict what is being discussed, the book gently forces the reader to re-examine their model of health and disease. Using analogies, Dr Johnston, clearly explains the 'why' of homœopathy. Treating the 'cause' not the 'symptom' is illustrated by the case of a building, where the self regulating thermostat is keeping it warm, while the fuel bills rise because no one has noticed the building is keeping cold because a window has been broken. Fix the window, and the heat works more efficiently. The concept of constitution and layers is explained when the case of a table, with several tablecloths, is taken.

After discussing the concepts of health and disease, Dr Johnston attempts to explain why not more people are aware of homœopathy. She asks,

If research is required just to prove that homœopathy, as a science or therapeutic system, is legitimate, to whom must this be proved? If the great amount of evidence, cured cases, and the world-wide popularity of homœopathy has not brought homœopathy its rightful place in medicine, is it realistic to think that this will be accomplished by double blind studies?

She reminds us that:

Technology follows the lead of science, but it advances only in those areas that people decide to investigate. If any aspect of nature is dismissed, then there will be no technology that will come forth to bolster it. Homœopathy and its remedies are a perfect example of this present day bias. The remedies have shown to have profound actions upon health, yet the presupposition that they cannot work is the very obstacle that precludes the development of the technology which would verify the actions of the medicines to the satisfaction of the science community.

She discusses the history of homœopathy in the US briefly, and tells how the change in our model of health ensured that the homœopathic outlook on health resulted in the closing of the medical schools that were teaching homœopathy.

A lost generation of homœopaths takes a long time to replace, says Dr Johnston.

What can be done? She suggests that the thinking of society must change:

Patients, too, have contributed to making the current medical system the way it is. From earliest times, the system has responded to the patient's demands, needs and the market forces. Our desire for immediate cures, symptomatic relief at any cost and very little personal responsibility for our own health has also had its impact. Conventional treatment can provide the quick fix that we have so often demanded. It also does not

require much from the patient other than taking his medicine and paying his bills. Because most medical expenses are taken directly out of the patient's hands through insurance, often very little connection is made between the services they want and their real cost.

She tells of the case of:

A patient who had been extremely well for several years returned to see me one day saying, 'I know I really don't need to be here. I have a little cold, nothing I can't handle. It's just that the pressure at work to go to the doctor is driving me crazy! I finally agreed to come here only to satisfy them. Maybe now they will leave me alone! He was correct; he did not need a remedy. Sympathetic to his plight, I wrote 'penicillin' on a label and stuck it to his shirt. I told him, 'I think this is what they want to see'.

It took me a while to get through this book. Not that it is hard reading, but the concepts presented needed to be digested slowly. I have read them all in other books, and have heard them discussed. I even talk about them in the introductory lectures that I give. Yet, the way in which they were presented in this book were unique. It was like looking at a familiar sculpture from a different angle. It took a while to assimilate the new view.

Dr Johnston has made a wonderful contribution to our literature. The book will not tell you what to take. But it will get you to think about your model of health and disease. If half the people in our country would read this book (and understood it) we would have a health revolution on our hands. And we would be well on our way to replacing the lost generation of homœopaths.

#### A BIBLIOGRAPHY OF HOMŒOPATHIC MEDICAL IMPRINTS, 1825-1925

by Francesco Cordasco

Junius-Vaughn Press, New Jersey & London, 1991, 231 pages, \$42.00

reviewed by Chris Ellithorp

A venerable elder has, of late, been subjected to polite, if not patronizing, reviews that point out the shortcomings of the compiled papers of one of the last generation's shining lights and its collected indices. Certainly a labour of love, the effort was postponed forty years, so as to attend to a busy practice. No claims were made of scholarship, nor the assumption of bibliographer, nor historian.\*

Now we have another work published that catalogues not a segment, but all of the rich heritage of American homœopathic literature. And done by one with all the qualifications and attainments of a published historian and bibliographer. Perhaps now, the dark animus that haunts the homœopathic community will cast a leaden eye upon this new work by an outsider, and see how it *should* be done - an exorcism that would benefit us all. The noted medical bibliophile, Francesco Cordasco has presented us with a much needed bibliography of homœopathic literature from 1825 to 1925. Something many have yearned for. Now we

\* Panos, M., *The Homœopathic Recorder and Proceedings of the International Hahnemannian Association, Cumulative Indices 1881-1958*, 1990, reviewed by Francis Treuherz in *The Homœopath*, 11.2, 1991, pp.68-9)

Chris Ellithorp lives in Johnstown, NY. He is an avid bibliophile and collector of homœopathic ephemera. His homœopathic library is one of the best private collections in the USA.

will have it all, or so we think.

The book is divided into three sections: Beginnings and Growth (to 1859), Heroic years (to 1889), and Twilight and Decline (to 1925) - a date chosen because homœopathy, by then

or any date fixed upon it in the first or second decade of the twentieth century ... had spent its force and was in irrevocable decline.

Each of the above sections list, alphabetically by author, books pamphlets, and off-prints from that period. Books reprinted without revision are not included, nor are many veterinary titles, society transactions, and periodicals. There is an extensive listing of selected references, many from without the homœopathic school.

Professor Cordasco relies 'heavily' upon T L Bradford's *Homœopathic Bibliography of the United States, 1825-1992*. He also uses the *Index Catalogue of the Surgeon General's Office* and his own *American Medical Imprints 1820-1910*. Assistance was sought from, among others, librarians at the New York Medical College (formerly the New York Homœopathic Medical College), and Hahnemann University, but none from those in the homœopathic community is presented, nor acknowledged, save reference to Harris Coulter's works. Perhaps Dr Bradford did not have much of a active homœopathic practice, but he was an indefatigable scholar, whose painstaking efforts led to such works as *Pioneers of Homœopathy*, *Index to Proving*s, *History of Hahnemann Medical College*, *Life and Letters of Hahnemann*, etc. While librarian at Hahnemann, in Philadelphia, he assembled and catalogued a huge collection of historical and biographical material, crisscrossing Europe to find all he could. Aside from such works, he produced huge genealogical volumes of note.

I have spent twelve years with Bradford's *Bibliography*, and was happy to get Cordasco's volume to fill in the years from 1892. I find Cordasco's book to be Bradford - with most of the annotations and comments deleted. Perhaps four-fifths of Cordasco's is just that. Not too hard a job. The second part of Bradford's work was a history of all societies, colleges, hospitals, pharmacies, publishers, asylums, etc. All this has been deleted from Cordasco's book.

Dr Bradford had a definite aim in chronicling the homœopathic school and the fullness of the work attests the need. Professor Cordasco, perhaps by necessity, offers us the first half, with additions, as to replace the first half of Bradford. *Homœopathy in the United States* ... is intended to provide such a resource. It replaces Bradford's *Homœopathic Bibliography of the United States*, but is mindful that Part II of Bradford's *Bibliography* is irreplaceable and remains an invaluable archival repository ... Cordasco wishes to find an interested publisher who would like to copy Bradford, in toto, but a limited edition of 200 or so copies would be unaffordable for most, and Professor Cordasco would likely own the copyright.

Now comes the hard part - compiling all the American homœopathic imprints from 1892 to 1925. That's why I bought the book - for the 'twilight and decline' listings. But I find this segment pitifully lacking. Though he has relied upon such sources as the National Library of Medicine, "as there is no large homœopathic library extant". Surely we find the result to have come from an incomplete research process. A rush job, perhaps?

I have, admittedly, a small homœopathic library. But in one hour's time I found 67 titles published - not reprinted - between 1892 and 1925. That was just scanning the shelves

and digging a bit in some old journals. A large number of these titles are in print today, available from India. Many are major works that are known to us all. Some are obscurities. There are likely many more. *none* of these 67 books are listed in Cordasco's volume.

A stroll through the NCH library or a five minute perusal of a few of the catalogues or journals of the period would have revealed the common titles in print during this period. Missing are H C Allen's *Keynotes*, Boger's *Characteristics and Repertory*, Bellow's *Test Proving of Belladonna*, and works of J. H. Allen, Duncan, Royal, Griggs, Cartier, Field, Lutze, and many others. Many of these works are listed in publisher's catalogues, many of which, like the Boericke and Tafel catalogues, are themselves listed in the new bibliography.

It seems that today, one can request computer print-outs of library holdings, however incomplete, and never have to examine the material. At least the IHA Indices took some hand-on work.

One wonders why Professor Cordasco did not ask the homœopaths. Perhaps because 1925 is a long time ago - all the homœopaths are dead - and it is safer that way. Though he states that homœopathy still exists today, the Professor only mentions it in passing. It seems like I have seen this 'evasion miasm' before, a good example being the academic approach to Black music and American Indian culture. The burning present has nothing to offer, so let us take liberties with the past.

The new bibliography will be lauded by bibliophiles, librarians, the Medical Library Association, and medical historians. It will be a guide to the gentlemen-collector physicians who wish to fill trophy cases with examples of literary anomalies and curiosities of medicine. It will afford antiquarian booksellers another reason for exorbitant prices for this material. And it will certainly be another feather in Professor Cordasco's cap.

For the homœopaths, it will give us a lesser god, exhumed, emasculated, and paraded before gaping academics; a product usurped from the Golden Age by way of a sort of literary reductionism. Take the whole, acknowledge, but disregard its purpose, and take it down to alkaloid which will be most useful; add an inadequate appendage, and reap the reward. It may become a 'definitive work.' For those who have nothing else, Cordasco's *Homœopathy in America* might be useful.

The 'global' homœopathic community has the means to churn out reprints (some revised and updated) of titles from the vast literature, though some of it has been of questionable or little value. Bradford's *Bibliography* is a monumental work that has been ignored. It should be reprinted and updated by the homœopaths, reclaimed, and made available to all at a sensible price. The great homœopaths of the past were steeped in the literature which is the backbone of the successful application of the Law of Similars. Many essential books are unknown to some who are out there in practice. Bradford's *Bibliography*, complete with his annotations and comments, would be an aid, if not much, much more.

#### AN ADDENDUM:

When Julian Winston received this review he did a search of the database of the Maesimund Banning Panos Library at the National Center. He found 1,822 volumes of books and pamphlets, not counting the bound journals. 953 of those volumes are from after 1892. Of those, 230 individual titles are books published in the US between 1892 and 1925.

I then checked my personal library. I have 851 books, irrespective of bound journals. 553 of those are published later than 1892, and, of those, 140 titles were published between 1892 and 1925.

Professor Cordasco says 'there is no large homœopathic library extant.' I regret to say that Professor Cordasco did not contact the NCH in his search for homœopathic titles. We not only would have let him use the NCH's resources, but we could have easily informed him of the location of several of the best private homœopathic collections in the United States (Chris Ellithorp's, Bill Kirtsos', Dana Ullman's, Boericke and Tafel's, Richard Moskowitz', and mine spring readily to mind), but also to the collection at the National College of Naturopathic Medicine in Portland, the collection of André Saine in Canada, the collections in Great Britain (the Faculty of Homœopathy, the Glasgow Homœopathic Hospital Library, The library at the British Homœopathic Association, and the collection of Francis Treuherz), and the collections on the continent (Jacques Baur in France and Klaus-Henning Gypser in Germany).

This is what happens when a non-homœopathic researcher, who believes that homœopathy is dead, attempts to investigate the subject through the conventional medical records. Searching through the Hahnemann Library in Philadelphia for titles is a futile exercise. Although they maintain a magnificent archive of original material, the bulk of their homœopathic library has been scattered to the winds. Much of it was given to the College of Physicians in Philadelphia, but there is not a book collector I know who does not have several books marked 'Hahnemann Medical College' in their collection. (I have three, and B&T has 45 such books). Going to schools that used to teach homœopathy is almost valueless since most of them abandoned their entire homœopathic collections. The exception would be University of Michigan in Ann Arbor, where a large homœopathic repository remains. The National Library of Medicine does not have a complete book collection either. And Bradford's *Bibliography* itself is missing a few titles that were printed before 1892.

The only way to find out about the homœopathic literature is to go to the only people who really care about it - the homœopaths. It appears that Professor Cordasco did not think this to be a worthwhile endeavour.

Julian Winston

*(Between us we have located over 200 books not listed in Cardasco which were published in the USA between 1825 & 1925; copies of the list are available for research purposes. Ed.)*

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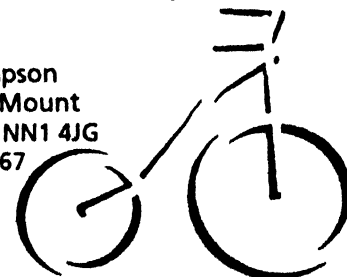
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# Sac lac

## POPEYE

At first glance Popeye is an ugly character, small in stature, odd in shape, always smoking his pipe and singing:

I am what I am, that's all that I am,

I'm Popeye the sailor man!

Of course we never see him being a sailor. When danger threatens he removes a can of spinach from inside his shirt, often opening it with his pipe, or squeezing it with his hand, and chews the spinach. Instantly he develops muscles on the upper arms, and goes into battle demolishing the opposition whoever, whatever and however many there are. Most often this is done to save Olive his 'Goil-friend'.

### Rubrics

|  |      |
|--|------|
| Strength sensation of                  | 1403 |
| Ataxia (staggered gait)                | 953  |
| Delusion parts of body enlarged        | 24   |
| Swelling in affected parts             | 1405 |
| Delusion that people are fighting      | 25   |
| Delusion is about to receive an injury | 28   |
| Jealous                                | 60   |
| Apoplexy                               | 1345 |

Remedy *Stramontum*

### Comments

On reading Phatak's *Materia Medica* the depth of this character may be fully appreciated for example it has the up and down movement of the larynx as in swallowing, a scene we have all laughed at many times. Voice; hoarse and croaking, his natural voice in the cartoon. Man thinks his wife is faithless - see Olive as well - Popeye is very wary of Bluto and/or anyone else in the story.

The oddest thing is that *Stramontum* has a dread of water and it is said that sailors do have this fear. One student at the College of Homœopathy tells me that in a *Stramontum* state she craved spinach.

## OLIVE OIL

Olive Oil is Popeye's girlfriend and an unlikely pin up. She is tall, taller than anyone else in the cartoon, she is thin and not at all pretty, yet she is a sexy character. She flaunts herself at Bluto, but when he responds she takes fright and calls for Popeye, "Popeye save me!", but she fears that he may not come.

### Rubrics

|  |    |
|--|----|
| Delusion everything in the room is diminished while she is tall and elevated | 24 |
| Delusion calling for help  | 27 |
| Delusion superiority   | 33 |
| Fear that husband would never return, that something would happen to him     | 45 |
| Contemptuous   | 16 |
| Discontented, displeas, dissatisfied   | 36 |
| Forsaken feeling   | 49 |

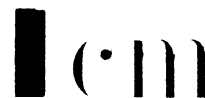
|                                    |      |
|------------------------------------|------|
| Haughty                            | 51   |
| Lasciviousness, lustful            | 61   |
| Shrieking                          | 79   |
| Ravenous hunger. Appetite ravenous | 478  |
| Spasmodic yawning                  | 1258 |
| Delusion as to greatness           | 26   |

Remedy *Platina*

### Comments

She is the archetypal 'prim old maid' yet beneath this is a lasciviousness which when met with a response evokes fear. We know that if this barrier were to be overcome her character would change, so it is not allowed to happen. She is often seen 'Queening it' over a hitherto unknown tribe, being fed constantly and wooed by the King, or yawning with the boredom of being idolized by lesser mortals. She has an air of haughtiness and suppressed sexuality. She is also the tallest character in the cartoon and accentuates this by wearing high heels and a bun in her hair.

David Needleman



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