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A Handy Book *of* Reference

FOR



STUDENTS

and

GENERAL PRACTITIONERS

of

HOMCEOPATHY

By

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PUBLISHED BY
BOERICKE & TAFEL
Philadelphia, Penna.
1930

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Philadelphia, Penna.

DEDICATION

To the members of the 1929 International Committee of The American Institute of Homœopathy, Friends old and new, this book is gratefully dedicated.

GEORGE ROYAL

PREFACE

There are two reasons for offering this book to the physicians of both schools of medicine.

They are in brief :

First. Because the publishers of my other books, after reading my two articles on "Can't Sleep" and "Hæmorrhages," wrote me stating that a booklet made up of similar articles would meet favorable reception and prove a time-saver for the busy practitioners and students of Homœopathy.

Second. Because several members of the European trip who heard me at the Round Table on "How to Secure and Arrange Symptoms for the Purpose of Grouping and Ranking Them" asked me to put not only that address, but what was said at a conference of three of us the next day, into either pamphlet or book form.

GEORGE ROYAL.

Des Moines, Ia.,
January, 1930.

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- CHAPTER I. How to Secure and Assemble Symptoms for the Purpose of Grouping and Ranking Them. This chapter gives the comparative importance or value of humans, animals and plants as provers; the method of examining and supervising a drug proving; the grouping of the symptoms according to their development, and the advantage of the above in ranking the single symptoms and groups of symptoms..... 13
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or an organ or a combination of tissues, *i. e.*, an individual.

Second. A symptom is the product of a tissue, organ or individual, just as bile is the product of the liver; or thought of the brain.

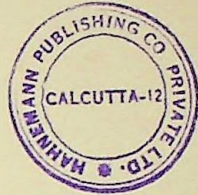
Third. A symptom is a conclusion, an opinion, an inference derived from and related to some tissue, organ, or individual.

Fourth. That tissues and organs may be and are made to vary from their natural, normal condition by four means, *viz.*, irritation, inflammation, functional change and structural change.

Fifth. That the tissues and organs of a human being are so inter-related that only rarely can one be affected without implicating one or more of the others.

Sixth. I have repeated definitions and illustrations for the purpose of making the subject matter as clear and comprehensive as possible.

PART I



CHAPTER I

HOW TO SECURE AND ARRANGE SYMPTOMS FOR THE PURPOSE OF GROUPING AND RANKING THEM*

The first question which naturally arises is: "From what sources do we secure the symptoms, which are found in our homœopathic books of materia medica and therapeutics?"

To this question I would answer, "drug provings." By drug provings, I mean the giving of a drug to humans, animals, and also plants for the purpose of ascertaining what effects a particular drug has upon them.

I consider the proving of drugs of the greatest importance, not only to the present, but future welfare of Homœopathy. Why? Because it gives the homœopathic prescriber confidence in himself and faith in his drug therapy. I claim that no homœopathic college should grant a diploma to a student who has not made a thorough proving of at least one drug upon himself. I claim it would be a great advantage to any homœopathic medical society, consisting of ten or more members, to pay for and conduct one proving at least once in three years. Those of you in the audience whom I have had the honor of teaching know how you convinced your classmates

*Report of the part which Dr. George Royal took in the discussion at the Round Table on board the Lapland, July 30, 1929.

of the other school what effect Glonoine had on their head and heart. I learned from observing them after the proving of Belladonna that those who took part in it were more enthusiastic homœopathists, better students, and more successful physicians than those who did not take part. You will notice that I have put upon the black-board that provers should be chosen from humans, both male and female, old and young; animals, male and female, old and young; and plants of different kinds, also the relative importance of the three classes.

PROVERS

	Relative importance
Humans (old, young, male, female)	90%
Animals (old, young, male, female)	9%
Plants	1%
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Formerly I had only two classes—humans and animals—and I made the per cent 95 and 5; but since listening to that interesting and instructive lecture on July 6th, delivered by Sir Jagadis Bose, I have added plants, and from further study of proving on animals I have increased the per cent from 5 to 9.

Having decided upon our provers, the next question is: "How to use them to the best advantage? What instructions shall we give them? What shall we have them do or not do?" The first order by the superintendent to provers should be: *Do not in any way change your man-*

ner of living. Why? Did any of you ever have for a patient, one suffering from delirium tremens or from a tobacco heart, and cut out his alcohol or tobacco? If so, did you notice the appearance of new symptoms as the result? For that reason let the addict drink, let the smoker smoke, let the provers lie in bed till breakfast is served, if that has been their habit, etc., etc.

The second step is to give each prover a notebook identified by a numeral, not by the prover's name. In this notebook, which I have designated No. I, have the prover give his family and personal history. Make the history as complete as possible. Should the prover write "Mother died at 38 of dropsy," find out if possible whether the dropsy was due to a cardiac, renal or hepatic condition. And so with all causes, trace them to their source. The histories having been obtained, begin the next morning by having the prover write how he has slept. If sleepless, why, *i. e.*, from pain, from over-activity of the mind, or what not. Then have him write what he had to eat at each meal. And finally, write in full any sensation experienced during the day with their modalities. If the provers be medical students, which are the best, have them go to the head of every department for examination and assistance in recording their condition. Keep up this preliminary proving for four or five days till there have been two days with similar results, *i. e.*, without any new symptoms. Have the symptoms numbered as they appear—1, 2, 3, 4, etc. Now give the human provers the drug, having one control for every

six provers, who take the drug. Have the provers record in notebook No. II, as you did in notebook No. I, every symptom and condition. Have the human provers assisted by the specialists in every particular. Have both prover give his family and personal history. Make in the animals and plants. This being done, compare the two notebooks and cut out every symptom from No. II which appears in No. I.

At this point I want to give three reasons why I evaluate a symptom obtained from a human ten times as great as one obtained from animals.

First: Animals cannot talk and give their symptoms. They may howl or squeal, snap or bite, roll over, run, etc., etc., but they cannot tell us in words whether the pains are dull or sharp, constant or intermittent, etc., etc. They cannot tell us whether or not they are nauseated or dizzy; whether their vision is clear or clouded, whether there are noises in the ears, and if so, whether they are roaring, ringing, hissing, etc. At no time are they able to express, in words, any abnormal, unnatural condition of any tissue or organ of their body.

Second: Animals cannot, in words, give us any modalities, *e. g.*, they cannot say that a toothache is relieved by a drink of cold water; whether a cough is worse in the open air; whether a sharp, sticking pain is better from motion, or whether a throbbing, pounding headache is better or worse from having the head high or low. And these modalities of a symptom, as you all know, have much to do with determining the value (rank) of a symp-

tom, or group of symptoms, as we will show you later on.

Third: Animals cannot be observed as well without changing their method of living. We must enclose them for observation. We can secure fæces for examination easily enough, but cannot the urine.

To illustrate and substantiate my statement, let me relate an experience I had while making an experiment. And in passing, let me say that of all the statements I have heard on this trip August Bier's, "Experience is far better than experiment," made the greatest impression upon me.

I adjusted a urinal on a male dog so as to get the total amount of urine for testing. The dog passed no urine for 24 hours, but ate and drank as usual. Forty-eight hours passed, but no urine passed. The dog then showed a good deal of distress by being constantly on the move and howling. His condition grew worse till at the end of seventy-five hours he died. Post mortem revealed the fact that there had been *retention*, not *suppression* of urine, that the walls of the bladder became thinned, also inflamed, and finally ruptured. There was marked peritonitis which apparently caused death. I state this case not merely for the purpose of showing the effects of change of habit in this prover, but to show how difficult it is to find the real cause of an unnatural or abnormal condition. Again to illustrate, suppose we had been giving this dog Belladonna; how easy and natural it would have been to have said: Dog died of peritonitis, caused by urine in the abdominal cavity, caused by a distended

bladder, caused by the action of Belladonna on the terminal filaments of the nerve supplying the neck of the bladder.

But now, for the sake of letting you get the viewpoint of those who have experimented on animals much more than I have, let me quote Professor A. E. Hinsdale, whom I had the honor of teaching *Materia Medica* during his Junior year.

I quote him extensively because he not only states the advantages of animal provings but also the disadvantages and folly of alternating remedies, a vicious practice to which I have often called attention and will refer to in another chapter.

“Homœopathists believe that remedies should be given singly and uncombined. Mixtures of drugs or alternating remedies cannot be justified. In order to show this experimentally the following experiment was performed: A strip of small intestine from a rabbit was mounted in oxygenated Locke's solution at a temperature of 38° C. and then subjected to the influence of a very dilute solution of *Tabacum*. The effect of the drug immediately manifested itself and consisted of a pronounced stimulation and an increase in tone. Gradually the stimulation became less pronounced but the increased tonicity remained. Another strip of smooth muscle, prepared in the same manner as the first, was subjected to the action of *Sabadilla*. An immediate effect was produced, presenting an entirely different picture from that obtained by the use of *Tabacum*. Both drugs caused an immediate

pronounced stimulation, but in the case of *Sabadilla* the increase in tone was much more marked and persistent and it was also characterized by extreme irregularity. Both drugs were used in the same degree of strength or dilution, consequently the difference in their effects can only be attributed to inherent properties and not to differences in the concentrations employed. *Sabadilla* and *Tabacum* were employed in the experiments because both drugs have a similar symptomatology, relative to the intestinal tract and indications in diarrhoea. For this reason there might be a tendency among careless prescribers to alternate them or to use mixtures of the two remedies in cases when one or the other seems indicated.

A third experiment was done upon another strip of small intestine using a mixture of equal parts of the two drugs, each present in the same concentration as was employed before. A result was obtained totally different from any of the preceding. The single initial stimulation was obtained but was accompanied by many others of practically the same intensity. The whole effect was more uniform and constant than any results following the use of the drugs singly. The increase in tone was constant and practically uniform and irregularities in the tone were not prominently marked.

It thus appears that *Tabacum* and *Sabadilla* each produce a characteristic yet different effect upon smooth muscle; that a mixture of the two drugs also produces a definite effect yet totally different from that obtained from using either remedy alone. This being the case it is

difficult to see how the remedies given together, or alternated, could prove effective in homœopathic practice. The tracing obtained from *Tabacum* may be said to represent the symptoms upon which the remedy is prescribed. The tracing obtained from *Sabadilla* has the same meaning and no other. Obviously *Tabacum* cannot be indicated when *Sabadilla* is the remedy, nor can *Sabadilla* prove effective upon *Tabacum* indications. The physical basis for the indications of each remedy may be entirely different, hence there must be a difference in the symptoms or indications calling for the one remedy as compared to the other. If both remedies are given together a physical basis for symptoms is produced, but we do not know accurately what the indications or symptoms thus resulting would be.

In this connection we might give our definition of a homœopathic prescription. A homœopathic prescription is one which contains, in a subphysiological dose, the single remedy which produces all the symptoms, sensations, and a pathology or physiological disturbance similar to that of the disease for which the prescription is intended, this occurring in the same anatomical location as it does in the condition to be treated.

A remedy cannot cure a condition unless there results from the action of the former a pathology or physiological disturbance which is very similar to that which is caused by the disease. The physiological disturbance produced by *Tabacum* is not at all similar to that caused by *Sabadilla*, and if either remedy is prescribed when the

other is indicated, it can do no good because it is given for a condition which does not exist.

The experiment also suggests the advisability of proving certain remedies when mixed in various proportions. Quite likely new symptom groups would be developed which would correspond to certain clinical states for which there is at present no homœopathically indicated remedy.

To give a demonstrable reason why remedies should not be mixed or alternated, we selected *Tabacum* and *Sabadilla*, as before stated, because both drugs act upon the same tissue and each remedy produces symptoms somewhat similar to those resulting from the other. For this reason there might be a desire, in the hands of the careless and non-discriminating prescriber, to alternate or mix them. We have attempted to demonstrate the fallacy of such a procedure and what has been said of, and done with, these drugs could as easily be affirmed of any other two medicines which upon superficial examination appear to have indications of a somewhat similar nature and which therefore the prescriber might be tempted to alternate or mix."

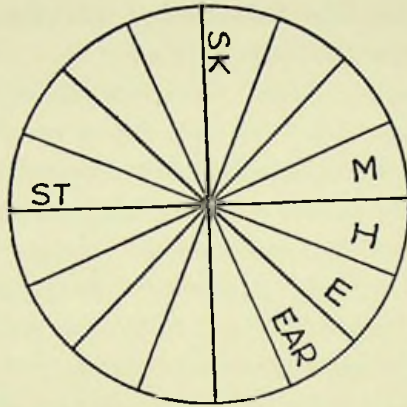
I have not had time enough since hearing Sir Bose to thoroughly digest his statements, but this suggestion or thought comes to me. Take eight or ten plants of the same kind and age grown in the same surroundings; poison some with Arsenic and note the result, others with Carbolic ac., and still others with Mercury; then try your antidotes, especially *Hepar* for the Mercury. Finally

compare the effects of these one with another, and, what would be still more instructive, the result of the same experiments on animals. There would be at least one objection removed by the experiment on plants which some make about animals, *viz.*, the *suffering*.

We have now secured our first objective, *viz.*, the symptom. How are we to secure our second, *viz.*, the grouping of symptoms? Let me answer that by an analogous illustration. During the past few weeks we have gazed with astonishment, delight and pleasure upon some of the original works of the great masters. We all realized that those great buildings, statues and paintings at first existed in the brain of their author. What was necessary for the painter to transfer that picture from his brain to the canvas or the wall? First, a knowledge of the material he must use; second, a knowledge of the kind and amount he must mix to produce paints having each or all the colors of the rainbow; third, having his paints of various colors, he must know how to apply them to the canvas or wall. The material is our symptoms. We have them. How can we know how to (mix) group them? That is our next step.

TURNING THE BLACKBOARD

On this side of our board we find a diagram which I use, but which is not original, as Dr. Conrad Wesselhoeft the 1st taught me how to use it. It is, as you see, a wheel. And between the spokes are the different sections



of the usual schema, *i. e.*, m, for mind; e, for eye; st., for stool; sk, for skin; etc., etc. Have each of your provers secure a piece of wrapping paper 4x4 or 4x6 feet, according to the size of his table, and after drawing the diagram transpose from his last notebook the symptoms in their proper section. Have the time after beginning to take the drug stated after each symptom, and give them in the order of their appearance.

You will find on comparing notebooks No. I with No. II that when proving certain remedies the number of symptoms in No. I are four and five times larger than those in No. II. This was clearly demonstrated in our proving of *Chionanthus*. In this drug the symptoms appeared in the following order: Mind, head, stools, liver, urine, eyes and skin. The disappearance of the symptoms was in the reverse order of their appearance, except the stools. For some time after all the other symptoms had cleared up the stools remained hard and light colored in-

stead of yellow, thin and watery. The above is what I call the *liver* group of the remedy.

If you turn to Anshutz's New, Old and Forgotten Remedies, page 100, you will find John W. Lawshe's proving. Arranged according to my suggestion, you will find between the spokes the following: "After taking the 12x and 6x one day each without effect, I took of the tincture at 9.30 A. M. Continued taking each hour during the day, increasing the dose one drop till five were reached, but without any effect whatever."

"The next day began with thirty drops at 9 A. M. and increased the dose five drops each hour till I reached one drachm and took three doses of one drachm each. I retired at 10.00 o'clock feeling perfectly well."

"Awake at 4.30 A. M. next day, severe frontal headache over the left eye." 2—a. Then in Section 3—e, "eyeballs exceedingly painful," feel sore and bruised 3—a. In Section 6 abd; "cutting, twisting pains all through abd." 6—a.

By the above process one can readily see the order in which the symptoms developed on the provers—what Professor Woodward, of Chicago, used to call "sequence of symptoms" of drugs. By having the patients give their symptoms in the order of their appearance, one can more speedily and accurately compare the symptoms of the prover and patient, after having taken the case.

The order of the appearance of the symptoms of *Chionanthus* differed but slightly in the provings I conducted and took part in from those given by Dr. Lawshe. The

fact that there were more provers and more potencies used may easily account for the slight difference.

My experience teaches that the "sequence of symptoms" (Woodward) is much more easily secured when you use the crude drug or lower potencies than when you use the medium or higher potencies. To illustrate and substantiate this statement, I will refer you to our proving of *Strychnia phos.* The members of the junior class were the provers and were requested to act as such. Five members of the senior class *volunteered* to act as provers. The juniors took different potencies, and different doses at different intervals, as did Dr. Lawshe. The seniors took a single dose, five grains of the 1x.

While the order of the appearance of symptoms varied somewhat, yet it was practically the same in all of the five provers. The proving may be found in the Journal of the A. I. H., 1909, page 297. As I recall that proving, the mental group contained one peculiar symptom, *viz.*, giggling, silly—the tendency to laugh at any and everything, and yet there were no women provers. Twitching, jerking and inco-ordination of muscles with the modality—worse from motion—very marked.

I well remember one prover. He was sitting across the desk from me in the faculty room, saying that the muscles of his jaw jerked and ached and, to be more exact as to the location, he raised his hand to put it to the jaw. But instead, the hand went up over his head. This was about seven hours after he had taken the S. p. He said he felt weak and that his heart was pounding

hard. He was ordered to go into the next room and lie down and, as he attempted to do so, I was obliged to support him as his legs were weak and jerking—unsteady.

After he had been lying down fifteen minutes, his pulse was 140, hard and firm, the temp. was 100.3.

The next day the muscles were relaxed and the provers were weak and lifeless.

Another incident of that proving impressed me greatly. One of the provers, a married man, came to me about two hours after taking the first dose of the drug, and said: "Prof., there is Phosphorus in that drug—I know, because of its effects on my sexual organs. Phosphorus low will always cause an erection."

While the action of *Strychnia phos.* on the sexual organs was so slight that I did not mention it in my summary of the drug, Dr. G. A. Huntoon, a careful observer, stated at one of the meetings of the Des Moines Homœopathic Medical Society that he had found it of great value for men who thought they were impotent. Dr. Huntoon stated that he did not know whether it was due to suggestion or not, but it had proved effective in many cases. I have corroborated his experience in two cases and would now give the symptom rank two.

To demonstrate that any remedy may have more than one group of symptoms let me use a few more illustrative cases. A boy friend of mine also left the farm and studied medicine. We both prepared for college at the same school. He went to Yale for his pre-medic. I went to Amherst for mine. He graduated from the Yale

Medical College; I from the New York Homœopathic Medical College. We both practiced in Rockville, Conn. He came to me with a patient, his wife, who presented the liver group of *Lycopodium*. He called it "Flatulent dyspepsia and constipation." The prescription was *Lyc.* 30th, a grain powder in a *pint of water* an hour before breakfast, for five consecutive mornings. The prescription produced the desired object and the doctor and husband were pleased. Some time later he came with another case of "flatulent dyspepsia and constipation, *just like the first,*" but the remedy "had not phased the case." Two or three questions proved that the *make-up* of the two patients was entirely different, and in addition the first had no desire for stool, while the second had a constant urging but with no results. *Nux 1m*, in a dram of distilled water, one dose on first awakening in the morning, cured. Some time later the same doctor came again with the *urinary* group of *Lycopodium*. The patient was a prominent business man whose work the doctor was very anxious to secure. *Lycopodium* 30th, administered as in Case I, was suggested. The doctor exclaimed, "What! the same remedy in the same way for two different conditions?" When I assured him that not only *Lycopodium*, but many other remedies, had not only two, but twenty or more different groups, the poor lazy fellow shook his head and said: "Life is too short to master such a system of therapeutics."

RANKING OF SYMPTOMS

And now reluctantly leaving the subject of Grouping of Symptoms, as I feel much more could and should be profitably said upon it, let us take up the Ranking of Symptoms. At first let me repeat what I have often said and written, *viz.*, that the real totality is not necessarily the numerical totality, *e. g.*, in a case presenting fifteen symptoms, twelve of Nux vomica, and three of Bryonia, the totality may be found in Bryonia. How? As you know, most authors rank the symptoms 1, 2, 3, 4, 5, so that three symptoms of Bryonia with rank of 5 each would total 15, while twelve of Nux with rank of 1 would total 12. How do we arrive at the different rank of a symptom? Authors differ. I will again take Chionanthus to illustrate my method. If five out of seven provers wrote depressed, listless or bum I would rank that symptom 5. If six out of seven would write yellow, bilious, watery stools, make that symptom 4. If three out of six had bile in the urine I would make that symptom 4, because in the first case the symptom is a mental symptom; because in the third case it is more difficult to produce bile in the urine than a bilious, watery stool. Had four out of seven reported casts or cells in the urine, I would have ranked the findings 5, because it takes a more powerful drug to produce a functional change in the liver than in the kidneys; and it takes a still more powerful remedy to produce a structural change in any tissue or organ than it does to produce a functional.

Let us now study our Chionanthus chart (Wheel) from

another viewpoint, *viz.*, that of "sequence of symptoms," and we find that we first had hepatalgia, then hepatitis, then functional disturbance. From the last we would expect yellowness of the sclera, then of the skin, and with the yellowness of the skin we would expect itching of the skin. Our common sense aided by our study of the science of medicine would teach us to expect such a group of symptoms.

Now as per contrast, let us suppose we have the *yellowness of the sclera and skin* but no itching, no bilious, watery stool, no bile in the urine, no depression, but marked apprehension, rapid emaciation and loss of strength. What rank should we give the *yellowness* in that group? My old partner and warmest friend had that group. The post mortem showed carcinoma of the liver, a structural change and the symptom, yellowness, etc., was called cachexia and ranked 5 instead of 3. But some of you may say that the yellowness in the functional case and that in the structural varied. Yes, and, as I stated at Montreal, it is the ability to detect and rank this shade of difference which makes the difference between the tyro and the eminently successful homœopathic prescriber.

"How do you, personally, divide symptoms for the purpose of ranking them?"

I have answered that question many times, but its importance may justify a repetition here and now. Hitherto in one class, I have divided them into subjective, objective, mixed and reasonable. Recently I have added patholog-

ical. But there is more than one exception to this rule. At the close of some one day's work I think the third should be first, but the next day it is different. You see a mixed symptom is combination of subjective (mental) and objective. To illustrate:—A patient says, "My face feels hot, my mouth and throat feel dry and hot, my heart pounds so I can feel it, not only in my head, but through my whole body." You can see (objective) what the patient feels (subjective) and so are more positive about the rank. Again, pure mental symptoms are rarely found. Brain symptoms are very frequently found in combination with those of some other tissue or organ. In such cases the complicating symptom is usually objective, *e. g.*, one may be depressed from some functional stomach disturbance. But on the whole I still cling to the order first given.

CHAPTER II

HOW TO STUDY A SYMPTOM

A *good* way to study a symptom or a drug is to read, study, think; think, study, read; read over the records of provers as found in the Encyclopædia of Drug Pathogenesis, T. F. Allen's Encyclopædia of Materia Medica, J. H. Clarke's Dictionary of Materia Medica, and also in some of our Journals which have been published since the above were published.

A *better* way is to superintend the provings on one or more provers and assemble and rank the symptoms thus obtained.

The *best* way is to take a drug or remedy yourself and carefully note in writing all the symptoms it will produce on or remove from you. By the last method (way) one learns by both experiment and experience, the latter of which is by far the most important, a verification of August Bier's statement made to us of the European trip, at his Vienna Clinic.

Definition. We can all agree that a symptom is a manifestation of disease. Let us further agree that by disease is understood an abnormal condition of some tissue or combination of tissues, *i. e.*, an organ. Let us still further agree that there are four abnormalities of tissue or organ, *viz.*, irritation, inflammation, functional changes, and structural changes. Having agreed upon

the above, we are now prepared to inquire into the component parts or essential elements of a symptom. These I am going to give as location, sensations and modalities. Although this is unnecessary to most of you, I will pause long enough to define the three words.

By *location* we mean *the tissue involved* and not a part of or section of the body. To illustrate: If we take the left nipple as a point and go through the chest to the back in a normal individual, we will find a large number of different tissues and two organs, the heart and lungs. Therefore, to refer to that section of the body as the left chest would be meaningless and useless for our purpose.

The word *sensations* is much less liable to lead to misunderstanding. However, it may greatly assist in determining which of the tissues of the left chest is involved and whether the involvement be an irritation, inflammation, etc. Again to illustrate: A sharp shooting pain from the spine over the ribs to the sternum says an irritation of the nerve; while a friction murmur, with sharp, shooting pains says *inflammation* of the pleura; an intermittent heart beat says *functional change* and a mitral regurgitation says *structural change*.

By *modality* is understood anything like change of position, of weather, of temperature, eating, drinking, voiding urine, passing of fæces, etc., etc., which makes the sensations *better or worse*. Most of these modalities are readily explained—especially those which refer to the circulation of the blood, *e. g.*, the Belladonna headache which is better from cold applications to the head and

having the head high or some irritant to the feet to draw the blood from the head.

Having decided what a symptom is, let us consider the divisions of a symptom. The first is into objective and subjective.

The second I make is mixed, rational, physiological and pathological.

An objective symptom is one which not only the patient but others can determine by any of the five senses.

A pure *subjective symptom is one which the patient alone can feel and express*, one which the doctor can neither see, hear, etc.

A mixed symptom is *one which the patient and physician both can feel, see, etc., e. g.*, the patient can feel the throbbing of the radial artery and see it, so also can the physician.

The second of these four symptoms, *the subjective*, is of much greater value than the first because by it the patient expresses himself in his own words, giving us his own thoughts. Or, as Dorsey would say: "The cerebrum of each individual has analyzed and passed judgment upon the sensations which through the nerves are carried to that part of the brain."

Sometimes the third is the most valuable because the physician is enabled to add his judgment to that of the patient in either confirming or refuting the statement of the patient. When confirmed, the symptom may become a verified, mixed symptom.

Mental (psychological) and physical (physiological)

are two adjectives often added to the word symptom. What a patient fancies or fears, desires or dreads, is often of inestimable worth in fixing the value of a symptom.

The pathological symptom is one which, of late, has received a good deal of attention; much more than was given it fifteen or even ten years ago. Those of you who are familiar with my "Homœopathic Therapy of Diseases of the Brain and Nerves" probably realize that the pathological is given a very high rank in it. You remember that the book has four chapters based upon four conditions of tissues and organs. The four conditions are Algia, Itis, Functional Change, and Structural Change. A moment's reflection will convince you that *pathology* bears a very important relation to three of the above terms. If you now adopt my method and ask the question, "What do I want to do, what can I do for my patient with the indicated remedy?" you will realize that a pathological symptom may and should hold a very high rank in the particular group of your indicated remedy. For as I have many times stated, there are some remedies which are incapable of producing a structural change in any tissue or organ, and it would be useless, yes, even detrimental, to administer such a remedy. It would mean a loss of time at least.

For further study of the division and definition of symptoms as related to the ranking of them, you may profitably read my articles: "The Subjective Symptom," found in the April, 1928, *Clinique*, and "The Determin-

ing of a Symptom for Prescribing According to the Law of Similia and Its Corollaries," as is found in the Hahnemannian Monthly of September, 1929; also Prof. T. H. McGavack's article in the January, 1929, Journal of the A. I. H.

For me it is absolutely impossible to study a symptom without recognizing the importance of the pathology of the condition.

There is also another word which is receiving more attention and study recently, *viz.*, our word *Individuality*, or *Individualize*. The *endocrine-therapy* men, the *osteopaths* and even some of the *dominant* school, are realizing more and more the significance of individualizing each case of a class of patients, whether it be a colitis or pneumonia or whatnot. Prof. Luger's statement on that point was as emphatic as was his other statement on finding the source and removing the cause. To me the above facts show that the more enlightened, conscientious of all schools of medicine are becoming more tolerant and are uniting in every effort to relieve *all* of suffering humanity by relieving *each* personally.

There are two other words, which have become easier for some Homœopathists to use within the past ten years, *viz.*, Diagnosis and Prognosis. I remember very distinctly how shocked a good brother was when I asked, "What have you told the patient about diagnosis and prognosis?" The doctor replied: "I never treat diseases. I treat patients." A little later the patient asked, "What is the matter with me? Am I going to get well?" I

immensely enjoyed his physician's predicament and the way he crawled out of it. When the patient turned to me with the same question, I replied that he would be better, but never as well as he had been.

As the doctor was taking me to my train, I asked him what his statement to the patient was if not diagnosis and prognosis? He replied that the two words put together spelled "disease" to him, and he had no use for the word in his practice. When the word "condition" was suggested as a substitute for "disease," he was satisfied.

To me the word *diagnosis means the tissue or organ affected and how affected*, whether irritated, inflamed, changed functionally or structurally. Making a diagnosis is putting your knowledge of pathology to practical use.

When it comes to ascertaining the comparative value of two or more symptoms different writers and speakers have used some of the following words to express themselves, *viz.*, common and uncommon, basic, keynote, characteristic, peculiar, striking, leaders or leading, generals, ranking, verified, and the latest, determining. To the uneducated, on this point, the above statements are a revelation; to the uninitiated, a mystery.

All the above are still used and have been helpful to me, except the characteristic which by some has been defined as a symptom which can be found only under one remedy; a symptom which is to a remedy what a pathognomonic symptom is to a disease, *e. g.*, "cough relieved by a sip of cold water" or "the more the patient coughs the greater the tendency to cough." The former claimed to

be characteristic of Causticum, the latter of Ignatia. Both are found under other remedies.

From the above we should understand that *symptoms vary in value* or have a different rank in the "totality of symptoms." How is this rank to be ascertained or determined? This question has also been answered differently by different authorities. I have always taught that *a verified mental symptom should be given the highest possible rank*. Although I do not intend to discuss the totality of symptoms at this time, I wish to pause long enough to say that the *actual "totality" is not necessarily the numerical totality*. Most of our leading writers like Boeninghausen, Hering, the Allens and others have ranked the symptoms 1, 2, 3, 4, 5. By this method we may readily understand that if the list of symptoms presented three of rank 5 of nux vom., and twelve of rank 1 of Ignatia, that Nux would have the greater totality.

What is meant by a verified symptom? My answer has always been that when a drug has been taken by a healthy person or number of persons and has repeatedly produced a certain symptom upon the one prover or upon a majority of a class of provers and then that remedy has been given to a patient presenting that symptom and caused it to disappear, that that symptom was a verified symptom, *e. g.*, the dryness of the mucous membrane and dilated pupils of Belladonna. I have seen provers, to whom Belladonna had been given, fight like demons, and I have also seen patients who were fighting like demons (delirious) quickly quieted by the administration of Belladonna. The

delirium of Belladonna ranks much higher than the dryness of the mucous membrane of that remedy because it is a mental symptom.

To me, however, the relation of a symptom to the others of the group in which it is found most accurately gives the rank of the individual symptom. To put it in other words, the knowledge of the tissue or organ involved and how involved, should determine the rank of the symptoms, *i. e.*, we should know the source of the cause of the symptom.

Let us devote the remainder of our time to the study of vertigo for the purpose of demonstrating my method of studying a symptom. First let us get together on the word vertigo.

Definition: Hitzig says: "The perceptions of disturbances of normal ideas as to our bodily relation to space." Dr. Palen, in Bartlett's Practice, says: "Vertigo is a subjective sensation as a result of which one is unable to judge correctly of one's position in space." In Curschmann's Clinical Neurology we read: "It is a specific, unpleasant feeling on the basis of conscious or feared disturbance of bodily equilibrium."

The three words most frequently used as synonyms are dizzy, dizziness and giddiness.

Ralph W. Leptwich, M. D., in his Index of Symptoms, page 84, gives over forty diseases (which I call groups of symptoms), in which vertigo may be and is a symptom. The tissues or organs included in these forty diseases are: blood and blood vessels, including the heart; brain,

including the nerves; ear; eye; larynx; lungs; stomach; liver; kidneys; pancreas, and sexual organs.

Dr. Palen, in the third volume of Bartlett's Practice, states that "Equilibrium, body balance, is preserved by three factors: (1) The ears; (2) vision; (3) the muscles, tendons, viscera."

Again speaking of the source of vertigo, he says, "It may arise from (1) organic diseases of the central nervous system; (2) disease of the circulatory apparatus; (3) epilepsy; (4) hysteria; (5) peripheral irritation; (6) disease of the special senses; (7) toxæmia, and (8) from conditions which in the present state of medical knowledge are undiscoverable."

I have nothing to add to the above if we include under toxæmia such conditions as malarial, remittent, and other fevers in which an extremely high temperature may be present.

The conditions found in the above-named tissues or organs vary from a simple irritation to the most profound structural change.

The number of remedies given in the index of our books on materia medica vary from five, as given by Wm. Boericke in his *Materia Medica*, to over a hundred and fifty, as found in Gentry's Concordance.

Most writers on materia medica who use the schema form put vertigo under the section, *head*. This is a mistake. The word head is just as unscientific and unreliable for locating a tissue or organ as we have shown the word chest to be.

Keeping in mind our definition of a symptom, our classification of symptoms, especially that which we used to determine the rank of a symptom, and the source or cause of symptoms, let us now make a clinical application of the above given knowledge, using patients for whom Gelsemium was the indicated remedy, patients whose *entrance complaint was vertigo, i. e., who came to us for relief from vertigo.*

Case I. A healthy, well-built, light-haired attorney, aged 42, walked into my office and said: "Dr., I want you to cure me of my 'dizzy' spells. They began six months ago following a severe attack of Flu which was of the nervous form. You know I was down South on a hard case which nearly used me up, and on the day I was ready to start for home I was taken with *chills up and down my back, a flushed face and aching in every part of my anatomy.*

"There was no homœopath in the place so I accepted the physician of the hotel at which I was stopping. I think he gave me quinine, in capsules, every three hours, after a good drink of whiskey in a glass of hot water, and hot bottles were put about me to make me sweat; but I didn't sweat. Yes, *reading makes the spells worse,* also a long heavy sleep, and I have many of them. Another queer thing about my reading, or my eyes, is that *I see double.* I cannot think as clearly as before the Flu. *My legs tremble, in fact, I tremble all over.* All other functions of the body are O. K." Gelsemium 6th cleared up the paralysis of the secti muscles of the eye, cured him

of his vertigo in four days and of his weakness, trembling and sluggish mind in a little over four weeks.

Case II. A young woman, aged 22—sister of a woman whom I had cured of epileptiform convulsions coming at the menstrual period, came to my office and said: "My sister sent me to you to have you cure my *dizziness*. It troubles me only at the *time of my menses*, at which time I have some sharp pains in the pelvis, *a dull pain in the back of my head and up over the head; the head feels very full and large*. Sometimes I feel faint when the dizziness is worse. *I am afraid I'll fall* in the school room or that my pupils will think I am intoxicated." Worse or better? *Always worse if the menses are late or the flow scanty*. Gelsemium 30th, five drops four times daily before the date of the menses cured her after the third period. The condition had existed for over six years.

Case III. Male, age 50. In the fall of 1883 a man was picked up on the streets of Des Moines as intoxicated and taken to what was then used as a hospital, after it was proven by his breath that he was not drunk. As I was the one who had last registered in the city the case was turned over to me. At 6 P. M. the temperature was 105.6; the *pulse slow, full and soft; face a dark purple, besotted*; the eyes closed; completely unconscious. The nurse said that he had both voided and defæcated involuntarily since being brought in two hours before. He was given Gelsemium 3rd, five drops every hour.

The next morning at 8.30 I was surprised to find not only that he was alive, but sitting up; rational, with tem-

perature 100.3, face yellow, lids heavy. He admitted he was a tramp who had come from southern Louisiana. He also said he had been in a hospital in the south and treated for remittent fever. Gelsemium was continued every three hours. He continued to improve and the next morning was normal, except that he was "dizzy" when he attempted to walk. He also "trembled in every part of my body." Temperature 100. Because of the vertigo he was permitted to remain in the hospital. At 4 that P. M. I was recalled, and found the same conditions which existed at my first visit, except that the temperature was only 105.1. The nurse reported that she had heard a noise and on going to his room had found him unconscious on the floor, between his chair and bed. The Gelsemium was resumed every hour. It was ten days before the patient was normal and the vertigo was the last symptom to disappear.

Case IV. Male: teacher in high school, family and personal history good; said: "Doctor, you know I'm a prohibitionist and never drank an ounce of liquor in my life, but I've been so dizzy for *the past three days I can hardly walk.*" Other symptoms? "Had a *heavy catarrhal cold* three weeks ago. It began in nose *with sneezing* and worked down; *tongue coated heavy yellow*; some nausea; no vomiting; no thirst, *dark yellow mucous stools, diarrhœa*; painless. The only pain or ache I have is a dull feeling over my liver."

Examination showed an *enlarged liver, yellow sclera* of eyes and a slight tingling of the skin. Gelsemi-

um 3rd, five drops every three hours promptly cleared up the case.

Case V. An old tabetic patient walked in one day, led by his son with "Doctor, you know I could not walk or even stand with my eyes shut! Well! Today *I can hardly stand and cannot walk with my eyes either open or shut because I am so dizzy*. Oh! In other respects there is no change, except that I have *lost control of both bladder and bowels*." Fifteen minutes' quizzing failed to make him say that he knew any cause for the condition. Finally the son motioned me into another room and told me that, three days before, his brother (the patient's son) had been arrested, found guilty and sentenced to prison for ten years. The news had caused such a *shock* that his father had gone "to pieces."

Gelsemium 30th, three doses of five drops, daily, checked the "*vertigo with eyes open or shut*" and the *abnormal stools*. This in 48 hours, but it did not help the "*vertigo with eyes closed*."

Numerous other cases could be cited in which "vertigo" was the center of different groups of symptoms, but these five are sufficient to illustrate my method of studying a symptom. Therefore, let us close by reviewing these five cases.

In the first and fifth case the tissues affected were the brain and nervous system. The cause in the first case was flu; in the second case, emotion-shock. Vision was affected in both cases. In the first there was general trembling and weakness of all muscles in addition to

weakness of the recti muscles. However, there was no disturbance of the sphincters in his case, as was found in case five. Case one was a healthy man, normal except overworked, when he contracted the flu. Case five was a tabetic, the shock only produced an aggravation of the paresis. Because of the paretic condition, Gelsemium only relieved the patient of the effects of the shock. It did not cure him of his incurable condition.

The location in Case II was the sexual organs. The vertigo was reflex from a curable condition of those organs and Gelsemium permanently cured the patient.

The blood was the location in Case III, also a curable condition. The source or cause in case four was the liver-catarrhal congestions—which readily yielded to Gelsemium.

Let us now sum up the above in four statements to guide us in the study of a symptom.

1st. Make the patient's entrance complaint the ranking, or as Prof. Garth Boericke calls it, the determining symptom, which in the illustrative cases was Vertigo. This word instantly brings to mind from thirty to forty drugs from which to select our remedy.

2nd. Find out which tissue or organ of the body is affected. To ascertain this is nearly as important as to get the symptom correctly.

3rd. Ascertain how the implicated tissue or organ is affected, *i. e.*, whether irritated, inflamed, functionally changed or structurally changed.

4th. Get the best possible conception of the modalities.

By the above method we get a very fair idea of not only a symptom, but of the group of symptoms of which the one under consideration is a part—the most important part.

CHAPTER III

HOW TO STUDY A DRUG

In two former articles I made a study of "How to Secure and Arrange Symptoms for the Purpose of Grouping and Ranking Them" and "How to Study a Symptom." Now I wish to present my methods of studying a drug. As the component parts of a drug consist of symptoms, I may repeat in substance a few things I said about symptoms in the above-named articles.

Let us at the beginning fix in our mind the difference between a drug and a remedy so as to prevent confusion of the two words as I use them.

A drug is any substance which when introduced into the human body has the power to produce some abnormal condition of one, many or all the tissues or organs of that body.

A remedy is a drug, which given to a person suffering from some abnormal condition of some tissue or organ has the power to restore that tissue or organ to its normal condition or to check the progress of the abnormal condition.

The above is the distinction which I am in the habit of making between a drug and a remedy. Our chief object, then, is to formulate some method or methods by

*Iowa Homeopathic Bulletin, January, 1928.

†Mid-West Homeopathic News Journal, April, 1928.

which we may ascertain the action of any given substance on the living human body.

The method employed by us homœopathists is to introduce the substance under consideration into healthy human beings and observe and record the results. This process we call "*proving of drugs*" or a "*drug proving*."

By *healthy* we mean a person who is not aware that any of his tissues or organs are functioning abnormally. In addition to the examination by the director of the proving, a thorough examination by specialists should be made of every organ or tissue of the person or animal that is to prove the drug. The examination by specialists should be for the purpose of verifying the statements of the prover and director. The most important specialist is the psychologist. This is true because our *mental, subjective symptoms*, when reliable, *are the ranking, determining symptoms of every group*.

The *provers should be of both sexes and of all ages*. There should also be some of *different races* and some *living in different climates*. Provings should also be made at different seasons of the year.

Other things being equal, I feel that medical students make the best class of provers.

The prover should record his symptoms in the order of their appearance, and in the narrative form. The arranging of the symptoms should be left to the supervisor of the proving and his assistants, the specialists. The prover should observe himself for two to four days

before he takes any of the drug. I am opposed to giving sugar of milk or any placebo during the preliminary observation of provers. The suggestion from such a procedure is bad. *Do not change any of the habits of the provers as regards eating, drinking, sleeping, exercise, etc., etc.*, during the proving. A change of habits will cause symptoms, either real or imaginary, and often it is hard to tell which is due to change of habits and which to the drug. The different provers of a class should be given different potencies as well as different doses of the same potency. One or two, according to the number of the class, should be given placebo during the proving, but not before the others begin taking the drug. Some of the class should be given as large a dose as is safe for the purpose of securing the action and reaction of the drug if it has both. All drugs do not have a reaction. While proving *Strychnia phos.* some of the class were given five tablets of the *lx*, enabling us to study the action and reaction of that remedy.†

The provers should report regularly at stated intervals to their examiners, and at such times the specialists should have the prover assume any and all positions, as well as take exercise, to note the effect upon the provers. This is the best way to secure most of our modalities. Have the class appear before each professor at the regular schedule hour of that professor and let the entire hour be devoted to the proving. This is the great advantage of having student provers; another is that they express their

†See results in *Medical Century*, 1909.

symptoms in medical terms. Not less than three weeks should be given to a proving.

The director and his assistants should record the symptoms in the exact words the provers give them. The provers should also report their finding in writing so that there may be unity of expression for the preliminary and actual provings.

ARRANGEMENT OF SYMPTOMS

The *arrangement* of the symptoms, as found recorded in the day books of the provers, and supplemented by the director and his assistants, *is of most vital importance*. The first thing for directors to do is to familiarize themselves with the vocabulary of each prover. This must be done if each symptom is to be properly evaluated. As was stated in my former articles, a "red hot" feeling to one prover may mean the same as "burning" to another; "shooting and darting," "pounding and beating," "pulsating and trembling" may mean the same thing or similar things. *The prover's temperament, his habit of expressing himself, should be carefully studied*. To one the slightest pain is "just awful," "excruciating;" while another will say of a lacerated muscle or broken bone, "Oh, yes, it hurts a little, but not much."

The symptoms of the crude drug or low potency should be carefully studied for the purpose of getting those which are the direct result, the action, as well as the reaction, of the drug.

The make-up, *i. e.*, the temperament, the color of the

skin, the family history, his occupation, residence, etc., of each prover should be as fully ascertained and as accurately recorded as the sensations and modalities.

Having the entire list of symptoms of each prover of the class before him, the director should divide them into two groups. 1st, a general group. 2nd, a specific group, *e. g.*, every sentence or symptom containing the word *HEAD* should be put into a group. This being done, every sentence or symptom should be studied and divided into specific groups representing the different tissues which make up the head, *i. e.*, brain, skull, scalp, etc. And finally each symptom of the individual tissue or organ should be studied for the purpose of ascertaining whether the particular *tissue has been irritated, inflamed, or had its function or structure changed by the drug which is being proven.* How can this fact be ascertained? By a study of the sensations and modalities. Again let us give an illustration, say, of a functional change. Hyoscyamus has caused a normal person to see bugs, black beetles, etc., crawling over the walls and ceiling of the room and jumping at him and upon him.

Lycopodium has caused a red brick-dust sediment in the urine.

Another point to be made in studying the day books of the provers is the order in which the symptoms appeared. By doing so we have found that certain drugs do produce symptoms developing in a certain order the same as certain diseases do so produce symptoms, *e. g.*, *Bryonia* has produced *headache, epistaxis, constipation, delirium, ag-*

glutins in the blood, etc., corresponding in every particular to the *same symptoms* as produced by the germ of *typhoid fever*. Hence, Bryonia may be the simillimum and indicated remedy for a patient *at any stage of the disease*. We may learn, therefore, that both Bryonia and typhoid fever present symptoms in groups. Bearing this group idea in mind may help us understand *why and how a drug may have both constipation and diarrhœa, profuse and scanty urine, high and subnormal temperature, etc., among its symptoms*.

The second important thing in the study of a drug is the verification of the symptoms the drug has produced in a healthy person, a prover. The verification of a symptom is as difficult as the production of a symptom. Let us get together on the meaning of the word verification by an illustration. When the O. O. & L. were proving Belladonna the senior class of our college at the State University of Iowa took part. After the proving I often heard such expressions as the following in my clinic: "The patient's throat looks just like classmate's when he was taking Belladonna." Or, "His mouth looks as dry as mine felt;" or again, "His arteries throb just as mine did," etc. The students were informed that such symptoms were verified symptoms. Symptoms which could be relied upon. What we did with symptoms elicited by Belladonna we also did with those produced by Hypericum, Kali phos., Strychnia phos., Scutellaria, Chionanthus and other drugs proven at the State University of Iowa. But these are only a very few of the many drugs which

have been proven and which we now use as remedies. For the verification of the symptoms and groups of symptoms of our other remedies I have studied the following books, also reports found in our homœopathic journals.

Books—Clarke's Dictionary. Clarke claims to have put into this work all symptoms which had ever appeared in our literature up to the time the dictionary was published. *The sources of these symptoms are also given; whether provers, from clinical cases or from poisoning.*

Gentry's Concordance Repertory. In this I look for all the remedies which have produced the symptom or group of symptoms I am studying. Neither of these works, however, indicate the rank of the symptom. I use Benninghausen (Allen's), Boger, Kent and Hering's Condensed Materia Medica, and the reports in the journals to help determine the rank of the symptoms.

The above for the single or isolated symptom. For the group, Burt's Materia Medica which helps me determine what tissue or organ is affected and for the purpose of learning the order in which the symptoms appeared in the provings. In addition to the above I look up the clinical cases, given in their books and the journals, of our specialists like Ludlam, Wood and Southwick in diseases of women; Norton, Vilas, Moffatt, Bellows and Suffa in eye, ear and nose; Dearborn and Douglas, in diseases of the skin; Ward and Gilchrist, in surgery; Talcott, O'Connor and Wilson, in mental and nervous diseases; Carlton and Mitchell, in genito-urinary diseases, and last, but by no means least, my own experience which

has been greatly directed and moulded by working for many years with that grand old man whose two greatest qualities were a most *remarkable memory* and an unusually large fund of *common sense*, Professor W. H. Dickin-son.

For a good idea of the value of the latter quality read the article by my old friend, Clarence Bartlett, in the May, 1929, Journal of the A. I. H. Bartlett fully and forcibly expresses my opinion in that article.

There is another division, which for the past decade has come more and more into use, *viz.*, a *pathological* symptom. This symptom bears the same relation to the *structure* of tissues or organs that physiological bears to the *function* of tissues or organs, *i. e.*, whether hypertrophy or atrophy exists as against vomiting or diarrhoea. To me, a thorough knowledge of the changes which have taken place in the structure of any tissue or organ is very important in helping determine the rank of a symptom. This subject is referred to in another chapter of the book.

CHAPTER IV

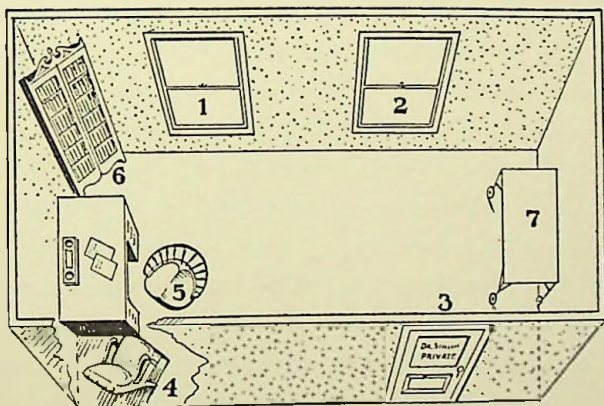
HOW TO TAKE THE CASE AND HOW TO USE OUR REPERTORIES AND MATERIA MEDICAS

At the close of the afternoon session, held in the library of the Lapland on July 30, a physician came to me with the following statement: "Dr. Royal, you have given us your methods of proving drugs for the purpose of securing symptoms and have also given us your method for grouping and ranking them. Will you not give me a little time tomorrow to tell me how you take the case, and then what books, and how you use the books for selecting the indicated remedy?"

The next afternoon he and another physician and myself met in the corner of the library and I gave them some of the following; I also promised to put what I gave them into pamphlet or book form, elaborating it by illustrative cases and adding the number of the pages in the books; also the number and name of the journals mentioned during our conference. The following is the result of that promise:

Time is the most important essential for taking the case, especially when the patient is a babe. To the statement, made by my boyhood friend and others who think, talk, and act as he did, *viz.*, that memory and life are too short to study and remember all the provings, let me say that *time is a relative term*, and that an additional hour spent in *taking the case* and selecting the remedy may be worth years of comfort and even life to the patient.

One of the first and most essential steps in taking the case of office patients is to so arrange your private room that the light from the windows may fall upon the patient's face and your back. This will enable you to note the general complexion, color of the skin, lips, and mucous membrane. The light, if possible, should not be artificial. My office has two large north windows, double-paned, each of the four panes 3x3 ft. 6 inches. The door through which the patient enters is at the south end. My chair is nearly in the center of the room. The patient's chair is in the southwest corner of the room. By this arrangement I can observe the patient as he or she is ushered in by the office girl and takes his or her seat. This first observation (sight), together with the Entrance Complaint, *viz.*, his or her answer to my question, "What can I do for you?" determines the selection of the remedy in many cases. Below is a diagram of the office:



1 and 2, large windows; 3, door; 4, patient's chair; 5, physician's chair; 6, book case; 7, examining table.

Let us take the following case as an illustration: Fannie J., jolly, good-natured; light complexion; five feet two inches tall; weighing 140 pounds; pale-faced; colorless lips; cold, clammy hands and feet, came into my office with the following Entrance Complaint: "What can you do to cure my cold and lessen my menstrual flow?" In this case it was not necessary for me to go to any repertory or materia medica to find out that she was a *Calcarea carb.* patient. Nevertheless, I then took my notebook and pencil and secured the following symptoms, family and personal histories, for the purpose of having the record for my files. "Mother living, strong, healthy as were all of her people. Father was a short, chunky, light-complexioned man, whom I resemble. He died when I was three years old of an acute attack of pneumonia. He was always subject to colds and catarrh, as was his mother and her people. His mother died of tuberculosis, as did also one of his sisters. I was slow in learning to walk, not being able to do so until I was eighteen months old. I did not have any teeth until I was thirteen months old, and my first teeth decayed very early. I had what they called 'capillary bronchitis' at eight years of age and came near dying. I matured at 12. Preceding that, however, I had a profuse vaginal discharge for several months. The discharge was thick but did not irritate much. The menses have been coming anywhere from eighteen to twenty-four days; the flow quite profuse for six or seven days, and then the discharge I spoke of is more profuse for about a week after

the menses cease. My feet and hands are always cold and clammy. I perspire easily and there is a sour, musty odor to the sweat. I crave sour things to eat and drink; often have heartburn; milk disagrees; frequently vomit undigested food, and my bowel movements, which are generally loose, contain particles of undigested food."

You see, this is a typical case for *Calcarea carb.* for this particular group of that remedy.

The *Calcarea carb.* was given in the 3rd, five grains ten minutes before each meal and at bedtime, till after the next menstrual period. Her diet to be fruit, fish, vegetables, coarse bread—corn or whole wheat—no tea or coffee, but a good deal of unfermented grape juice. She reported ten days after the next period: "Went twenty-five days and the flow was not so bad, nor did it last as long as usual."

Continued the same medicine in the same potency, but only mornings and evenings, and asked her to report in a month, which she did, as follows: "Time just the same—26 days; flow less in both amount and duration; leucorrhœa less; feet and hands warmer; but I have lost seven pounds of flesh the past two months." Remedy discontinued. She continued to improve in every way. Fifteen months after beginning treatment her weight was only 114 pounds, and her statement was that she never had felt so well in her life.

Let us now take a second case to show that one may be far more difficult than another in many particulars.

Case II. Miss Carrie B., aged 26; school teacher; five

feet seven inches tall; weight 118; brown hair; skin neither dark nor light, came into the office and *dropped* into the chair with, "Doctor, I have come in to see if you could give me something to prevent my taking cold on the least provocation. I'm so sensitive to cold. My pupil, Fannie J. (Case I), told me you cured her." When asked what was the result of her taking cold, she remarked, "Oh! everything." The reply was in an irritated, disgusted, discouraged tone of voice. "Sometimes I have a sore throat with sharp, sticking pains at first, then later a sticky mucus, which is hard to get up or down; this mucus is always worse from three to six A. M., when it often wakes me up; sometimes the cold goes to my liver and my side gets sore and I have sticking, stitching pains over the liver; and my abdomen bloats hard and full. At such times my bowels are loose, diarrhœic, and then constipated and light colored. In either case, the stools are painless. And then again the cold may go to my female organs so that the menses are delayed and accompanied by the same pains that I have in my throat and side, or I may flow like a river. *I'm in that condition now.* After these colds, I'm weak, good for nothing. Am *irritable*, so much so, that the pupils have complained to the principal."

When asked about her family and personal history, she replied, "I'm just like dad. He is fifty and has been cross and irritable ever since I was old enough to remember. He is always grunting about his 'poor liver.' His mother died of cancer of the liver at the age of sixty-

five; about two years after the cancer was first discovered. Mother and her folks are O. K. She is healthy and her ancestors all lived to be over seventy-five."

As no remedy came clearly to mind in this case, I took down Gentry's Concordance, and turning to page 789 of Vol. VI, found the following:

"Tendency to take cold easily. Magn-m., Natr-c., Natr-m., Nitr-ac., Nux-v. (Calc.-c., Kali-C., Phos., Sulph., Sil.), also tendency or liability to take cold. Coni., Graph."

This gives us a *class* of remedies and constitutes the first step. The second step was to determine which remedy of this class most closely resembles the patient in make-up and other symptoms. For this purpose I most frequently use, and did for this case, T. F. Allen's Handbook of Materia Medica or J. H. Clarke's Dictionary or both.

We find an excellent description of the first case in Allen's Handbook, page 235, under *clinical*; also in Clarke's Dictionary, page 388, of Vol. I. Kent gives us a most striking resemblance of the first patient's make-up in his Materia Medica, page 297.

Let us now take up the most important part of the first patient's Entrance Complaint, *vis.*, the menstrual and leucorrhœal flow. For this, see Allen's Handbook, page 241; Clarke's Dictionary, Vol. I, page 348; Kent's Materia Medica, page 310; Boericke's Materia Medica, page 168.

Again, let us now take up in similar manner the En-

trance Complaint and make-up of Case II. The condition for which both sought relief was the same, *viz.*, menorrhagia caused by taking cold. But the make-up was very different. As stated, I decided on Calcarea for the first case at first sight. Calcarea carb. is a very easy drug to study, while Kali carb. is as difficult as the other is easy. As a result, I was unable to decide on which of the remedies in Gentry the patient most resembled. Recalling that Kent had said something about Kali carb. being a hard remedy to study, I took down his Materia Medica, and on page 586 I read the following: "The Kali carb. patient is a hard patient to study, and the remedy itself is a hard one to study." Then rapidly running my eyes over the twelve pages and taking a few of the symptoms, which were in italics, such as "irascible," "irritable to the very highest degree," "sensitive to every atmospheric change," "*sensitive to cold*;" "symptoms come on at two, three or five o'clock in the morning; and *internal hemorrhages*," I decided upon Kali carb. as the remedy for my patient, Case II.

This question settled, another arose, *viz.*, potency and repetition of the dose? This question I answered "Yankee" fashion by asking myself another question, *viz.*, What am I expecting to do for the patient? Cure her? Relieve her condition? or simply prolong life? My experience with this class of patients has taught me that to be able to make a complete cure is the exception. My experience with Kali carb. refreshed by these words in Kent, *viz.*, "Kali carb. fits just these symptoms alone

and does not fit the whole constitution of the patient (page 593),” made me decide that the remedy would only be palliative; that it would act best in a low potency, the 6th, and should be repeated before each of the three meals and at bedtime. As the medicine with directions were handed the patient, she said, “Now, what am I to expect? Are you *going to cure me?*” She was told that there would be a decided improvement in every respect but that I could not promise more. She was also asked to report in person two weeks after the next menstrual period. The record shows the following: “No, have taken no fresh colds; no, did not flow as much as the time before; there was less pain in the bowels and region of the liver; and I sleep somewhat better; no, I am not better *every way*, for I am more irritable and snappish than ever, and I cannot feel that I am any stronger.” Changed the Kali carb. from the 6th to the 30th, five tablets morning and evening, and asked her to report again three weeks after the next period, which she did as follows: “Took cold two weeks ago, but this time it went to my throat, the menses came twenty-six days after the others, only lasted four days, and there was less other trouble with them; no, am not quite so weak but far from strong. I thought I was better natured till this cold came, but since then have been *crosser than ever*. Tell you all about my throat? Why, I told you all that before.” The last she snapped out as if I had insulted her by my question. I then took down her former record. Examination of it showed the submaxillary glands slightly enlarged,

the uvula elongated and relaxed; mucus back of uvula, and the entire larynx covered with thick, stringy mucus. The pharynx was similarly involved and there was a constant hacking and spitting of the mucus. The present condition was the same.

Kali carb. 30th was continued, five tablets in the morning before breakfast. She was also given some tablets of Pix Cresole and told to dissolve one in a teacupful of hot water and gargle the nose and throat with the solution morning and evening.

Five weeks later she again reported: "Those little, yellow gargle pills worked like a charm. That attack of sore throat cleared up at once and about a week ago, after a little cold, the throat trouble started again, but those pills checked it by using them three times.

"Oh! yes, the menses came after twenty-four days and were what I would call natural in every way; my stomach and bowels are better, have less indigestion, and the stools are more normal and regular.

"Yes, I do need more medicine. I want something to help me in the home and schoolroom; am crosser and more irritable than ever."

She was given Placebo, two doses daily, and asked to report in four weeks. She returned in ten days, saying, "Doctor! I'm desperate. My pupils have complained again to the principal and he has just had me on the carpet. If you don't help me, I'll lose my place." "Have I been worse mentally?" "Yes, I have. In addition to being cross and irritable, I have been snappish, impatient

and *intolerant*. I can't bear any noise nor anything else. I saw a boy throw a spitball at a girl, and I took him by the hair of the head and swept the floor with him. His mother went to the principal and then he called me down. It was the second time. The third, and I go."

She was given Chamomilla 30th, five tablets every three hours when not asleep, and asked to report in three days. She came in after school with the first smile I had seen on her face, and said: "Those pills worked as well on my head as the yellow ones did on my throat. I even kissed one of the little girls as she came to say 'good-night.' I want a supply of both kinds of pills, to keep on hand, should either the throat or head trouble return. Now, if you could only give me something to prevent me from taking cold, I would be so grateful."

As she stopped talking, the two remedies, "Kali carb. and Chamomilla" kept running through my mind, as the expression goes, "Which? both? or neither?" A moment's thinking resulted in deciding to give the patient a good, long, fatherly talk, in which she was frankly told her condition, advised to let all medicines alone so long as she felt as well as she did then; but should there be a return of the menorrhagia to take the Kali carb., and should the mental condition return to take the Chamomilla, as she had taken them at first. She has been fairly comfortable for the past eleven years; has not lost her job; and the intervals between taking cold, flooding, and the attacks of irritability, etc., have grown longer. She has not been cured, but her condition has been greatly improved.

Let us now cite a third case to illustrate two points, first, the question of potency; second, the results sometimes obtained from prescribing on unreliable, unscientific authority and data.

Cuprum Arsenicum

Case III. Mrs. A. B. W., aged 71, widow, mother of three grown-up children; of dark complexion; extremely neurotic; tall; well-built; weight 144 pounds; good habits as to sleep, diet, exercise, etc.

F. H. Good, except that her father was extremely neurotic and an excessive user of tobacco—both cigars and pipe were used. He had had what the doctors called "angina pectoris." He was found dead in his bed one morning at the age of sixty-four.

P. H. Had St. Vitus Dance at times from fourteen to nineteen. Also several attacks of "Tic" between the ages of forty-two and fifty. These had been controlled by the use of Agaricus 30th, given by Dr. A. M. Linn.

"I want something to stop cramps in the calves of my legs. The cramps are worse when my legs get cold; when I first get into a cold bed at night or lie down during the daytime without covering my legs up warmly. I am better after my legs get warm, but for the past week I have gotten relief only by getting out of bed and either standing on my feet or walking around the bedroom for a few minutes. Oh! yes, the muscles *really* cramp. Sometimes they ball up as large as my fists, and

the more the muscles knot up, the more *excruciating, unbearable* is the pain."

Two reasons for using Cuprum ars. First, from personal experience. At a meeting of the A. I. H., after working hard and losing sleep, my diabetic condition became worse, *i. e.*, the per cent of blood sugar larger, the mouth much drier, the tongue more coated, and the old cicatrices on my neck (the result of a crop of carbuncles) very painful. When I related the above to Dr. Byron Clark, he said: "I have found Cuprum ars. 30th very helpful in those cases."

I tried it in the 30th without much benefit. I then took the 3rd, five grains night and morning. This not only relieved the symptoms mentioned above but also permanently relieved the same symptoms in my legs as Case III reported, which symptoms I had not given Dr. Clark. Therefore, I at once decided on Cuprum ars. for Mrs. A. B. W. However, as I ran over the entire group of her symptoms I felt sure that the 30th would be better for her than the lower.

Now as to what our books say. T. F. Allen does not mention Cuprum ars. in his Handbook; J. H. Clarke gives but little about it in his Dictionary, Vol. I, page 636; Jousset just names it on pages 133 and 441; Bartlett gives it prominent mention, Vol. III, page 542, and refers to Farrington and Goodno, neither of whom mention it for cramps in the legs. However, William Boericke, on page 287 of his Materia Medica, has the following: "Cramps in calves of the legs" (in italics), followed

by worse after midnight, only relieved by getting out of bed and standing."

Many failures have resulted from the use of Cuprum ars. chiefly because it, the child, has been mistaken for its father, Arsenicum, or its mother, Cuprum, while, as a matter of fact, it has an identity of its own. It is also true that that identity has not been sufficiently studied to be well established, and further, it is equally true that the reporting of cases in full, whether resulting in failure or success, would very materially increase our knowledge of the personality of the child—Cuprum ars.

In closing my remarks about Cuprum ars. let me say a word about the toxicologic effects of some of our compounds. Bartlett warns us about too large doses and too frequent doses of Cuprum ars., and yet Goodno used it in the 2nd and repeated the dose often. I have done the same. Wm. Boericke suggests the second and third triturations, but says nothing about the repetition of the dose.

The above cases have been given for the purpose of showing my method when the patient is willing to co-operate and is intelligent enough to assist. There are patients who are not willing to co-operate, who will not talk; and there are others who talk so much, either for the purpose of misleading you or because of ignorance, that they hinder rather than assist in taking their case.

To illustrate, let me refer to a case which I related at the Montreal meeting.

In May, 1928, I was asked to see a young woman, aged about 22, single, well educated, a college graduate

who had taught school. She had been brought to one of our Des Moines asylums about six weeks before I saw her. The reason for being brought to Des Moines, as stated by her family physician, was that she was insane, presenting the following:

Could not sleep, depressed, tearful, tore her clothes, put her hands on a hot stove in order to burn the sin out of herself, *i. e.*, to purify herself; also refusing to take nourishment and a strong desire to be alone.

The family history was bad—neurotics and members of insane hospitals.

She was out walking with the attending nurses when we reached the hospital. My first sight of her as she was brought into the office of the hospital was that of a slight, dark-complexioned, emaciated woman, walking languidly into the room and seated by the order and help of her nurse. The hospital physician informed me that there had been little or no change in her condition; that she had been given the usual hypnotics for sleeplessness, baths, massage, etc.

As she refused to talk in the office, her family physician had the patient taken to her room and I followed. After we were seated I could see expressed on that girl's face, as clearly as I can see my hand, these words: "Now make me talk if you can."

So I began to talk to her physician and let her listen. After a while she joined in the conversation. Later she cautiously answered some of my questions. It took an hour or so before we had reached the point where I

turned toward her and suddenly and forcibly asked, "Did you ever have a love affair?" Her answer came as if torn from her heart and mind. It was "Yes." Then, with one of the hardest struggles to keep back her tears, she gave me the whole story.

Now, I cannot tell you what I said during that hour. I could not if I tried modulate my voice as I did then. I did not leave my chair to feel of her pulse, pet her or touch her in any way. But, I secured her symptoms, and at once I saw the entire group in the provings of Ignatia.

LOQUACITY—JEALOUSY

Lachesis

Case I. Mrs. J. C., age forty-one; mother of three children; family and personal history good; having enjoyed excellent health until six months ago, walked into my office with a quick, firm step and without waiting for any questions began a tirade against her husband. He had always been a kind, faithful, helpful husband until six months ago, when she noticed he had become infatuated with the housekeeper. At this point I excused myself and brought in the office stenographer. The stenographer was put in my chair at the desk, I took a chair back of her, facing the patient as usual; the daughter was put at her mother's right, so that the mother could not see her while talking to me. The patient then began again, and the stenographer took her statements. The daughter shook her head at most that the mother said. The patient was permitted to talk at a rapid rate for half

an hour, when I interrupted her, saying it was nearly the lunch hour and that she could resume at 2.00 P. M.

She was advised to go to the Y. W. C. A. rooms for lunch and rest. The daughter was asked to get paper and pencil at the "Y" and write briefly her version of the case. The stenographer was to type her notes, which were ready at 1.00 P. M. I read the patient's statements, over two thousand words. The statements were incoherent, rambling, untruthful, and hence wholly unreliable. The daughter's written statements showed that she was an artist in painting, even the picture of a remedy. The colors and shadings were perfectly blended and were as follows: "Doctor, Mother's not responsible for what she says and has not been since her father's death six and a half months ago when he was suddenly killed in a railway accident. Mother is a very affectionate person and just worshipped Grandpa. When she received the news, she fainted and became unconscious. It took Dr. Knox five hours before he could restore her. Mother was menstruating at the time. The flow stopped and she has not been unwell since. When Grandpa's will was read she learned that everything had been left to her but that Father was given full charge of it all. From that time on Mother has accused Father of everything.

"The housekeeper she mentioned so often is Mother's aunt, her father's own sister, an old maid, who lived with us, in a sense as housekeeper, looking after the meals, etc. When Auntie went to live with Grandma, and Father went there often, Mother accused him of going to visit

Auntie. She also accused Auntie of being the cause of having the will written as it was so that Father and Auntie could have the money for themselves and that Mother and we children could not have any."

I quickly ran through two remedies as follows: A mental case in a neurotic, sensitive, emotional woman, as the predisposing cause. The exciting cause was shock. The results were, first, grief, then suppression of menses, a functional change, followed by delusions and illusions; also functional changes, and finally jealousy, with suspicions of her husband and her aunt.

Loquacity was the determining symptom, as refusing to talk was the determining symptom in the Ignatia case.

INHERITANCE—HABITS

Inheritance plays a very important part in the make-up of our patients. Therefore, it is very essential when taking the case that we should go very thoroughly into the family history. Should the patient say that his parents died of heart disease, find out from the accompanying symptoms the condition of the heart by asking whether the patient died suddenly or had been ill for years. Find out whether the patient had dropsy, swelling of the feet and legs; find out whether there was difficulty in breathing caused by exertion; find out whether there was inability to sleep lying down, etc. I am going to use a few illustrations to show the effects of heredity.

Case I. I have known four generations of women, everyone of whom suffered from dysmenorrhœa—a girl

of sixteen, her mother of thirty-six, her grandmother of fifty-four, her great-grandmother of seventy-two and her great-great-grandmother of ninety-two. The grandmother, mother and daughter were all materially improved by Viburnum op., the daughter most, the grandmother least. I believe the use of Viburnum on the daughter will so act that her children, should she have daughters, may be wholly free from dysmenorrhœa.

Case II. I have known four generations of women of the same family, every one of whom suffered from a "menstrual sick headache." Three generations of these were helped by Sanguinaria. The degree of relief being in the same order as the case above, I have come to look upon Viburnum and Sanguinaria as *constitution* remedies.

BOOKS AND JOURNALS

We have enjoyed what Doctors Green and McAdams had to say about repertories and how they used them. I use them all as I have shown above where I have also illustrated how I use them. Now for other books and how to use them. Next to what T. F. Allen has written, *vis.*, his Primer, his symptom Register, his Handbook and his Encyclopedia, I have received more help from Erastus Case's Clinical Cases. This for two reasons: first, because he practiced in Connecticut among my relatives and acquaintances and I observed the effects of the remedies he mentions; second, because he saved me from going back to the "flesh pots of Egypt." When, after deciding to change from Allopathy to Homœopathy I

chose Dr. Chas. Beach as my preceptor, he, Beach, told me to get Hering's Condensed Materia Medica and study Rhus tox. as my first remedy. I followed Dr. Beach's advice but gave up in disgust as there was neither rhyme, rhythm, nor reason in it, no sense in the schema-form as found in Hering. At this point Dr. Case came to see a friend of mine and I told him my troubles. Case replied: "The foolish man! Why did he not give you Hughes' Pharmacodynamics first? Get that and read it through. Then you can appreciate Hering." I did, and recognized the fact that Case had an excellent knowledge of human nature and a large fund of common sense. As a result when some allopathic physician asks me for advice about books I give him Case's advice and add Hughes and Farrington's Clinical Materia Medica. Both of these books I read every year. My text book on Homœopathic Materia Medica I recommend for those who wish to make the tissue and organs the basis of their study. The Materia Medica which is the best for every-day use, is Wm. Boericke's, because, as I have already stated, it is both condensed and yet comprehensive, and more because it is reliable, giving the experience of a practical man with a large practice. I also turn to this book for the modalities; also for the relationship of one remedy for another, *i. e.*, whether inimical or complementary, and if the latter, which should precede and which should follow the other, and finally for the potency.

For works on practice, Prof. W. H. Dickinson's stands at the head of the list, because it also is concise, com-

prehensive and practical. His diagnosis and prognosis are excellent. However, it is old and has but little to suggest as auxiliary treatment. As a counterpart, W. S. Mills is nearer up-to-date and is reliable.

In my own practice I give not only a good deal of space to auxiliary treatment, but also cite several cases illustrating the grouping and the potency of the remedy.

Lillienthal's Therapeutics I have had at my left hand ever since I graduated. He gives the remedies under headings representing the different organs. He puts in italics the remedies, and also the symptoms of those remedies which he has found most useful under the different headings. However, he does not mention the potencies.

For diseases of women I place Ludlam at the head. I have already referred to him and his books. Southwick I use a great deal because he also cites many illustrative cases and is very practical in regard to the administration of the remedy. Woods' Gynecology I refer to frequently when I am in doubt as to what tissue or organ is affected and how affected.

For surgery my old Prof. Helmuth's book is not only excellent in diagnosis and technique, but he was also a good prescriber. Gilchrist's Surgery I am quite familiar with, because we worked together for years in the State University of Iowa. He was also an excellent prescriber, using remedies in all potencies.

James W. Ward has also been very helpful to me with his articles, which have appeared in different journals,

especially the one found in the Transactions of the A. I. H. of the year 1906.

On nervous diseases, besides Lillienthal's lectures, of which I have full notes, I have O'Connor's Nervous Diseases and John Wilson's book on Nervous Diseases. The latter I prize and use frequently, because we have been acquainted since boyhood. Wilson's book is a good deal like Bartlett's Practice of Medicine, in that he goes very extensively into all the different subjects. If I want to get a large view of the subject Neurology I sit down and read Wilson.

In my Homœopathic Therapy of Diseases of the Brain and Nerves, I cite many cases, the treatment for which I received information from the above author. In addition to that I have a very full index, including one on illustrative cases and another on comparison of remedies.

<i>Remedy</i>	<i>Journal</i>
PAGE 1 Aconite	Pacific Coast, November, 1929
PAGE 151 Hamamelis	Midwest, December, 1929
PAGE 225 Fierrin phos.	Homœopathic Recorder, April, 1929
PAGE 299 Veronal	Hahnemannian Monthly, Sept., 1929
PAGE 375 Vitamins	Your Health, December, 1929
PAGE 625 Blood, Sugar & Diabetes	Journal A. I. H., April, 1929
PAGE 675 Cardeovasculos Syphilis	Hahnemannian Monthly, Sept., 1929
PAGE 691 Bronco-Pneumonia of Children	Homœopathic Recorder, Sept., 1929

My only book on skin diseases is Dearborn's. This is an excellent book in every particular. I was well acquainted with the senior Dearborn and fairly well acquainted with the junior. What they give in their books is comprehensive and practical.

My advice to you older practitioners is to stick to the books you are familiar with, and gradually add to them others only as fast as you have time to carefully read and thoroughly assimilate. Let me illustrate. On one of my trips to Iowa City from Des Moines I was in a railroad accident. The road engineer came and looked over the wreck to find out what was needed to clear it up. He gave me the privilege of going back with him to the division station and watch his men work. The engineer's first order was: "Make 500 wedges, two feet long, from the pile of twelve-foot planks." I noticed that the tools

<i>Author</i>	<i>Subject</i>
James Ward	Surgical Shock PAGE 2
Lucy S. Hartzog, M. D.	Varicose Veins PAGE 152
George Royal, M. D.	A Study of F. P. PAGE 226
Albert A. Super, M. D.	Clinical Observation PAGE 300
W. E. Allyn, M. D.	Study of V. PAGE 376
I. S. Kleiner, Ph.D.	General Consideration of PAGE 626
E. R. Snider, M. D.	The Medium Conception of— PAGE 676
Herbert A. Roberts, M. D.	Treatment of— PAGE 692

used by the men were an adz, a broadax, a hand ax or hatchet, a saw, and a drawplane. There was but little difference in the time it took each man to make a wedge. However, the only one I could have used was the saw. And so each of you can best use the tools you are familiar with.

Now as to the journals. I took the North American Journal of Homœopathy from '82 until it was sold and for several years after that. I have taken The Hahnemannian Monthly from the time I graduated until the present day. I have bound copies of both of the above journals. I took the Advance for years when H. C. Allen was editor. The Homœopathic Recorder I have taken for years. I took this because of the articles contributed to it by Stuart Close who for many years was editor of Homœopathic Philosophy. I am still taking it and receive much benefit from reading it because it cites cases for which the high potencies have been used and is of much assistance in showing me how to take the case.

These are journals for everyone beginning the practice of Homœopathy, The Journal of the A. I. H., The Hahnemannian Monthly, and The Homœopathic Recorder. These publish the best articles from those who claim to practice *scientific* homœopathy, *pure Hahnemannian* homœopathy, and *practical* homœopathy; the *high* and *low* and the all-potency men. You get articles on theory, on philosophy, in these three. Then if you want *news*, take the Midwest News Journal, a growing, vigorous youngster.

In closing on the journal question, let me suggest a plan which will greatly enhance their value. Get a book such as is commonly used as a ledger, say of seven hundred pages. Then as your journals are read each month, record the contents in the ledger, as indicated on the foregoing two pages. If the recent graduate will bind his journals each year after cataloguing them, according to the plan suggested, he will soon have a good reference library.*

*See pages 74 and 75

CHAPTER V

HOW TO SELECT AND ADMINISTER THE INDICATED REMEDY

After having secured our symptoms, arranged them, grouped them, studied them singly or combined as a drug or remedy, and having "taken the case," *i. e.*, secured the symptoms of each individual patient, which act has brought to mind a certain class of remedies, the most important part of the work of the homœopathic physician is to select the one remedy of the class and administer it. The administration includes the potency, the size of the dose, the frequency of repetition, when to discontinue, and when to resume taking. Also through what channels it is to be administered, the care of the channel, the medium in which it is to be administered, *i. e.*, oil, water, alcohol, etc., etc., and last, but not by any means least, the auxiliary treatment, such as diet, exercise, bathing, clothing, change of climate, etc.

Our subject is naturally divided into two parts, first, how to select; second, how to administer the indicated remedy. The four former chapters on How to Secure and Arrange Symptoms for the Purpose of Grouping and Ranking Them; How to Study a Symptom; How to Study a Drug, and How to Take the Case, have been four steps leading up to our subject.

Always keep in mind to select the remedy for the pa-

tient, never for the disease, the condition, with which the patient is suffering. For this arduous, difficult and yet most vital task we are in the habit of being guided by the following rules:

1st, The make-up of the patient.

2nd, The tissue or organ involved.

3rd, Whether the involved tissue or organ be irritated, inflamed, functionally changed or structurally changed.

4th, The personal history.

5th, The family history.

6th, The modalities of the symptoms.

7th, "The Totality of Symptoms" as determined by the six foregoing findings.

By make-up of the patient we mean his personality—his physical, intellectual, spiritual self. To ascertain this, the physician's office should be so arranged that a good light (natural, if possible) is thrown upon the patient so that the color of the skin and mucous membrane, as well as the expression of the face and eyes may be ascertained at a glance. The indicated remedy has often been determined by me from the walk, the color of the skin, and expression of the face of the patient as he entered our office for the first time.

After the patient is seated, ascertain and *write down* his name, age, residence, occupation, etc. After this let him state his *complaint*, the reason for his coming to you, in his own words, which will usually be, "I am so nervous," "I cannot sleep," "My stomach is out of order," "I have a cough," etc. Should the statement be insomnia,

get the particulars, *e. g.*, the time of night, whether sleepy or wide-awake, or whether from pain, excitement or worry.

Note whether the patient is given to exaggeration or the opposite. All of the above is included under the heading make-up.

The tissue or organs involved may be determined by studying the patient's subjective and objective symptoms, *e. g.*, a sharp, shooting, darting pain along the course of a nerve, without soreness or tenderness, indicates irritation of that nerve; with soreness and aching—inflammation. A throbbing, pulsating sensation in any part of the body indicates congestion or inflammation, or both, of some encapsulated organ; or pus or other fluid in muscular tissue or between fascia. Burning or smarting usually indicates denudation or ulceration of the skin or mucous membrane.

Functional changes show abnormal conditions of the excretions or secretions of the body. Structural changes include atrophy and hypertrophy, broken bones, abscesses, tumors, etc.

Take time and care in getting both the personal and family history. Should the patient say, "Father died of dropsy," the organ whose abnormal functioning caused the "dropsy" and whether the patient means effusion, oedema or something else; the duration of the last illness, etc., such questions as insurance companies require, are very important.

Much stress should be placed on the modalities, the

time of day, the time before and after eating or drinking; the seasons; the climate, etc.

Great care should be taken in cross-examining the patient to avoid suggestions.

To the above, careful and complete tests, chemical, electrical and all other laboratory tests should be added.

Such a "Taking of the Case" should present to the experienced Homœopathist not more than three remedies from which to make his final selection.

To determine which of two or even three remedies has the greater "Totality of Symptoms" and should be administered is a task which requires all the skill, ingenuity, training, and experience of the best prescribers.

It is at this point that the mediocre or even fairly good prescriber does the foolish trick of alternating two or rotating three or more remedies. It is better to prescribe a single remedy though inferior in similarity than two superior in similarity or one superior and one inferior, because the two are liable to be inimical, if not antidotal, to each other. Experience has demonstrated that the nearer alike two remedies are the more inimical they are to each other if given at the same time. Many a time we have been called in consultation when Belladonna and Bryonia, or Aconite and Belladonna were being given in alternation for a fever group and had the patient immediately improving by dropping one of the two and continuing the other in the same potency and dose.

My method of selecting one of two remedies of *apparently* equal rank is to choose the one which has the

greater elective affinity for the tissue or organ presenting the group of symptoms. We always keep in mind the fact that the numerical totality is not necessarily the real totality of symptoms. Next to the elective affinity of the drug we place idiosyncrasy of the patient, *i. e.*, his individuality. And for the third in rank the patient's desires and aversions.

Summary

Select that remedy from the class of drugs which the provers have demonstrated possesses the following:

1st, The strongest "elective affinity" for the affected tissue or organ.

2nd, Which has the power of producing any of the four conditions found in the affected tissue or organ.

3rd, Which has the ranking subjective symptoms and modalities of the individual patient.

Administer the selected remedy according to the following rules:

1st, Use the same preparation which produced the symptoms on the provers, giving a higher potency than that used by the provers.

2nd, The repetition of the dose should be determined by the condition of the patient and what is expected of the remedy.

3rd, The active principle of the remedy should be so liberated by a solvent or other means and of sufficient quantity to reach the cells of the affected tissue.

The auxiliary treatment should be:

1st, Supply the deficiency of phosphorus, iron, lime, etc., in the patient's body.

2nd, Secure a proper amount of fresh air and sunshine.

3rd, Secure a proper amount of exercise, rest and recreation.

Channels

In my practice and teaching I have found and taught four channels through which the indicated remedy must pass to reach the affected tissue or organ. Most remedies must go through the blood; Prussic acid and a few others being the exceptions. The blood may be reached through one of these routes, *viz.*, the skin, the mucous membrane, the capillaries (inter-muscular) or direct into the blood stream through the coats of the veins. As a rule I choose the mucous membrane of the digestive tract. Only occasionally do I go directly into the blood streams, but now and then I find that I cannot secure the desired results of a remedy through either of the other three routes. Frequently I make a local application of the remedy to the tissue for which I give it internally. This local application is frequently made to the mucous membrane, rarely to the skin. It may be the mucous membrane of the nose, mouth, vagina or other organs of the body

Preparation of Channels

To secure the best results from our indicated remedy the channels must be prepared, *e. g.*, if the mouth and

tongue of a typhoid fever patient be dry or covered with sordes or other secretion, thoroughly cleanse and moisten it before giving the medicine. The same rule should be observed for any other section of the mucous membrane or the skin.

Let us illustrate my meaning by citing one case of hundreds which I could easily recall. It was a case of a middle-aged, laboring man sick with typhoid fever. I was called in consultation with a brother Homœopathist, an exclusive high-potency man, though not always confining himself to the single dose.

The patient *lay on a dirty, filthy bed, mouth wide open, tongue brown, with red streaks through center and as dry as a chip.* He was completely unconscious and had *voided and defæcated involuntarily for three days.* His temperature was 104.7, pulse rapid, 140; weak and irregular. We had little trouble in deciding upon Arsenicum alb. as the remedy. The doctor then took out his little pocket-book medicine case, put about a grain of sac lac on a powder paper and on that ten little discs medicated with Arsenicum. He then took up the powder paper and put the contents upon the patient's tongue. When I said something, the doctor turned and asked as innocently as a child: "What's the matter?" My reply was: "You might as well put your Arsenicum on the floor." Again came, "Why?" and then, as an after-thought, "What would you do?" In reply I told the man's wife to get some warm water and soap, moisten and wash the patient's mouth and then rinse it with clean water. I

then called for a teacup of water, dissolved the doctor's Arsenicum in it, and had the wife give it to the patient in tablespoon doses till all was taken as one dose.

I then suggested that the patient be given an enema. As there was no syringe in the house, I had the city nurse come and give the enema. Also, to give the patient a good bath with tepid water. The man got well. Why? Was it the Arsenicum, the enema, the preparing the channel, or nature, or all three combined? The doctor thought his Arsenicum did it. I thought all did it. The sad part of the case was that the good doctor failed to profit by the experience. A few months later friends of his patient forced him to call me. The case was *very much* like the first and the doctor's treatment had been identically that of the first.

Cause

While in college, my professors, T. F. Allen, St. Clair Smith, Martin Deschere and Samuel Lilienthal, especially the latter, very emphatically emphasized the importance of Hahnemann's saying: "*Remove the Cause.*"

I was taught, not only by the above-named professors, but also by my old school preceptor, to divide causes into predisposing and exciting. Under predisposing, heredity was the main factor, and by heredity we understood a tendency to "take cold easily," to contract such diseases as pleurisy, pneumonia, bronchitis, etc., more easily than those whose parents had never been afflicted in the same or similar condition. Also that they suffered from tuber-

culosis, insanity, menstrual headache, etc., because their ancestors suffered from the same conditions.

Under exciting causes was included exposure to elements of any kind; germs of all kinds, like those of typhoid fever, scarlet fever, diphtheria, bubonic plague, yellow fever, etc. Also foods and drinks; fear, joy and excesses of any and all kinds.

My experience of half a century has demonstrated the value of this teaching. As those of us who were fortunate enough to find our way to Luger's clinic at Vienna remember, he also stressed the importance of going to the "source of the matter," of keeping in mind that often the cause of the colitis (on which subject he was lecturing) was found "Elsewhere than in the colon."

Please note that the process of *removing the cause* is often one *way of administering auxiliary treatment*. Let me illustrate by the following case: An unmarried school teacher; aged 33; weight 121; height five feet six and one-half inches; dark, sallow complexion; stooped shoulders; sad disposition; *extremely conscientious, which caused her to be on her feet all the time in her school-room*, came with the following complaint: "Doctor, I want something to help keep my uterus in place." She then continued, "I mean something besides pessaries. I have been harnessed up with them nearly ten years, but it does not seem as though I could be all the rest of my life."

Omitting all other groups, the taking of the case showed that she *resembled her mother* in build and tem-

perament, that she *had two sisters* who also resembled their mother; that she had matured late as had also her sisters; that all three were irregular in time and flow, regarding the menses; that all three suffered from a profuse, acrid leucorrhœa; that all had a pressing-down sensation in the vagina. The physical examination showed tenderness of the pelvic organs to touch; a large prolapsed, retroverted uterus and a large, hard fecal mass in the rectum. In reply to a question, she stated that she was *always constipated, but more so just before the menses*; she also stated that Cascara had been prescribed for the constipation, but that she had to use more and more of it to get results.

Our cause was clear, as was also our indicated remedy, *viz.*, Sepia 1^m, one dose. As *auxiliary treatment a copious enema every morning* till the stool became normal. A *hot saline douche*, two tablespoonfuls of salt to the quart of water at 102. temp. to be given just before going to bed. She was to undress, get into the knee and chest position in her bathtub and let the water into the vagina slowly from a fountain syringe. *After the douche, she was to lie in bed on her stomach with the hips elevated.* Constipation was the first symptom to disappear, then the leucorrhœa, then bearing-down sensation, and the last symptom to disappear was her *tears*.

Case II. Let me relate another case to show that even the indicated remedy is not always needed to help remove the cause. A prominent attorney of Des Moines came to me because of a burning, stinging pain in the spine just

below the shoulder blades; the pain was always worse when and after he sat reading or dictating; the longer he sat the worse the pain became till he got so irritated he could not concentrate his mind. Examination of back showed neither redness, swelling, nor anything abnormal.

He was given Arsenicum alb. at first. He came back with, "No better, even worse." He then said he was better from getting up and walking while dictating, also from walking to and from his home, which he did *only* in pleasant weather. Surely this was Rhus tox., and it was given, but with no better results than with the Arsenicum. One day his office girl phoned me to come to his office. He was sitting in a large swivel chair with a board across the back. He had removed his coat. As I came up to examine his back I noticed a large, silver buckle on his vest between the board and the sore spot on his back. He took off his vest, asked the office girl for her scissors, cut off the buckle, took the rest of my medicine out of his pocket, and threw both into the waste paper basket,—and handed me a five-dollar bill. He was cured by removing the cause.

Case III. An old patient of mine who had lived out of Des Moines four years, came into my office with her five-year-old boy and said, "Dr. Royal, tell me what to do with this youngster to break him of sucking his thumb. Now don't tell me to tie it up or put mustard or salt pork rind on it, for we have tried all that, haven't we, son?" When they came back to Des Moines, his grandmother told me, the boy did not look well nor act well, besides

sucking his thumb. The mother's statement and an examination showed that the boy needed Silica 30th. When the mother was told that, she retorted, "That won't cure him of sucking his thumb, will it?" To my "No," she again retorted, "Well, what will?" My *auxiliary treatment* was the following: The first time you find him sucking his thumb, *put him in front of a looking glass*, have him face it with his thumb in his mouth, *and keep him there thirty minutes*. This treatment with a dose of Silica 30th every morning before breakfast ended the thumb sucking.

An occasional dose of Silica 30th and a diet rich in iron and phosphorus, with hanging by his hands a few minutes every night and morning, straightened his spine, warmed his hands and feet of a cold sweat so that he was a normal and natural boy nine months after his first treatment.

Case IV. A *Sulphur* patient, a boy about the same age as Case III, of whom his mother said: "I can't make Johnnie keep clean, especially his hands. He dreads water and his body fairly stinks in spite of all I can do," was cured by Sulphur 1^m one dose, and buying him two nice rings, one for each hand.

Administration

Having selected the indicated remedy, having decided upon the medium in which it should be given; having decided upon the repetition of the dose and the potency; having prepared the channels, the next step in its admin-

istration is to give such direction as will secure the confidence of the patients. These directions apply not only to the remedy, but to auxiliaries to the remedies such as diet, exercise, habits, etc.

My experience has taught me that it requires as thorough a knowledge of the records of the day books of our drug provers; as good a knowledge of human nature; as good a memory; as much *tact*, and as wide experience as it did to select the remedy; for in addition to deciding the potency of our remedy, the size and repetition of the dose, we must consider the channels through which to administer it and the auxiliary treatment. To illustrate my meaning concerning tact, let me relate two cases by Prof. S. Lilienthal and one by Prof. N. H. Dickinson.

Case I. A wealthy woman living on Fifth Avenue, New York, who took great pleasure in telling all her friends that she was a chronic invalid, had been unable to walk, in fact, even dress herself, for over a year; she did not suffer much, but was "so weak, so weak!" One morning Professor Lilienthal's wife asked him to go with her to look at a cloak in one of the leading New York stores. From there Lilienthal went to see his patient. Her report was that for the past twenty-four hours there had been no improvement. She was so weak that it took her maid two hours to help her bathe that morning. Professor Lilienthal then described a cloak he had seen at the store in the morning. He used all the adjectives of which he was a past master, to describe that cloak, and informed

his patient that the cloak would be on exhibition again at 2 o'clock that afternoon.

He then gave the patient some Placebo and told her that he was sure that would strengthen her; that it was a new remedy that he had read about the night before. At 2 o'clock he was in his carriage on the street opposite the store and, as he expected, his patient soon appeared to examine the cloak. From that date on she had no neurasthenia.

Case II. This time a case of hysteria; also a Fifth Avenue patient whose husband paid Professor Lilienthal \$1000.00 a quarter to take care of his wife. It was her habit to call Professor Lilienthal between midnight and three o'clock. On this occasion he found her suffering most excruciating pain in the stomach. She was turning in bed, first in one position and then in another, exclaiming, "Do something, do something! Can't you relieve me; I shall die before morning." In her contortions she happened to turn into the knee and chest position and Professor Lilienthal brought his hand down upon her buttock with a sound that could be heard all over the house. The patient at once turned over, sat up, and pointing, said to Lilienthal, "There's the door." The Professor went. The patient never had another attack of hysteria. The husband, however, paid his \$1000.00 a quarter for three years afterwards.

Case III. Professor W. H. Dickinson was the most tactful man I ever associated with. Let me give you one illustration of his tact. We had held a long consultation

over a patient—a woman, aged forty-five, who had a long, large chin, with heavy jaws, and thin lips, which closed with a snap and remained closed. She had told us what was the matter with her and what she wanted us to do. Dr. Dickinson put up the remedy agreed upon and said, "Take five, just fifteen minutes BEFORE, now remember *before*, each of your three meals." When we got outdoors Dickinson said to me: "I noticed the surprise on your face when I said *before* meals. You see, I know her. The only way to get her to do what you want her to do is to tell her to do the opposite. She will take the medicine fifteen minutes after each meal, as I want her to do."

The Potency and Repetition of the Dose

Having decided upon the indicated remedy, we still find two very important and difficult questions confronting us. The first is: In what potency should it be given? The second one is: If more than one dose, at what intervals should the doses be repeated? Let us take up these two questions.

The Potency

To determine the potency to be given has been much more difficult than to determine the repetition of the dose. I have put in a great deal of time studying this question. The method has been much the same as that employed in determining the repetition of the dose, *viz.*, to study the reports of provers and patients (Clinical cases), and

to ascertain from our encyclopædias and journals the potency used when the group of symptoms similar to the one under consideration was caused or cured, or both, and give the remedy in the same potency. In this study of both provers and patients special attention should be given to the make-up. When the potency is not given in the recorded cases, a higher potency should be selected for the markedly neurotic and the highly susceptible patients, than for the dull, sluggish, unimpressionable ones. Another element enters into deciding on the potency, and that is whether the case is an acute or chronic one. The potency should always be higher and the time waiting to determine whether the remedy given is acting or not should be much longer for chronic than acute cases.

One more case to illustrate. I made the acquaintance of Dr. H. C. Allen while he was at Ann Arbor. After he moved to Chicago we became more intimate. He advised his sister Jennie, who lives in Iowa, to employ me. I sent him many patients in Chicago. One of these patients who called Allen was a maiden lady about fifty. She had been a patient of mine about twenty-five years. She had often come to me for the following group of symptoms: A dry cough, worse at night, causing her to sit up, worse after eating and drinking, worse from coming into a warm room. The cough was accompanied by stitching pains in the chest and abdomen; a splitting, bursting headache. Allen gave her *Bryonia 1^m*, one dose. Twenty-four hours later he found her no better; in fact, a little worse, as there was a little rise in temperature.

He repeated his prescription. Thirty-six hours later he called and got the same report: "No better, if anything, worse," and in addition to the report, "Dr. Royal used to give me five discs every two hours and I usually began to improve after the tenth dose and speedily got well." Allen called me on the phone. "What did you give Miss W. for her bronchial attacks?" I replied, "Bryonia." Allen retorted, "So have I, but it did her no good whatever." In reply to "What potency?" he said, "1^m, one dose." I replied, "I tried the 1^m, also the 30th, with her at first with the same results you have secured. Give her five drops of the 3rd every two hours." Allen and Miss W. both told me the 3rd acted as usual.

Repetition of the Dose

Two questions naturally arise in regard to repeating the dose. First, how long should we wait after giving the one or first dose, if there be no improvement, before we either change the dose or the remedy? Second, having decided to repeat the doses, how long should the interval be between the doses. The first question applies especially to the use of the high potencies and is a most difficult one to answer. If the condition be a chronic and also a periodic one, I would suggest that the dose be not repeated till after one of the periods. To illustrate, a patient comes to your office and asks relief from a school-teacher headache, *i. e.*, one coming every Saturday A. M., and the symptoms call for *Iris ver.*; give one dose of the *Iris* and wait till after at least one week elapses. If after

two weeks and no improvement, I change the Iris to some other remedy of the Iris class.

If, on the other hand, the case be one of dysmenorrhœa or menorrhagia, I would wait till after at least one monthly period. On the other hand, should your patient be suffering from an intermittent fever, the attacks coming every two, three or four days, wait till after the expiration of at least two periods.

In regard to the second question, we should be governed entirely by the tissue involved and the condition of that tissue. To illustrate, let us suppose that the blood is the tissue involved and that the abnormal condition has been caused by typhoid fever germs. In such cases two or three doses every twenty-four hours are sufficient. On the other hand, suppose we have a case of angina pectoris or ptomaine poisoning or laryngismus stridulus; we then administer such remedies as Glonoine, Veratrum alb., etc., at intervals as short as fifteen minutes. Here again the records of the provers are of great value. In them we find that such a drug as Glonoine produced symptoms a few seconds after its administration, while workers with Plumbum did not show objective symptoms of nephritis until after months or even years of exposure. I am guided as to the interval between doses by such facts.

In either case, should you get improvement, stop the repetition of the remedy and do not repeat so long as the improvement continues. There is much more that we could say on our subject, but I am getting tired and am sure you are.

Therefore, I will close by saying: Study drug provings, not only the symptoms including the order and frequency of their appearance for the purpose of grouping and ranking them, but study still more the provers, study and ascertain as clearly as possible what inheritance and what environment has done for them.

Study your patient individually as a human being—a triune man, *viz.*, a physical, an intellectual, a spiritual, all three united as one, and so united that it is impossible for one to be affected without the others being affected also.

Auxiliary Treatment

Questions: “What about auxiliary treatment? How much importance do you attach to it? What does it include? You mentioned the words several times yesterday, and I have heard you speak about it several times at our meeting. Tell us more about it.”

Answer: Auxiliary treatment is a very important subject, and has much to do with the results we obtain from our indicated homœopathic remedies. First, let me state what the term means to me. I include in it anything that can in any way make our remedies act more “quickly, safely and permanently.” Let me cite a few cases to illustrate:

At our meeting of the A. I. H. at Montreal I cited the following:

Case I. One of our M. D. colleagues called me to the following case: A woman about 70, inmate of our old people's home. The entrance complaint was “Can't

sleep." The cause was a break in compensation of her heart which had been badly damaged over fifty years ago. The symptoms were, "Can't sleep, as I cannot breathe lying down." The other symptoms were water in all parts of the body, dropsy of both feet and legs, ascites, also water in pericardium and pleura. She had been given Apis, Apocynum, Arsenicum, Strychnia phos., etc., without relief. Anasarcin, two tablets every two hours until diuresis and catharsis were well established, and then Strychnia phos. 3x as needed to prevent a return of the condition. Over two gallons of urine and fæces were drained from the patient during the next thirty-six hours. This was over three years ago and the auxiliary treatment has not been needed since. She takes a dose of the Strychnia phos. 3x occasionally and is able to be up and around.

Please note the fact that homœopathic remedies had been given for the purpose of helping the patient get some sleep lying down. Why should she not sleep? Because the pericardium, the pleura, the abdomen were drowned in a fluid. Why was the fluid there? Because of a permanently disabled heart. The heart and all the organs together working naturally had not removed the water which the diseased heart had permitted to accumulate. Neither had Arsenicum alb. nor the other homœopathic remedies been sufficient to help nature drain the system of the fluid. But the Anasarcin was a sufficient helper.

Wasn't Anasarcin the indicated homœopathic remedy? I don't know, no one knows, because Anasarcin had never

filled the human body with fluid—*i. e.*, has never been thoroughly proven by being administered to humans, animals or plants. We might say that it has been proven clinically many times, times enough by myself so that I could see an Anasarcin patient in this old lady.

Again, note that the Anasarcin was not able to meet all three requirements. It did remove the fluid *rapidly* and *safely*, but not permanently. It did, however, let the old lady breathe and sleep lying down.

And yet again, please note and bear in mind that the Strychnia phos. did not cure, *i. e.*, restore the damaged heart to normal, but it checked the further progress of the fatty degeneration. I feel that the Anasarcin and Strychnia phos. were complementary, *i. e.*, helped each other.

The Diet Question

“What about diet, something practical, up-to-date; something which is auxiliary to the indicated remedy?” I frankly confess that I am “up in the air” on the diet question. Didn’t you learn all about diet, especially the latest on vitamins, on the *Duchess* going over?

Forty years ago I knew ALL about diet; twenty years ago about *half*; ten years ago about a *quarter*; at present I am so confused I really am at sea on the question. For the past fifteen or twenty years the instructors at the Y. W. C. A., who have taught how to construct and supply nick-nacks for tea parties; the old maid teachers on domestic science in our public schools; old maids who never bore a child nor nursed a patient, who never kept

house or cooked for a family, give us through the newspapers, magazines and journals, *all about diet*. Some tell us all about vitamins, some all about oils and fats, others all about fruits and vegetables. One day we read that spinach contains pure iron in just the form for the anæmic person; the next day we read that the most important part of spinach is not iron, but muriatic acid, etc. One says *eat* much cabbage, the other says *don't eat* cabbage, bringing to mind the old chestnut "Cabbage good for typhoid patients; cabbage kills typhoid patients." So I have about given up in despair. "But you teach it and write about it in your reported cases."

Yes, I tell my patients they can tell much better than their physician what to eat and drink and what not to. I quote that old jingle: "Found in the *oyster* but not in the shell, found in the *river* but not in the well," etc. The thing refers to a letter like R, *e. g.*, I tell the patient to apply it in the following manner. When they have gas or a sour stomach or a diarrhœa, write down in a notebook every article of food or drink taken at the two or three meals preceding the attacks. Do this half a dozen or so times, and they can find out the offending article of diet. Then let that article severely alone.

My experience has taught me that *Coffea* high is very effective for insomnia caused by drinking a large amount of ordinary strong coffee or a smaller amount of very strong coffee; also that coffee is inimical to *Nux vom.* in any potency, *i. e.*, that coffee and *Nux* are incompatible. I have also found out that a remedy in a high potency

will prepare the digestive organs so that they will digest and assimilate food or drink which has formerly disagreed with the patient.

Case I. A tall, slender, long-boned, light-complexioned young woman said: "Doctor, I crave fruit, especially apples. I would like fruit at every meal, but it makes gas and causes acidity of the stomach and mouth. Can you help me?" I assured her I could. I put her up a two-dram vial of Phosphorus 30th and told her to take five discs ten minutes before each of her three meals. Also told her to eat apples—eat apples to her heart's content, and to report a week after the medicine had been used up. Her report was: "It has helped a good deal, most for the acidity, but I am far from cured."

The vial of Phosphorus was refilled and ordered taken as before. In addition, I ordered two drams of Horsford's Acid Phosphate in a teacup of hot water fifteen minutes after meals. Six weeks later, she reported: "I'm all right now; can eat all the fruit I want, but do not crave so much of it; and, what is better, I do not have a cough, which I had every time I went out into the cold air."

Another preparation of Phosphorus, which I have found beneficial as an auxiliary to Phosphorus 30th or 1^m is Eskay's Neuro Phosphates. This I give in two-dram doses after meals. Are not the phosphates the cause of the good results? No, for in some cases I have given them without the Phosphorus high and failed, and after that combined them and was successful.

But sometimes it is not food nor drink which must be prohibited. Pernicious habits, aversions and desires are as difficult to change or control.

Case II. A neurotic, exceedingly emotional young woman of twenty-four came to me for help. She said: "When I go to a theatre and see and hear something emotional, or read some sensational book, I get the worst headache, followed by a profuse, prostrating diarrhoea and urging to urinate so that I'm done up for a week." She was advised to go to the weekly prayer meeting instead of the theatre and read Milton's "Paradise Lost."

"Did that cure her?" No, because such patients never follow directions (orders). Gelsemium 30th both before and after the theatre did help some, all I could promise her.

I have tried for the past decade to induce some homœopathic physician who has a hospital, with a good laboratory, to make a study of what I call *drug dietetics* so that we could have a reference book to which we could turn and find at a glance what diet agrees with patients needing a certain remedy, and what diet disagrees, but I have plead in vain. I am compiling a little pamphlet, however, from cases reported, in which the diet and other auxiliary treatments have been reported. It would be a great help if everyone reporting cases would give the auxiliary treatment they advise for each case and the results they obtain therefrom in full.

Palliation

I am going to frankly and freely confess that I use anodynes, mostly the different preparations of opium, in connection with the homœopathic remedy. I believe the practice to be not only humane, but reasonable and sensible, and that it has saved many lives. Under what conditions do I use palliation? I will illustrate by citing three cases.

Case I. A young man was working in a factory. He was caught by a belt which went over a shaft which was about eighteen inches from the ceiling and was carried over that shaft. The result was ruptured abdominal wall with intestines protruding and thirteen fractures. The necessary surgical service was rendered. When he came out from under the anæsthetic I injected into his arm $1/4$ gr. of Morphia sulph. and $1/500$ gr. Atropine. He was kept under the influence of this anodyne for nearly a week. He lived, and I am sure that the opiate should be given credit for saving his life.

Case II. A little girl two and a half years old was helping her mother in the kitchen. There was on the edge of the table a pail of hot lard. The girl reached up and pulled the pail of lard over the lower part of her face, neck and chest. The first thing I did was to inject $1/8$ gr. Morphia sulph. Then I dressed the burned surface with Cantharis and gave Cantharis internally.

Case III. Mrs. H. M. C., age 32; mother of two children; extremely neurotic; subject to spells of insomnia; was standing on the porch of her home talking with a neighbor who was just leaving after a call. While

they were talking her two children, one aged two and the other five, were playing on the sidewalk. The two-year-old started to run across the street in front of a street car and the second child made a dive for the first to pull him back. Both were instantly killed. The mother fell unconscious. On returning consciousness two hours afterward she began to scream, "I've killed my babies, I've killed my babies. I was talking to my neighbor."

Everything was done that could be done to quiet her by assuring her she was not to blame, etc., but to no avail. I was then called and gave her one-fourth grain of Morphia sulph. hypodermically. When the effect of that was gone and she began to scream again, I gave the second dose. She was kept unconscious for forty-eight hours. After that she was given Ignatia 30th, five drops every three hours. The Morphia was only repeated once, *viz.*, on the night after the burial of the children, and then only one dose was needed.

The three cases illustrate my practice for forty-six years and I am ready to defend it before any body of reasonable, sensible men or women.

And now, in conclusion, let me thank you again for an opportunity of making another payment on the debt I owe to Homœopathy—Homœopathy, the greatest therapeutic system of medicine—Homœopathy, the only system of Therapeutics based upon an immutable law—Homœopathy, which saved my life and gave me fifty years of opportunities.

PART II

INTRODUCTION

THE LANGUAGE OF SYMPTOMS

A symptom is a demonstration of the condition of the tissues and organs of an individual—of a personality. Many of you remember that, as dean, in my first lecture to the freshman class I used the following sentences as an introduction: “Man is a triune being made up of the physical, the intellectual and spiritual. In proportion as you students study and understand the relation of these three units to each other, will be your success as physicians.”

Now, let us recall briefly the various divisions and subdivisions of a symptom, and with that as a starting point, investigate more closely the manner in which a symptom demonstrates, shows, tells the conditions of a personality. As intimated above, symptoms talk, have a language by which they make known their likes, their aversions and desires, their joys and sorrows, their pleasures and griefs, etc., as much as do the Italians, the Germans or the French; and a good interpreter of symptoms is just as essential as is one for an Italian, German or Frenchman. We will simply mention (as a definition is unnecessary) the following divisions: objective, the subjective, the mixed, and the rational; the common and uncommon; the general and the particular; the frequent and the rare; the pathogenetic; the clinical; the verified and unverified.

We are also familiar with the statement that the essentials of a symptom are three, *viz.*, location, sensation and modalities; and last, that because different symptoms hold a different rank when compared with others, and that the same symptom may have a different rank in different groups, we know that the numerical totality is not always the real totality.

Symptoms express their meaning sometimes by a single word; sometimes by a compound word; sometimes by a phrase; sometimes by a sentence; sometimes by a paragraph. Usually the word or phrase conveys to the hearer thereof an accurate and complete idea which the speaker wishes to convey; sometimes, however, they do not. "Helen-Maria" and "You are too damn dumb" are good examples of our statement. The manner, *i. e.*, the tone of voice, the expression on the face, the use of the hands of our patients, should always be of the greatest importance in helping interpret the meaning and fixing the rank of the symptoms.

Ninety-five per cent of the innumerable patients that have talked to me during the past fifty years have used ache or pain, or both. The word ache may have been modified by such adjectives as dull and sharp, constant and intermittent; the word pain by awful, dull, sharp, excruciating, terrible, unbearable, throbbing, beating, pounding, shooting, burning, darting, killing, stinging, cutting, etc. For the purpose of interpreting our symptoms and indicating the remedy used for a few entrance complaints, we will cite some cases.

CHAPTER I

“HEART TROUBLE”

For the past five or six years the number of my patients who have given “heart trouble” as their “Entrance” or chief complaint has been second only to those who have made “losing weight” their leading or important symptom.

The reasons for this, in my opinion, are two-fold; First: The promiscuous and almost universal use of the coal-tar products of which Aspirin is the worst. Second: The pace at which we Americans are living. For these reasons more space will be given to the Auxiliary treatment of “heart troubles” than to other conditions.

ACUTE CARDITIS

Actæa racemosa

Case I. Miss M. L. C.; aged 18; dark skin; dark hair and eyes; well-developed muscles, especially arms and legs; nervous temperament; history of “*growing pains*” from 7 to 12 years of age; matured at 13; menses always too profuse, flow clotted most of the time, and when so had severe pain in left ovary, in back, and down the thighs; always felt blue and “miserable generally” for a *few days before the menses*.

Present conditions: “Night before last was *out in a cold rain*, both feet and legs wet. About midnight began

to have sharp electric-like pains in all parts of my body. Had mother get up and get me some *hot drink* and put *hot things* about me. This relieved the pains so that I slept from 2.30 to 3.30 A. M. Was too lame and stiff to get up, so laid abed all day. The pains began to get worse in the P. M., especially about my left arm, shoulder and heart. My heart was fast at times and then slow, following sticking pains through my heart. The fingers twitched and cramped, so did my left leg. I felt as if my old "*St. Vitus Dance*," which you remember you cured, was coming back. I could not sleep, partly because of the pains but also because I was afraid to go to sleep." Temperature 101.8; pulse irregular, 110-130. Gave five drops of the 3rd of *Actea* in a teacup of hot water every half hour for four doses, then every two hours till relieved. This was at 6 A. M. Mother telephoned at noon that she was much easier. At 6.30 P. M. pulse 100., temperature 99.8, skin moist. Discontinued medicine. At 9 A. M. next day pulse 85, temperature 99; had slept most of night. Case dismissed with orders to report after her next monthly period. Three weeks later she reported: "The same old story, was as blue as indigo for three days before the flow which was very profuse for four days. The pains about as usual, but not about the heart this time, though that was fast at times and I felt faint when it was." *Actea* 1^m, one dose in distilled water, and to report after next period. That report read: "Much better in every way, especially the mind." Has needed no medicine since—20 years.

Bryonia alb.

Case II. Mr. H. A., aged 26; a banker; married; of good habits; with excellent family and personal history; presented the following group of symptoms: "At the gym two days ago I exercised more vigorously than usual and failed to take the usual bath before going home. In the evening a slight chill; yesterday some sharp pain in my left chest over my lung and heart. I took a dose of hot lemonade and walked to the office thinking the exercise would do me good, but the walk made the pain worse and made my heart beat faster. After awhile at the office felt better and met my people as usual. Went from the office to the gym, but the exercise brought back the pain and rapid heart worse than ever, so I came home. Was fairly comfortable when still, but excitement made me worse. Did not sleep very well and this morning have a little fever. I am afraid I am going to have pneumonia."

A physical examination revealed the following: Friction sound over the heart synchronous with the pulse beat but not with the breathing, though breathing aggravated it; sharp sticking pain in cardiac region; thirst increased; temperature 102 and pulse varying from 105-120; urine scanty and dark; some headache, not bad.

Bryonia 6th, five drops on discs, every two hours. A liquid diet and rest in bed returned him to his office in six days.

Case III. I am going to report another *Bryonia* case by way of contrast and to show the importance of an

accurate knowledge of the tissue involved and how involved (diagnosis and pathology).

Mr. C. H. B., a laboring man, aged 38, with a family history, personal history, and make-up identical with the banker, called me early one morning, and gave the following: "I was working hard yesterday P. M. shoveling and got very warm and sweaty. At 5 P. M., while in that condition, I quit, put on my coat and took the street car for home. The car was cold, and by the time I got home I was nearly frozen. After a hot supper I felt better. Went to bed at 9 and to sleep at once. About 1 A. M. I was awakened with a severe sticking pain in my left side and lung, every breath made the pain worse, so did moving. I had a little dry cough, skin was moist and dry by turn. All things have been getting worse since." Examination showed temperature 102.1, pulse 120, hard and regular, a friction murmur not synchronous with the pulse but with the breathing; a slight increase of dullness in an area larger than the normal area of heart dullness. Bryonia was given the same as in the other case, and I promised to see him in the evening. About 2 P. M. his wife phoned: "Mr. B. is so much better he does not think it will be necessary for you to come to-night." I did not go. But on the next P. M., as I was going by the house I "just dropped in." The man and wife gave the following "The pain grew worse till about 10 A. M., then it began to ease up and soon it was all gone. He slept some last night, but was dry and moist by turn. He is very thirsty." Examination showed that

there was much infusion in the pleura—that its presence had been the cause of relief from the pain. Thinking that Bryonia might still absorb the fluid, continued it. The next day the pathognomonic rise and fall of temperature and the continued increase of dry and moist skin led me to think Bryonia was not going to absorb the fluid, so it was discontinued. On the third day there was bulging of the chest, a larger area of dullness and signs of weakness, so I aspirated, and finding the fluid purulent, evacuated it by resecting one rib and opening the pleural cavity. After the operation he was given one dose of Hepar 30th. The recovery was rapid and complete.

Aconitum nap.

There is no remedy which has aborted so many cases of carditis and also endo- and peri-carditis as Aconite. It must be given at the very beginning of the condition before there is any exudate or effusion. The cause is a symptom of high rank. Case :

A farmer, aged 43; dark; robust; active temperament; of good habits; was out herding cattle in a severe blizzard one day. Most of the P. M. he was on horseback, riding against a piercing north wind. He got home about 8 P. M., ate his supper, and then feeling tired, went to bed at 9 P. M. He was soon asleep. He waked up cold about 11.30 P. M., and an hour later had a hard chill, soon followed by a raging fever. He was very restless. As the fever and restlessness increased rapidly he began

to feel that he was going to have pneumonia. The symptoms given above grew worse rapidly, so that about 5 A. M. he waked the hired man, told him he was afraid he was going to die, sent him to town to bring me as quickly as possible, and if I could not come to bring Dr. A. M. Linn. I reached his place about 8 A. M. and found the temp. 105.3, pulse 145, hard and firm; respiration 42; sharp, sticking pain over and through the heart; the palpitations of the heart were violent, the skin was dry and hot. Aconite 6th was put into a glass of water, five drops to a dram, and a dram of the solution given at once with orders to repeat the same every thirty minutes till he began to sweat. Also ordered the use of half of a lemon squeezed into a pint of water as hot as he could drink to be given at once, and that hot flatirons be placed about him in bed. He drank the hot lemonade eagerly, as he was very thirsty, but he rebelled against the hot flatirons, saying, "What for? I'm burning up already." He consented, however.

As I asked the hired man to get the team to take me back, he objected, insisting that I stay until he felt better, for he was sure he would die if I did not. I stayed. After the fifth dose of the medicine he began to sweat and the pains about the heart to be less. The medicine was discontinued, but some alcohol was put in water in the glass and the order given that a spoonful be taken once an hour.

When I visited him the next morning, his pulse, temperature and skin were nearly normal. The pain had ceased.

When I said, "You don't need anything more," he replied: "Oh, yes, I do, for I feel better after every dose of that medicine. You leave more of that in the glass and also some in a bottle, so I can fix it if I or mine get as I was." He has used the Aconite, not the alcohol, only once during the past twenty-five years.

PERI-CARDITIS

Spigelia

Allen, in his Handbook, says: "For Endo- and Pericarditis."

Case: Miss C. H. W., aged 35; teacher in Des Moines public schools; dark, neurotic; poor sleeper; active—of an active brain and neuralgic pains—also occasionally been violent—palpitation of the heart. The palpitation seemed to be worse when she had indigestion with gas and also when the bowels were constipated, with stools hard and nodular, accompanied by cramps in the intestines.

F. H.—Bad. *Tuberculosis* on the father's side and *rheumatism* and *heart trouble* on the mother's side. "The doctors wrote 'dropsy and valvular insufficiency' on my mother's death certificate."

P. H.—"My uncle, who was an M. D., always said I was anæmic and scrofulous." The above was written after her Entrance Complaint, which was, "Doctor, what can you do for my heart? It is pounding the life out of me."

Examination revealed a slight mitral murmur, a violent visible palpitation, a variable pulse, variable both in time and volume.

Spigelia 30th, five drops on disks every three hours. After forty-eight hours she reported: "No change except more nervous than ever." Spigelia 30th discontinued and Placebo substituted.

Reporting forty-eight hours later, she said, "Doctor, can't you help me? If not, I must go elsewhere. I am worse than ever."

Sent ten drops of Spigelia 1^m and Placebo. Twenty-four hours later she again reported: "Quite a little better, but far from well. I am going on vacation for ten days to see if that'll help me. I go tomorrow." At the end of the two weeks' vacation she returned and said: "I guess I'm a hopeless case. No better for the rest. I was away from home, so could not regulate my diet as usual. As a result, the indigestion and gas were so bad at times I could hardly breathe in a close room. I could not lie on my left side at all."

Cactus

I told her I was going to give her Cactus 3rd. She asked: "Is Cactus like 'Cactina pills?'" The friend with whom I was staying gave me some of them which she keeps in the house all the time and takes herself. I feel as though they helped me."

Cactus 3rd, five drops on discs, taken before each of the three meals for two weeks and to return to her old

diet of fruits, vegetables, cereals, fish, milk, and honey for sweetening, cured her. The indigestion and gas was the last group of symptoms to disappear.

Colchicum

Colchicum is not as acute or rapid in its action as are Aconite and Spigelia, but it is just as violent—yes, and even more so—than they are. It acts better than they in chronic cases—more like Cactus. It does not complete a cure but holds a bad condition in check for a long time.

Case: A young girl, aged 13, an only child of weak parents, father's folks were tubercular and her mother's "rheumatic." The child had been subject to "growing pains" all her life. She had had two long and severe attacks of rheumatic fever, at which times she suffered from severe pains in the chest. The following symptoms were present on my first visit: "Have not been able to lie down for nearly a week." Why? "Because I cannot breathe is the main cause, and besides I have such pounding and such a load on my chest that I cannot get a good, long, deep breath, even when I am sitting up. There is such a trembling in my chest."

Examination showed a mitral insufficiency with quite pronounced murmurs, compensation hypertrophy; temperature 101; pulse variable, irregular, at times slow, at times fast, quite firm and wiry; tongue coated, white at the base with red edges. She also told me that every odor made her sick; that even her coffee, which she usually enjoyed, nauseated her; that she was quite

thirsty, but that the water, especially if cold, nauseated.

The patient was put upon Colchicum 3rd, five drops given in water every three hours.

I took a sample of the urine to the office, found it to be of a specific gravity 1038, containing quite a number of epithelial cells and a slight amount of albumen. My second call, twelve hours after the first, showed no improvement. The medicine was continued, no food to be allowed, but to put each dose of medicine into a teacup full of hot water. Twenty-four hours later she had been able to breathe easier, the pains were less severe and she had slept about four hours, though not in a reclining position. It was a week before she was able to lie in the recumbent position, although she had rested better night by night by removing one pillow each night. At the end of ten days she was free from pain, pulse and respiration nearly normal, and was able to eat without suffering from the odor of the food. Her diet has been gradually increased until at the present time meat is the only article prohibited. She has been under observation for about three years, during which time she has matured; the menses being normal, has increased about twenty-five pounds in flesh, and has been able to attend school, being excused from gymnasium work and being prevented from taking part in any study or plays which causes excitement. There is still a marked murmur and she is obliged to avoid violent exercise and excitement, also to refrain from meat and what she has found by experience to be *gas-producing* articles of diet.

ANGINA PECTORIS—CONGESTION OF BRAIN Glonoine

Glonoine, like Kali carb., is a very hard remedy to study. The difficulty is to determine the size of the dose, the potency and the repetition of the dose. Again, prognosis is difficult. It takes a great deal of experience with the remedy to be able to use it to cure or simply to palliate. T. F. Allen and J. H. Clarke both put it down for *Angina pectoris*, and both give two groups of symptoms for it, groups which are often called primary and secondary, or action and reaction. Both also give in their groups symptoms obtained from provers and from patients, *i. e.*, verified symptoms. In the illustrative cases only verified symptoms were used in making the totality.

Case I. Miss C. H., aged 28; slight build; height five feet six inches; weight 98 pounds; extremely neurotic; poor sleeper; matured at twelve; menses irregular, always late, often only once in four or five months, but at two or three intervals during the five months a feeling as if the menses would come, but instead a dreadful headache accompanied by flushed, hot face, cold feet and legs. "At such times my heart would beat so I could see it move in my chest and could feel the beat in every part of my body, except the head. There were sharp, clutching pains about the heart, and sharp, sticking pains in the head. The above condition grew worse till about three years ago I lost consciousness, fainted dead away. Dr. Linn then gave me some Glonoine, 3^x. If I took ten drops I avoided the fainting, and the other symptoms were less severe

and of shorter duration. But this soon lost its effect, and some little capsules were taken in the place of the Glonoine. I broke one of these under my nose when the pounding of the heart became real bad, and that helped me for awhile, but this time I fainted, although I had broken two of the capsules. Now, is there no help for me?"

At my request, she gave me her heart group: "First my heart begins to flutter, then it begins to beat harder and faster, and then it just *pounds*. There is no other word for it. The pounding is always followed by sharp pains in my heart and head." "What makes it better or worse?" "Stimulants when it is at its worst will slow it down and make me feel better." "Be more explicit." "Well, two tablespoonfuls of good brandy or whisky (such as dad has) in a teacup of hot water with a little sugar. Yes, one dose is enough. But the trouble with that is that it upsets my stomach and bowels." "How?" "Makes me vomit and run off at the bowels." "What else?" "Gas in my stomach and bowels always makes the heart worse, so does stooping or moving, especially going up stairs. I fainted once on the stairs and once in the toilet when I went in to urinate. Yes, sometimes I have to go every few minutes. Oh! cold always feels good for the head, but not to the feet and legs.

"Mental condition? Oh! I dread the attacks awfully and when they do come I lose my head, Father says. For some time after I can't think straight, can't get any good from reading, and I can't write, because my hands shake so badly."

She was given Glonoine 1^x and 30th. The 1^x was to be taken for the same condition as Linn had given it for. The 30th she was to begin taking thirty-six hours after recovering from her "fainting" spell, and to take five disks (drops) every three hours during the daytime. She was to cut out meats, all stimulants, and such articles of food as caused flatulent dyspepsia. She was told to avoid excitement as much as possible and to sleep nine to ten hours out of every twenty-four when possible. She was to report once in two weeks.

The first was: "Fainted once only, the second day after I was here. Have had several headaches, but they are growing a little less severe. Digestion better, but I do miss my coffee so and peanuts, both of which I found out by your method were bad for my stomach. My butter fat I take mostly in the shape of ice cream which our cook makes."

She was ordered to cut out two doses of the 30th daily. She never had any more Angina. The menstrual and stomach functions became nearly normal and her nervousness improved. She expressed her condition at the end of six years as follows: "Yes, I still fly to pieces but not half so often, and the pieces are not as small as they used to be. I take the medicine only once in a while."

Case II. Mrs. F. L., married; mother of three children; light, florid complexion; five feet four inches tall; weight 130; lazy, sluggish temperament; formerly a good sleeper, now only fair; cannot lie on the left side for it smothers her; Family history very good. P. H.—Late cutting teeth; matured at twelve, flow always profuse;

profuse bland leucorrhœa, worse before and after menses; never worried, never got excited till three years ago, when she was helping the church women serve meals at the annual state fair. At that time she rinsed dishes in cold water during two hot days. On the evening of the second day she was taken with severe sharp pains about the heart, difficult breathing; had to lie down because she felt weak; vomited some of her dinner and supper undigested. The feet and hands were cold. As the pains grew rapidly worse, had her husband phone for a doctor and then fainted. Two of us doctors arrived about the same time. We found the face pale and cool; the pulse beat hardly perceptible, slow; the respiration was not rapid but very shallow. The other doctor carried Amyl nitrite capsules, and the administration of one restored consciousness at once. She also said it relieved the "awful pain which made me faint." The heart beat rapidly became stronger. The face flushed and became hot after about an hour. She was left in charge of her physician. About ten months later I was called because the husband said: "Our doctor does not give her anything between these spells. He has left us those capsules to break in case he cannot be reached." "How many has she had?" "Oh, a dozen or more." She was put upon Glonoine 30th, five disks every three hours during the day. She had only one slight attack after that, but the heart was always slow and weak, though her circulation really improved. The frequency of the dose was made less and less, but she kept some of the medicine with her all the time.

Calcarea carb.

Case I. Patient No. II was so pleased with the result that she sent me her sister, who was of the same make-up and whose symptoms seemed almost identical, to me, as I read them. She tried Glonoine. She took it high and low from the 1^m to the 1^x but without benefit. Finally I sent her some Calcarea carb. 30th, one dose of five grains daily, for fifteen days, and that put an end to the so-called "Angina."

Sparteine sulph.

Dilatation—Tachycardia. While talking with A. L. Blackwood one day and telling him about my experience with Cratægus, he remarked, "Why, those are the very patients I use Sparteine sulph. for." In his book, "Diseases of the Heart," page 96, you find the following: "Sparteine sulphate has been of special service in hysterical subjects with a neurotic history when the heart muscles appear to be undergoing degeneration and compensation is failing."

On page 89: "This remedy is indicated in patients who are nervous and hysterical, with great muscular weakness. The heart's action is weak and feeble. The pulse is weak and small. There is more or less dropsy present that is removed under the influence of this remedy."

On page 108: "Sparteine sulphate is indicated when compensation is failing and the heart's action is weak; the pulse is irregular, feeble, and dropsy is present; there

are dyspeptic symptoms with great accumulation of gas in the gastrointestinal canal, and the patient is subject to nervous and hysterical attacks."

You note Blackwood gave condition and make-up of patients in the above. He always was short on symptoms.

About a year after our conversation I had a patient who presented the following: Mrs. P. J. M., aged 35; light complexion; weight 104; height five feet seven inches; mother of three healthy children; happily mated; jolly, easy-going disposition; sent to me by Dr. B., of M., Ia., with following note: "Tell me what to do for this woman's heart and nerves. Have tried our old friend *Cratægus* high and low with very little satisfaction. Her family history is good. She has had no serious illness except a light run of rheumatism which left her with weak muscles and some regurgitation. The compensating hypertrophy is good, but she flies all to pieces from excitement and gets weak from the least exertion. She has a profuse flow of light-colored urine after a nervous attack, which caused me to try *Gelsemium* without any benefit. I also tried *Ignatia* with same results. Then she got *Cratægus* 3^x, five drops three times daily. That helped her some but she insists that she should be cured."

As Dr. B. was a graduate of S. U. I., I spent but little time with the patient, but sent word back to Dr. B. to try *Sparteine sulph.*, and sent him a small quantity of the 3^x. The patient was to have five grains morning and evening. Dr. B. reported at the end of ten months: "Well, it worked well enough so that she *thinks she is*

cured. Of course her heart is still hypertrophied, but so long as she thinks she's cured, she *IS.*" She took the medicine for about six weeks in the same potency.

Tabacum

The statement was made while studying Sparteine sulph. that Prof. Blackwood was short on symptoms. There are a few exceptions, and Tabacum is one. So clear are his indications for this remedy that I am going to quote him in full:*

*"Tabacum:—*When this remedy is indicated there is an intermittent pulse, pallor with cold, clammy perspiration, vertigo and deathly nausea. There are accumulations of white tenacious mucus in the mouth, and great thirst with deadly nausea and vomiting which comes in paroxysms and is made worse by motion. The stomach feels relaxed as if sinking in. There is violent palpitation of the heart, with paroxysms of præcordial oppression and pain between the shoulders. The pulse is feeble, soft, slow and intermittent. The patient complains of great weakness and debility, is restless and desires to change his position often."

I have found the 3^x potency the best.

ANGINA PECTORIS—PROLAPSUS UTERI

Lilium tigrinum

Another exception to Blackwood's brevity. On page 195 you find: "Lilium tigrinum:—This remedy will be

*Diseases of the Heart, page 194.

found of service in nervous affections of the heart. The patient is usually of the female sex and suffers from ovarian and uterine diseases. She is depressed in spirits and inclined to weep. She feels that things must be done at once but is unable to perform her task, and mental irritation results. The abdomen is distended and there is such a dragging downwards of the organs of the abdomen and chest that she supports the abdomen with her hands. She is a subject of morning diarrhœa, when there is great pressure in the rectum and a constant desire to go to stool. There is a constant desire to urinate which is worse during the day; the discharge is scanty and is followed by a burning and smarting in the urethra. There is a sensation as though the pelvic organs would press through the vulva, with sharp pains in the ovarian region; she finds relief by pressing the hand against the parts. A constant distress about the heart is complained of with sharp, quick pains, also a fluttering and palpitation of the heart and a feeling as if it was squeezed in a vise or was alternately grasped and relaxed. Her limbs are cold, with burning of the palms of the hands and soles of the feet. She is worse at night and finds relief during the day by keeping busy."

I have verified Blackwood's symptomatology and confirmed his results with *Lilium* many times. However, I cannot agree with him that the above group could be called true angina pectoris. I have never known one of these cases either *beginning or ending suddenly*. This case should be cited under the head of Diseases of the

Female Sexual Organs, as one of Prolapsus Uteri, the heart symptoms are reflex from the uterus and the group should be called the uterine group of the remedy.

I have always found it necessary to continue the remedy for weeks at a time and to reinforce it by a diet rich in phosphorus, such as fruit, fish, etc. I have secured the best result from the 3rd or 30th potency.

DISEASES OF VALVES—DROPSY

Convalaria

Case I. Miss F. R., aged 27; weight 134; height five feet six inches; light complexion; cheerful disposition; occupation, office girl for physician five years, but had to quit three months ago "on account of my *heart*."

F. H. "On my mother's side good; all healthy as a rule and lived to be old. On my father's side, history of rheumatism for three generations. I resemble father."

P. H. "Had growing pains from five to fourteen; had rheumatic fever at sixteen, but not bad, only in bed three weeks. The worst pains of that attack were in my arms and left chest, more an aching than real pains, and I was very listless all the time of the attack and have been since. For a time after that attack all exertion made me short of breath, but that gradually became better and I was quite free of it till three months ago. I matured at fourteen, was regular and normal till the attack of rheumatism; from that time on had a great deal of soreness in the pelvis at the time of the menses, also when for any cause my heart symptoms were worse the pelvic pains

were worse. The pain and ache seemed to start in the sacrum and run down my legs. This pelvic condition improved as the heart improved, and ceased when my heart trouble did, only to return when the heart trouble returned, *i. e.*, for two periods."

Present symptoms? "Was out in the woods for a picnic, a good, long way from our autos, when one of our sudden storms came up. We gathered up our things, which took some time, and started on a run, but the rain came before we reached the auto and I got drenched when warm. That night the old feeling about the heart came back so severe that I sent for a doctor after midnight. He gave me Rhus 3rd, but that nor anything else seems to do any good. I have tried Spigelia, Cactus, Digitalis, all of them in various potencies.

"Be more precise about my symptoms, especially the modalities? Yes, I knew you would ask that. My doctor did not, so I have been writing them down for the past week." They were as follows: "Cannot breathe lying down, so at first had to put several pillows under my shoulders; the past few nights I have spent in a chair with my head on another chair in front of me. I can feel and see my heart beat against my chest, even when sitting. Exertion makes all the symptoms worse; have been obliged to give up climbing stairs, so had a bed brought down.

"Yes, my doctor examined me with the help of an old school friend of his. They both agreed that I had Endocarditis. The other doctor also thought I had a 'broken

compensation,' but my doctor did not. They both said my heart was too large. Yes, they made a blood count. That was all right; the urine was also normal; the blood pressure was 114-68.

"My stomach and bowels? The bowels are all right, have always been, but since the picnic my appetite has not been as good as usual and I have vomited several times, more at the time of my period.

"My mental condition? Well, I don't think anyone in my condition could be very cheerful or happy. Yes, I am depressed. No, I don't weep. You have known me and know I am not of the sobbing kind."

A physical examination showed some dropsy of both feet and legs, a good deal of abdominal fluid, and a marked murmur over the apex of the heart with slight hydrothorax. She was given *Convalaria* 2^x, five drops every two hours till she could lie down and sleep, then to discontinue it for a few weeks should the improvement continue; but to repeat the order when the improvement ceased.

There was a profuse flow of urine beginning fourteen hours after the first dose. She was able to lie down and sleep all night the third night after. The pains in the sacrum and down the legs have not returned. She has been obliged to resort to the remedy in the same dose and interval between doses several times during the past three years, always when she forgot that she has a damaged heart and over-exerted. In other words, she is not cured, but only improved.

FAILING COMPENSATION—FATTY HEART***Strophanthus his.***

This remedy seems to have an elective affinity for muscular tissues, especially the muscles of the heart. It was very popular a few years ago, but soon fell into disrepute owing to the fact that it was used indiscriminately and given in too large doses. For a time it was lauded by leaders of the old school for the purpose of sustaining the heart during pneumonia; then it was severely condemned because it killed patients who had pneumonia. The same attitude toward it was taken by those of our school who aped the old school or followed the direction of the pharmacists. However, it has a place which no other heart remedy can fill.

Case: Mr. G. McC., aged 49, thick set, fleshy; healthy till he was 28 when he had an attack of rheumatism, followed by good Compensating Hypertrophy. At 37 he was in an auto wreck which caused a break in compensation and beginning of "fatty degeneration" which, however, was checked and held under good control till he contracted pneumonia. Dr. A. M. Linn was called to attend him and found the left lung nearly solid, expectorating a good deal of blood, some heaviness of the chest, temperature 104.3, pulse 145, weak and irregular, with the normal diastole nearly obliterated.

Dr. Linn gave him Phosphorus 6^x, five drops every hour. He was called back after five hours and found the pulse more rapid and weaker. Dr. Linn gave an injection of $\frac{1}{4}$ grain of Strychnia. An hour later as the pa-

tient was getting worse he called me, telling me to bring some *Cratægus* and *Strophanthus*. We decided to give the latter in the 2^x, five drops in a dram of water. The dose was repeated in 15 minutes. An hour after the first dose the pulse was 15 beats less and the quality was better. The medicine was then given every hour for eight hours, and then every two hours, till about 50 hours after the first dose, when resolution began, and Dr. Linn changed to *Ammonia carb.* 3^x, five grains every two hours, which remedy took care of the absorption.

Three weeks later, when the patient began getting up and the heart symptoms returned, Dr. Linn put him back upon *Strophanthus* 3^x, with excellent results. The patient, however, had to use it occasionally for years.

RHUS TOX.

Case I. Endocarditis Due to "Rheumatism" and Overexertion. Miss I. V., aged 25; weight 130; height five feet seven inches; dark hair and skin; a B. A., who had been a good athlete in college, and who wrote her occupation "waiting for the right man," came into the office with, "Doctor, what can you do for my bum heart? You know I want a good one, should that man come along."

F. H.—"You have known *father*, he's been no good with rheumatism for years, *i. e.*, no good physically. He's O. K. mentally, just as keen about business as ever. His mother had rheumatic fever and died of it when father was six months old.

"Mother and her folks are and have been 'Yankees'— all have to be killed off."

P. H.—"I have been in the best of condition till eighteen months ago; was on the basketball team and in everything else at the university. But about six months after graduating had a run of rheumatic fever with a temperature 105, pulse 160 when at my worst. I was away for the holidays and aunty had her physician care for me. He gave me what I call 'Sillic acid.' He also said my kidneys acted badly, and that, as my heart had been weakened, I must take care of it and give up my tennis and basketball. I've found he was right, for if I play basketball a few minutes my heart flaps, pounds, and jumps into all parts of my body. Then my eyes feel large and the lids puff; my breath gets short and I can't get it; but the worst is such weakness, which causes me to lie down. Lying quietly helps the worst symptoms. It takes hours and sometimes days to get over the weakness."

"I still have some trembling, also jerking pains in all parts of my body as I did with the rheumatic fever. They are worse in damp weather. But the worst feeling, especially in my legs, is weakness, stiffness and trembling. The stiffness and trembling seem to be worse after sitting or lying a long time; but, on the other hand, the weakness is better from sitting or lying."

Examination showed marked hypertrophy, a systolic murmur over the apex of the heart, an irregular pulse, irregular both in number and volume of beats.



She was given Rhus tox. 30th, five drops on disks before meals and at bedtime. This greatly relieved the condition of the heart and the stiffness. Rhus tox. in the same potency was given at intervals for eight months. Two months later one dose of Rhus 1^m was given, but she reported that she was sure this did not work as well as the 30th, so she was given the 30th, to be taken when there was a return of the old trouble. After two years her report is: "Free from pain most of the time. Can endure a brief walk but cannot play tennis or basketball, much to my regret."

SENILE HEART—CHRONIC MYOCARDITIS

Arsenicum iod.

This compound has helped relieve many patients of mine who presented symptoms similar to the following:

Case I. Mr. J. B., aged 72; a widower. F. H: Many of mother's folks were subject to heart disease. She and her father both died of heart trouble.

"The cause of heart trouble? Oh! I don't know. The doctor said there was something wrong with the arteries and also with the lining of the heart. What about the lining? Oh! that had been inflamed years before and had never healed. Were all the arteries hardened or only those of the heart? The doctor said all of them. But my grandfather did not die of that. He had heart disease and a *stroke*.

"My worst trouble is palpitation of the heart. It just beats and pounds after the least bit of work, especially

if I stoop over to work. And then I get dizzy when I straighten up. *I get so dizzy.* If I hurry a little I get dizzy and tremble all over, and have sharp pains in the heart. Otherwise I guess I'm pretty good for my age."

Examination showed blood pressure 205-110; pulse 88, weak and irregular sitting, 120 after hopping across the floor a few times. His respiration was 26 sitting, but 40, short and catchy, after the exertion. He was given Arsenicum iod. 3^x, five grains twice daily for three weeks. He was to cut out all meats and cut down the usual amount of tobacco, and also warned against any violent exertion.

Two months brought his blood pressure down to 164-90, relieved his vertigo and improved his pulse and palpitation of heart, also the sharp pains. However, he died of cerebral hæmorrhage seven years afterward, only living a few hours after the stroke.

FUNCTIONAL CHANGES

Crataegus oxy.

Since 1902 I have used *Crataegus* frequently. It is a much easier drug to study and understand than *Digitalis*. There are not so many preparations as are found under *Digitalis*. It is not claimed to be a cure-all for every abnormal condition of the heart as is *Digitalis*. It has been well proven and its clinical results have been well reported. In Anshutz's *New, Old, and Forgotten Remedies*, pages 108 to 114, you will find many of these clinical

cases and references to other authorities which have appeared prior to 1900.

In the Journal of the A. I. H. of 1925, on pages 59 to 132, you may find what I had to say about *Cratægus*, and also a comparison of it and *Digitalis*.

As stated in my Practice of Medicine, the two conditions for which it is best indicated are functional and structural. As illustration I will copy one case out of many for each of the two conditions.

Case I. Miss J. P. L., aged 23, Junior in the University through which she was working her way by sewing for her mates; dark complexion, neurotic temperament; called me one evening and gave the following: "I don't know what is the matter with me. During the past three months I have been unable to sleep. Why? Oh, worry, I guess, for I do not know as I am going to get work enough to carry me through; I am not getting as much work as I did last year. Why? Well, to tell the truth, I am too cross and irritable for one thing, and too nervous to do the work as well as I formerly did for another. But what I had you come here for this evening is that I have had a few fainting spells lately. My heart will begin to pound like a trip-hammer; then a most excruciating pain about the heart; then I smother; then things get black and I am gone. The first time my room-mate caught me, but the other times I fell out of my chair when trying to reach my bed. I am very weak after these spells. No, I have never bitten my tongue nor hurt myself in these falls. My menses have been more frequent

and lasted longer than usual." Her room-mate stated at this point: "I am going to tell you the truth, Dr. Royal: Jenny is starving herself to death." An examination next day showed her heart perfectly normal, the pulse 86, weak; red blood cells 2,680,000, white 8,740; the reds irregular, the whites normal. I had just been reading *New, Old, and Forgotten Remedies*. My prescription was five drops of *Cratægus* tincture in a glass of milk at each of her three meals and at bedtime. In addition, I told her she must eat more, must make her diet rich in iron and butter fat. At least one quart of half-and-half daily.

The next day I went to some friends in Des Moines, raised a purse of \$100.00, and took it to her parents with instructions that they send her \$10.00 per week, and to say that it was a loan which she could pay back after she graduated. She had only one more fainting spell. General improvement was apparent when she reported at the end of the third week. The anæmia had disappeared at the end of four months and the menses were normal after nine months. She continued the medicine for two months, cutting the number of daily doses from four to three, then two, then one.

Case II: Mrs. H. G., a widow, aged 43; dark complexion, sluggish temperament, fat, thick set, used beer moderately; F. H. good. P. H.: Had an attack of "rheumatic fever" at 26 which kept her in bed six weeks. At that time had severe pain in left chest so bad the doctor gave her morphine for a week. Following this attack the pain

and shortness of breath on exertion gradually improved so that she considered herself well from 28 till 43, at which time her husband committed suicide by taking Arsenic. At that time the pains, shortness of breath, scanty urine, gas from indigestion, etc., symptoms, similar to those which she had during her first attack, reappeared. Examination showed mitral insufficiency; a very large heart; rapid, weak, irregular pulse; dyspnoea, all greatly aggravated by exertion, so much so that the effort of examination caused blueness of the lips and finger tips; blood pressure 195-98. *Cratægus* was given in five drops of the tincture, the second dose 45 minutes after the first. At the end of an hour the cyanosis had disappeared and the pulse was much better. I ordered the third dose to be given an hour after the second and left her in the care of her daughter.

I was summoned seven hours later and found her in about the same condition as at first call. The cause was that her grandchild, a babe ten months old, had fallen out of its high chair. The *Cratægus* was repeated every half hour for three doses. This caused improvement so that I left her at the end of two hours, but this time in charge of a nurse who was ordered to increase the interval between doses as the patient's condition improved. Twenty-four hours later she was very comfortable. The potency of the remedy was then changed to the 3^x, to be given in five-drop doses, four times daily. This was 18 years ago. She has always kept the tincture on hand and has been obliged to use it several times when she was greatly ex-

cited (she has never over-exerted physically). She usually follows the tincture by the 3^x, as in the first attack.

Digitalis

There is no other remedy in the materia medica of our school or the dominant school about which there is so great a difference of opinion. The leading teachers of therapeutics differ in regard to the different conditions of the heart it is useful for, the preparations, the dose, including the repetition, and finally, what is expected as to results. While studying the remedy for my practice of medicine I wrote to twenty of our teachers and writers for their experience. I shall quote two answers I received. The first, "Why think of anything else when Digitalis acts so well for all conditions?" This was from G. Harlan Wells, whose opinion I hold in high esteem. The second was: "Have discarded Digitalis years ago. I never could learn enough about it to either teach or use it." The writer of that answer has gone to his reward, but as a teacher and prescriber he ranked as high as Wells. My experience forces me to agree with the latter writer. I have taught its use for thirty-seven years but not with any satisfaction to myself or to my students. I have used it for fifty years with similar results.* There are, however, two conditions for which I have had good results from its use. The conditions are Acute Dilation and Broken Compensation. I will cite a case of each as illustrations.

*See Practice of Medicine, page 262.

Case I. Mr. John H., a fireman, aged 27, with a good family and personal history, was caught in a burning building from which he escaped after almost super-human exertion. The result was an acute dilation. He came under my care six months after the fire, presenting the following symptoms: A slow, weak, intermittent pulse which became very rapid, weaker and more intermittent on exertion, either mental or physical, but more from the latter. Gas, the result of indigestion, also caused dyspnoea which was very severe, causing him to stand. He could neither sit nor lie down during the attack of gas till after he had taken soda. He had lost nearly thirty pounds in weight. He was given Digitalis in the 3^x, five drops before meals and at bedtime till he noticed marked improvement and then told to discontinue the remedy. It was over three weeks before this was done. Some five weeks later the improvement ceased and the remedy was resumed.

Improvement began after taking it five days and continued for two months. After using the remedy fifteen months at lengthening intervals he had very good compensation and has not been obliged to resort to the remedy since.

Case II. Broken Compensation and Dropsy. I was called to a neighboring city to see an old widow eighty-one years of age. Found fluid in every part of her body, legs, abdomen, pleura and heart. As a result she could not lie down at all nor sit up with any comfort. Her pulse was slow, intermittent and weak. Her physician

stated he had tried *Arsenicum alb.*, *Apis*, and *Digitalis* in different potencies, the *Digitalis* in the 3rd and 30th, but that she had gradually grown worse. An infusion made from the green leaves so that each dose would represent three grains, the dose to be repeated as follows: the second half an hour after the first, the third an hour later and after that every two hours till there was profuse flow of urine and fæces. Here a ridiculous thing occurred. The doctor stated he would not go to the drug store to get the remedy or send anyone, so I went, got a package of the leaves and had twenty-four grains weighed out. On my return, had the infusion made by the patient's mother and then divided into eight parts. Three hours after the first dose, she urinated seven ounces, which the nurse said was more than she had voided in forty-eight hours. The next day her physician phoned that she had "been running all night" and was then quite comfortable. He wanted me to see the patient the next day. I did so, and examination showed that the doctor had been correct in his diagnosis. The break had been caused by excitement when a home in the neighborhood burned. The patient had had a good night, being able to lie down and obliged to get up only three times to urinate. The *Digitalis* was permanently discontinued and *Strychnia phos.* 3^x was substituted. The dose to be three grains, four times daily for a week. This caused a continuation of improvement till she was as well as before the fire. She used the *Strychnia phos.* on and off, "as a tonic," she said, till her death, which occurred when she was eighty-nine.

In this case the Digitalis acted both as a palliative and "auxiliary treatment." The Strychnia phos. was the patient's remedy. It could not restore the heart tissues to normal but it did check fatty degeneration and prolonged life. However, it could not have done so without the help of the Digitalis.

CHAPTER II

EMACIATION—LOSS OF WEIGHT

The public health boards and the various societies through their journals have made a great impression upon the minds of the laity concerning the importance of the loss of weight. Its significance and importance have become so deeply fixed in the minds of our patients that: "I am losing flesh or weight" is a very frequent Entrance Complaint. For this reason I am giving the accompanying symptoms of some of the most frequently-called-for remedies for that condition with special attention given to the causes, tissues involved, the modalities, and the auxiliary treatment.

Arsenicum album

Make-up: Nondescript, *i. e.*, no definite type or all types. I have found it useful for patients who had always been strong and healthy but who, after an attack of illness like ptomaine poisoning or typhoid, rapidly lost weight and strength. I have also found it useful for patients who had never been strong or robust, but who had lost weight and strength after a slight cold or light attack of measles. I have also found it useful for patients who have rapidly increased in weight, but lost strength after a severe or trivial illness. I have used it for patients with firm, rigid muscles and those with the opposite; for those of dark and light complexion.

Case I. Emaciation and Weakness from Flu. Charles S., aged 42, wholesale groceryman, active, nervous, restless all his life, came to my office in 1899 with: "Doctor, I've been losing flesh rapidly for the past three months—from 194 to 152; more than that, I've been growing weak, am as weak as a kitten." He then went on: "As you know, I was never sick a day until I had that touch of flu for which you gave me a few powders of Arsenicum iod., which cured the grippe, but since then (six months) my appetite has been voracious, my bowels irregular—mostly diarrhœa; my sleep poor. I have been so irritable that the help say I am losing customers as a result. It is this loss of weight that worries me."

To the question: "What about diet?" he replied: "Oh, no change in that. I eat any and everything, but am heaviest on meat. I want a good rich beefsteak every day. I used to think that strengthened me but now nothing helps." He was given Arsenicum alb. 30th, five drops on disks night and morning, and *a diet rich in butter fats, vegetables, and cereals*. He reported at the end of a week: "No change except that I feel better after breakfast till noon than I did, *i. e.*, my bowels and stomach do, but after lunch about the same." I ordered a third dose, given before lunch.

The report at the end of the second week was: "Better every way. Why didn't you give me the dose before lunch to start with?" Four doses of disks, on which I put alcohol, were ordered taken as before. The third weekly report was: "I guess I am all right now; feel

more like myself and have regained five pounds. I don't need any more medicine, do I? And can't I go back to my beefsteak?" He was given no more medicine but ordered to abstain from meat for another month. At that time he was gaining rapidly and had lost his desire for beefsteak. Has been normal since.

Case II. Emaciation—Vomiting—Ptomaine Poisoning. A dark, spare, intelligent girl of six was brought to my office by her mother who said: "Grace's teacher sent her home because she had *lost weight* very rapidly the past month, also because she has been *vomiting the milk* which they gave the children." The mother added: "You know she always had a delicate stomach till three years ago you gave her something that cured her of that, so that she has been well till about two months ago she *ate some over-ripe melon* and had a bad case of ptomaine poisoning. She was given *Veratrum alb.* then. Now anything causes distress in stomach and vomiting, but the worst is cold water which she craves. *Anything cold aggravates.*"

Family history: *Mother's father died of t. b. c.* two weeks before child was born. Had been ill for several years. Mother always had a "weak" stomach till she was given *Tuberculinum 1^m* two years before patient was born.

Patient was given 1 dose *Arsenicum alb. 1^m* and her *diet made hot milk and fruit with spinach and celery soup.* The recovery was rapid and complete.

Iodium

Case I. Emaciation—Ravenous Hunger. A dark-skinned, dark-haired girl of eleven, of t. b. c. diathesis, *whose mother died of t. b. c.* when she was a baby, brought by her father with the following: "What am I going to do with this girl? She is eating me out of 'house and home.' But that is not the worst of it; for the past year she has been *growing thinner and thinner*. She weighs ten pounds less than she did twelve months ago. You know she had her tonsils taken out after three attacks of quinsy and her teacher tells her her spleen is out of order." Examination showed not only her *spleen*, but *liver* enlarged and tender. Red blood cells 3,250,000, leucocytes 9,000.

Modalities: *Likes to be in the open air; enjoys a walk every morning after breakfast.*

Iodium 30th, five drops on disks night and morning.

Diet. Vegetable soup from beef joint, vegetables and fruit, especially spinach and apples. Two weeks later the appetite began to decrease and the weight to increase. The Iodium was discontinued at the end of the third week. Three years later the mother wrote: "Daughter matured five months ago. She *flows too much and has an excoriating leucorrhœa* between the periods. She is *losing weight again*, notwithstanding she eats all the time. Please send medicine and directions." Iodium 30th, five drops on disks, five disks to be taken morning and evening for three days. No change in diet, as she was following previous directions. The next menstrual

period was less, the leucorrhœa nearly gone and the appetite normal. Six months later the menses were "all right."

The Compounds of Iodium

1. I have used *Calcarea iod.* in several cases of *tabes mesenterica of children*, resembling the one reported in my Practice, page 145.

2. For *Arsenicum iod.* when *flu* was the cause, see same book, page 146.

3. For *Stannum iod.* when t. b. c. and *unresolved pneumonia* was the cause, see *Homœopathic Recorder*, March, 1929, page 227.

EMACIATION—AMENORRHŒA

Calcarea carb.

Miss C. B., aged 18, light complexion, short, thick-set, weight 167 pounds. F. H.: Mother died of pneumonia when the patient was six weeks old. Her father and his mother died of t. b. c. Father was never healthy, always took cold easily. His family also had t. b. c., including his mother and grandfather.

P. H.: "Never strong and healthy, slow teething and late maturing, but when the menses came, at 14, they were very profuse and too frequent, only 18 to 21 days." The family physician gave her "an iron tonic" about 11 months ago. Since then "no menstrual flow, but a profuse leucorrhœa. But the worst is a 'lack of pep,' and a 'sour-smelling sweat, worse at night.' Very hungry but everything sours on the stomach and causes a sour-

smelling diarrhœa. I have lost over 30 pounds of flesh, but I am glad of that, as I was too fat."

She was given one dose of *Calcarea carb.* 1^m and told to report after one month. She wrote: "No change that I can see." She was then sent a package of the *Calcarea carb.* 6^x, to be taken five tablets before each meal and at bedtime. She reported at the end of the second month: "Medicine all gone; the menses came two weeks ago. Were about right, I guess. Since they stopped have had but little of the leucorrhœa and my stomach and bowels are very much better; weight the same." Sent a package of Placebo to be taken morning and evening. The report at the end of the third month was: "Menses came 25 days after the last period. I am better every way. Send me more of the last medicine to keep on hand as I might need it." At the end of six months the report was: "I guess I am all right now. I am also glad that I have gained only four pounds and none for the past six weeks." Her diet was what is usually served at a college boarding house. She continued well for the two remaining years of her college course. Since then have had no report.

EMACIATION—CHRONIC DIARRHŒA

Ferrum met.

"Baby girl, 15 months old, light complexion in color, has four teeth and cutting two more; was taken with *cholera infantum* at the age of 9 months. With the cholera came *meningitis*. The stools and mental symptoms pointed to *Chamomilla* and it was given in the 30th with

only slight improvement. Because of the high fever, drowsiness and pain on moving the head forward, Gelsemium 3^x was given till the meningitis subsided, and then we returned to Chamomilla in various potencies with not much success."

Thus spoke the attending physician whom I met in consultation. A careful taking of the case with the help of the mother and doctor elicited the following: "*Weight, less than 4 months ago; seems hungry all the time; stools watery, painless, contain undigested particles of food, and come soon after taking anything, even water; stools more frequent at night than in the daytime; face very pale except when she eats or has a stool, when it flushes a crimson red; eyes bright; occasional fever 100-101 in P. M.; muscles flabby.*" "All sorts of food had been tried, but no one food better than any other," the doctor said.

The child was given Ferrum 30th, three drops three times daily, and Arlington Co. Liquid Beef Peptonoids, two drams in four ounces of warm water every four hours. Improvement soon began and continued unless the *diet was changed*, when the entire group of symptoms returned. It was over two months before she could digest any other food than the Peptonoids. But after that there was gradual improvement under the ordinary child's diet. She was normal at 20 months.

China off.

The Ferrum case was recorded in 1902. In 1904 the young physician referred to in that case wrote me: "I

have another case just like the one Ferrum cured, but that remedy does not phase it." I saw the Doctor and patient, a boy twenty-six months old, and found that by "just like," the Doctor meant *Chronic Diarrhœa with loss of weight*.

Taking the case showed stools alike in consistency, color, odor, and modalities of the two cases, with one exception, namely, that the boy's symptoms *were worse every third day*.

The boy's mother stated that when in Florida the boy had suffered from an attack of *Malaria*, for which the Doctor gave four powders of white medicine, in sweetened water, at 7 and 11 A. M. and 3 and 7 P. M. of the same day. The boy had no chills or fever, but the bowel trouble developed soon after. They then brought the boy back to Ames, Iowa, with the hope that a change of climate would cure him as the Florida Doctor had promised. But the child was no better.

China 30th was suggested, five drops in water at 7 A. M. and after each stool till the boy was better, or for at least three days. Horlick's Malted Milk to be the chief article of diet. The treatment was successful.

After suggesting the treatment the Doctor asked: "What! two different remedies for the same group of symptoms?" My reply was: "Yes, and often two or more groups of symptoms under the same remedy."

The modality, periodicity, was the determining symptom in the boy's case.

EMACIATION—MENOPAUSE—LIVER

Sepia

Case I. In September, 1901, Prof. J. G. Gilchrist brought into my clinic a patient and said: "Here is a woman on whom I have tried surgery and failed. Now see what your department can do." The record in Prof. Gilchrist's department read as follows: "Mrs. B., aged 41; dark; thin; sallow skin; matured at 12; menses always irregular, at times too late, again too early, at times profuse, others scanty; pain in the back and depressed at menstrual periods; never well and strong, but always felt best when carrying my four children; the four confinements normal; had no milk, so they were bottle fed; all boys, healthy; took a severe cold in a soaking rain two years ago; this was followed by pain and soreness of the liver and I became sallow all over, a dark brown or yellow skin; began to *lose flesh* at that time; also had chills and hot flashes since; temperature at times 100, again the same day 97.5 or 98."

Family history: "*Mother died of cancer of liver.* Doctor thought she had gallstones and operated, but it proved to be cancer and she only lived four weeks. The sore never healed."

During May, 1900, Prof. G., after an examination, operated for gallstones on the patient. He found no stone but an *enlarged tender liver*. The incision healed nicely, but in August, because of constant pain, Prof. G. operated the second time and found nothing but adhesions. These were broken up. For the last month not

as much pain as before, but more soreness in the region of the liver. Just beginning to menstruate.

Patient was given *Sepia* 30th, five grains, morning and evening. One week later: "The menses did not last as long as they have at previous periods; chills not so heavy; no other change." Second week's report was: "Less soreness over liver, not so depressed." The *Sepia* discontinued. Third week: "Less soreness; skin not so yellow; better every other way. The menses have appeared again." No medicine. Fourth week: "Worse than last week; almost as bad as at first." *Sepia* 1^m, ten drops in an ounce of distilled water, given before breakfast, followed by Placebo every morning. Fifth week: "More improvement, which continued for three weeks more, when the menses appeared again and the soreness and backache returned; no medicine." Sixth week: "No change." One dose of *Sepia* 500th morning and evening. Seventh week: "Great improvement." Medicine discontinued.

She was kept under observation for five years. Menopause at 43 without anything abnormal, and was in good health in 1918 when she moved to California.

EMACIATION—MARASMUS

Natrum mur.

Case: Susan J., aged 17, dark, skinny, listless, was brought to me by her mother, who said: "You remember us, don't you? You cured Susan when she was 18 months old of that terrible disease you called

Marasmus. Well, three years ago we went to Florida. Nine months ago she had a spell of malaria, for which the doctor down there gave Calomel and Quinine. Ever since then she has been losing flesh, is constipated, has a dry skin, and is weak and cries all the time." Questioning brought out nothing more, except the statement: "Ah, what's the use, I've been doctored to death."

Ten drops of Natrum mur. 1^m were given at once, and disks saturated with alcohol. The disks were to be taken five every morning before breakfast in a pint of water. Diet—fruit, fish and cereals—bread to be whole wheat. All the ice cream she wanted. To report in three months.

Report was: "Ran out of the pills at the end of a month. But as Susan was so much better, did not send up for any more. She is well now and has gained ten pounds."

EMACIATION—PHYSICAL AND NERVOUS

Silica

A university student, with a high grade, female, age 21, weight 128 lbs., height 5 ft. 8 inches, dark blue eyes, light hair, clear skin, came to me with the following complaint: "Doctor Royal, I'm losing not only my flesh but my nerve." Her chart was as follows: F. H., nil; parents both alive and healthy.

P. H. "Have been fairly well all my life; have always suffered from cold hands and feet; matured at 14; menses irregular as to time, now late, then early; *a profuse acrid leucorrhœa when I take cold*, and that I do easily and

often; of late my bowels have been constipated, stools hard, and causing cutting, sharp pains on passing; sometimes a little blood after stools; for the past three months have had a terrible headache, sharp, tearing pains in back of head and neck and come up over the sides into my eyes, the pains are *worse when I get excited*, which I often do, when I *study too late at night and after the menses*. The headache is *better* if I bore my head into my pillow and put *dry heat* on my eyes and forehead. I have been limp and without pep. I got on the scales at gym this A. M. and found I had lost ten pounds in three weeks."

She was given Silica 30th, five drops on disks, night and morning, till after the next menstrual period. Diet of food rich in phosphorus. Normal after three months.

EMACIATION—SYPHILITIC STOMATITIS

Nitric acid

Mrs. J. B., age 36, dark, neurotic; housekeeper; mother of two children aged 6 and 8. Her husband brought me the following written statement, prefacing it by a statement of his own to the effect that she suspected that I had treated him for syphilis five years before; that she also had it, and that her present condition was *due to syphilis*. He wound up with: "You cured me; now cure her."

The patient's written statement was as follows: "Am growing more and more irritable every day. My worst trouble is a terribly sore, ulcerated mouth. The gums and inside of cheeks, also the soft palate, are covered

with sores which bleed a good deal. A bloody saliva runs from the mouth most of the time, but *worse at night*; the odor of it is bad. My stools are generally loose, contain blood and very painful with straining after them; and the menses are offensive, like the mouth discharge. Have *been losing flesh* steadily for over a year. Am writing this because I do not want to see you. I do not want to see anybody. I would kill myself if it were not for my two children." The husband said he had gone to the drug store, secured and given her Mercurius cor. 3^x, but that it did her no good.

Nitric acid 30th, five drops on disks, night and morning. Auxiliary treatment, one tablet of Pix cresole (now called Kollesol) in four ounces of warm water for a mouth wash morning and evening. Two weeks showed marked improvement in the stools, and five weeks in the mental symptoms, but the mouth was no better; the sores had come out of the corners of the mouth and spread out on the face, with much burning and soreness; also a little bleeding. She wound up her written report with: "Am a fright to behold."

Discontinued the medicine. Two weeks later the record shows she came to the office and reported in person: "Well, I guess I want to live. My mouth is much better and my face, as you see, is nearly well." Recovery was complete at end of eight months.

EMACIATION—WEAKNESS

Lachesis

Miss H. E. K.; clerk in a city office; five feet seven inches tall; dark hair and skin, gave us her Entrance Complaint in the following: "*I'm so weak, weak as a kitten, and my flesh seems to be falling off my bones in chunks.*"

F. H. "Parents both living; no deaths among us six children; two grandparents alive and healthy; the other two were over eighty when they died.

P. H. "Had a slight attack of measles when I was eighteen months old. Since then I never saw a sick day till three months ago; menses came at thirteen and have always been normal in time and amount till three months ago. Since then they have been too scanty, and with them I have a nervous headache; in fact, nervous every-way."

When requested to tell all about this "three months ago," she stated that she waked up one morning with a *sore throat and neck*, some *general weakness* and no desire for breakfast. "Two drinks of my coffee, which I always begin breakfast with, nearly choked me while swallowing it, and it made my throat sore. I felt chilly on the way to the office and very weak and sore all over. When the city physician came in he looked at my throat, took my temperature and pulse, also got some blood from my arm; and then had one of the city nurses *inject me with anti-toxine*, swab my throat, and take me home in the city auto. The doctor's order was to go to bed and

stay there till he let me get up. The chilliness increased some during the day, and I was hot and sore at bedtime. I did not sleep well that night, and at 7 A. M. next A. M. was worse in every way. The nurse came at 10.30 A. M., gave me a hot bath and massage which helped me a great deal. I felt enough better by 3 P. M. that I had mother phone down to the City Hall for permission to sit up, which was granted. Slept well that night, and when the nurse came at 9.15 A. M. was told that I was able to sit up, but that I was not to return to my work for at least a week. The next A. M. I was free from pain in my throat; could drink my hot coffee, but was very weak and have been ever since. My throat was swabbed again on the eighth day and also on the tenth. I was then told that I had been threatened with diphtheria, but the injection had saved me from it; was also told that my blood test was 2.750,000 red, 9.225 white, and that the red cells were broken down.

"Oh, yes, the headache! That is a tired, dizzy feeling at night and some pain through head into the forehead, nose and throat, which feeling is worse when I first wake up, especially at the one menstrual period I have had in three months.

"By nervous, I mean that I startle easily, get despondent and want to cry; can't bear anything, *i. e.*, to be pinched, prick my finger, or the pain from my new shoes."

Lachesis 30th triturate tablets, five grains, one dose, and Placebo night and morning. To report in one week. The report was: "I am less nervous, a little stronger, but

the improvement was made during the first three days. There has been none for the last four. That first medicine seemed to do more good than the other. Were they the same?"

Explanation was made and one dose of the Lachesis 30th administered at once. She was then given a supply of the same, with instructions to take one dose three days after improvement had ceased, if it did, again. She was obliged to take four doses. At the end of fifteen months she had regained her normal weight and the test count was good.

CHAPTER III

DIGESTIVE ORGANS

DIARRHŒA—DIABETES MEL.

Arsenicum alb.

Case I. I am going to cite my own case for the purpose of stressing the importance of diet as an auxiliary treatment.

I have been a diabetic since an attack of flu in 1889. The amount of the increased blood sugar has varied at different times and from different causes, and under both conditions the group of symptoms has varied, and with the variation the indicated remedy and auxiliary treatment have varied. As stated on board the steamer, I have never taken a dose of Insulin myself or prescribed it for others.

The Arsenicum group of symptoms for me is as follows: *Sudden and extreme dryness of the mouth; marked physical restlessness; an all-gone feeling in stomach; great thirst; then a profuse dark watery stool, with some burning in the rectum and followed by an aggravation of the prostration and restlessness; occasionally nausea and vomiting of contents of stomach, but very rarely of bile; the vomiting is always easy and never painful unless I drink cold water; a good deal of urging to urinate*

with frequent urination; only a small quantity passed; the total amount is scanty.

Treatment: Arsenicum alb. 6th, five drops in four ounces of hot water every hour till I feel a marked improvement, which time varies from eighteen to forty-two hours. Besides the water taken with the medicine, I drink about four pints of milk and hot water daily, mixed equal parts. I also take two very soft-boiled eggs for my morning meal, taking at the same time a pint of the milk and hot water; for my lunch a bowl of vegetable soup and a pint of milk and water; for dinner, fish, chicken or liver, and the balance of the milk and water. The cause of the above group usually is error in diet committed when I am away from home and cannot get the diet I need.

DIABETES—POLYURIA

Phosphoric acid

When I get overtired—*nervous or mentally*—there is a large increase of sugar in the blood; the all-gone feeling in the stomach; the weakness and prostration; instead of the scanty urine, I void at the rate of four and sometimes six quarts in twenty-four hours; when there is no dryness of the mouth, and when the diarrhœic stools are light gray in color or even white, I take Phosphoric acid, five drops of the 3rd in a dram of water every hour. I take but little water, substitute bacon for eggs for breakfast, and tomato soup for milk and water.

TEETH LATE APPEARING—DECAY EARLY

Calcarea phos.

Calcarea phos. differs from her sister carb. in many respects. Calcarea carb. is given too often for troubles from dentition, while the Calcarea phos. is not used nearly as much as it should be.

Case I. Beth M., aged twelve, rather stout, with a history of tuberculosis on her father's side, stated the following: "What can be done to save my teeth?" She then gave the following report, *viz.*, her fontanel's had been late in closing because, as her doctor said, "there was too small supply for the bones of the skull." The teeth were late in coming and the process of cutting her first teeth was very painful. She was very cross and peevish during the time, notwithstanding the fact that she was "fed" Chamomilla all the time. The first teeth decayed early. They seemed to get loose in the gums and really "fall" out. During the shedding of the first set she was again cross and "nervous," startled easily; had headache; could not sleep well; sleep full of bad dreams; had cold feet with hot head. The second set was also late. For the past eight months they were "getting loose in the gums" and ached, especially if she took anything cold into the mouth.

"No, I have not matured yet, and mother thinks that is what makes me so cross and nervous. No, my stomach does not behave. I have a good deal of pain and gas in it soon after eating. There is burning pain in the pit of my stomach going through to my spine. The pain

is eased up some by rifting gas which is usually sour. Sometimes the distress in my stomach is helped (better) for a short time by eating something or drinking a glass of hot milk. Do I have craving for food? Yes, I'm hungry all the time, but what I eat does no good. I crave all sorts of things. My teacher often tells me to stop eating chalk or my lead pencil. At meals I like salt pork or ham best."

She was given *Calcarea phos.* 6^x, five one-grain tablets, ten minutes before each meal and at bedtime for one week. She was asked to cut out meats, chalk and lead pencils; to eat fruits, vegetables, and cereals rich in lime, and to drink plenty of milk and unfermented grape juice. She was to rinse the mouth with hydrogen peroxide, one part, and water two parts; to hold the water in the mouth for a long time, then to press the gums about the teeth with her thumb and finger. This was to be done after each meal. At the end of a month she reported: "My stomach and appetite much better, but I cannot see any change in my teeth or gums."

The remedy was then changed from 6th to the 30th, five grains night and morning, and ordered to report after six weeks. At that time she reported that everything but the teeth and gums were better, but that she was afraid she would lose her teeth as her dentist said she would, and that she could not bear having to use false teeth as her mother and grandmother did. The remedy was continued for another month. At that time she said she had matured, about "natural," her mother

said, and that her teeth were no worse. There was less pain from cold water around them and less soreness when she had to bite anything hard or used her thumb and finger to press the gums up around them. The remedy was discontinued, but she was advised to make more pressure around the teeth. At the end of thirteen months the teeth did not ache, the gums were not so sore and were firmer around the teeth which she still had and used eight years after treatment.

Please note that the *Calcarea phos.* has a beneficial action on other of the organs of digestion than the teeth.

DELAYED DENTITION—PAINFUL DURING PREGNANCY

Calcarea carb.

As far as delayed and painful dentition are concerned, *Calcarea carb.* does not differ from the *phos.* It has the same aggravation from both cold and heat. Both have late cutting and early decay.

They differ, however, radically in regard to the bony system. The *carb.* has a large supply of bone tissue, but it is soft and unequally distributed, leaving large, open fontanelles. The *phos.* has a deficiency of bone tissue which is hard and brittle. The difference may be still further shown by the following:

Case I. Mrs. H. C., aged twenty-six; married two years; a typical *Calcarea carb.* make-up; pregnant for the first time, seventh month of gestation; asked for relief

from a "terrible" toothache which pained her all the time, but worse at night, also worse from real hot or real cold food or drink. During all her menstrual life she had suffered from the same kind of toothache the last two days of each period and for four or five days afterwards. She had had vomiting the first three months of gestation, but was over that.

Calcarea carb. 3rd put a stop to the toothache in eight days. She took the 3rd, five tablets every three hours, during the daytime. Improvement began on the fifth day, at which time the remedy was discontinued. There was no toothache with the menses which returned ten months after the birth of the child.

Calcarea fluor.

This preparation of Calcarea I have found better than the others when the enamel of the teeth either was deficient or "flaked off." The make-up of the patient resembles the phos. rather than the carb.

I find it acts best in the 3rd, occasionally in the 6th, and rarely in the 30th. It takes much longer time to get results for structural changes than from a simple algia.

TOOTHACHE—STOMATITIS

Terebinthina

Professor Wm. Boericke remarked to me one day: "Royal, did it ever occur to you that Turpentine and Kreosote were complementary to each other for feeding

gums with a very painful toothache, a feeling as if the tooth were separated from the gums and were burning hot?" I pleaded ignorance, and Boericke replied: "Try it once. You know what the sore mouth of Turpentine is. Well, when you come across one with the toothache I have described, give that patient Turpentine in the 6th and have him wash his mouth with it twice daily." A few years later *the* case presented. I gave Terebinthina 6th, five drops on disks three times daily. After I had put up the medicine it came to me that Boericke had not given me the details for the wash. So I experimented by running some up to the 3rd and found that it would mix fairly well with distilled water. The patient used some in my office, and when I found it did not burn him, I put him up a supply. The result was all that we could desire. I have had only one other similar case, though I have added the wash to the 6th and 3rd for the cases of stomatitis calling for Terebinthina.

CHAMOMILLA

Painful Dentition—Convulsions During Dentition

Chamomilla, as you all know, is *the* remedy for the disturbed, nervous system during dentition or for odontalgia, pure and simple, at any period of life. Its symptoms are so well known, not only to homœopathic physicians, but also to homœopathic members of the laity, that I will not take your time repeating illustrative cases.

I have given the convulsion group on page 41 of my "Homœopathic Therapy." There I gave the potency as

the 12th, 30th, and 200th. I would add the 1^m for extremely neurotic patients.

TEETH

Kreosote

Case I. Painful Dentition—Early Decay. A large, poorly-developed boy, aged four; dark complexion; neurotic; a bed-wetter; was brought to me by his mother, who said: "Doctor, you remember what a time we had with this boy when he cut his teeth; well, now they are beginning to decay."

The time referred to was that the boy was extremely nervous for a few days every time a new tooth appeared. There were twitching and jerking of muscles, especially about the face and neck, every time a new tooth appeared. At one time he had a general convulsion. Chamomilla was given him quite frequently for about twenty months.

Examination showed that the teeth decayed and turned black just at the margin of the gums. Two had already broken off, leaving a black stump on the gums which were ulcerated and bled most of the time. Kreosote 30th, five drops four times daily, with lime water and food rich in lime, checked the process and saved all but four teeth.

Kali bich.

Gastritis—Duodenal Ulcer. While I do not intend to quote extensively from my other books, I am going to quote a case from my practice because it is unique

and yet somewhat typical of several similar cases which I have cured with Kali bich.

"Mr. A. B., aged thirty-eight, light, weight 163, had lost over forty pounds during the past year; had had nasal and stomach catarrh since he could remember. Used a good deal of liquor; had been drunk many times." Entrance Complaint, "stomach trouble." Symptoms were: "No appetite, but crave acids; burning pain in pit of stomach aggravated by eating; vomiting of a tough glairy substance, generally white, though sometimes pinkish; stomach and abdomen very tender; on several occasions had passed large quantities of blood and mucus (he had three hæmorrhages while at the hospital); weakness; complete indifference." The diagnosis was gastric and duodenal ulcers.

In addition, he had had several severe hæmorrhages. He was given the 3rd, five grains, three times daily for the two months he was in the hospital, with so little improvement that he was given up as hopeless and went home to Sioux City to die.

A little over a year afterwards he walked into the clinic room one day with a smile on his face, a healthy man. When asked what did it, he replied: "Kali bich. 3rd. I stuck to that and the diet and three months after I left this hospital I began to improve rapidly and have gained ever since."

GLOSSITIS—PROMINENT PAPILLÆ**Argentum nit.**

Argentum is the chronic of Belladonna for glossitis. The prominent symptoms of both are redness of the tip of the tongue and prominent protruding red papillæ. The Belladonna is useful at the beginning of a condition which has developed suddenly. The entire mouth is dry and water does not seem to moisten it. There is no saliva nor bad odor from the mouth. There are no ulcers nor bleeding gums; there rarely is toothache with this condition.

Argentum symptoms have developed very slowly; the mouth sometimes feels dry to the patient, but there is always saliva and mucus, sometimes blood. The gums are sore and ulcerated. The gums recede from the teeth and, though sound, often ache.

I use the 30th in tablet form and give five four times daily. For a mouth wash use a weak solution of the crude, fresh drug two or three times daily.

GASTRIC ULCER—HÆMORRHAGE

To demonstrate that the single dose, the one remedy, or that even more than one indicated remedy are unable to cure every patient, I want to report further on Case VI under Trillium for uterine tumors found on page 222 of the March, 1929, number of the Journal of the A. I. H.

From the time that report was written the patient was in fairly good health; she was very active socially in club and church work. During the year 1928 she menstruated

only twice. The flow was not very profuse and a few doses of Trillium was all that was needed.

As the result of improper diet taken at her club and church parties, as well as at home, she developed at first flatulent dyspepsia. This Lycopodium 30th only partly controlled. Then followed a rather severe attack of gastritis which Argentum nit. 30th helped. After a heavy meal at an all-night bridge party there appeared severe cutting pains from the pit of the stomach radiating in every direction. The cutting pains soon alternated with burning pains, nausea and vomiting of food, blood and mucus. Arsenicum alb. 6^x soon controlled this attack and for a few weeks she was herself again. The period of improvement was due to the fact that she followed a rigid course of diet. But during the holidays she forsook all precautions in that respect.

On January 15, 1929, there came a *hurried* call to the office. As I was out, my son, M. A., hastened to her home and found the following: She was in the bathroom when she began to vomit blood and food. She soon fell to the floor unconscious. The wash bowl contained over a quart of blood. She was given China tincture, five drops every half hour, for several doses, then at longer intervals. She was given copious enemas for several days, as there was what she and the nurse thought was a hard mass of fæcal matter in the lower rectum. The supposed fæcal mass was, on examination, found to be a large chalazan mass of blood and calcareous substance. I removed it with forceps. With China, Ar-

senicum alb. and a proper diet she was permitted to sit up in a chair after five weeks.

For the enæmic headache which followed, Ferrum phos. was given with benefit. She also had a few doses of Luyties' Kalipirin for a severe brachial and sacral neuralgia which prevented sleep.

She gained steadily in strength and weight till I left on my vacation, June 13th.

On July 15th she was taken with severe pains in the region of the appendix with some vomiting. On the 17th she was operated on and a gangrenous, ruptured appendix was found. Examination at the time of the operation showed the uterus to be about normal, the right ovary three times its normal size, hard and nodular; the gall bladder somewhat enlarged and thickened, but no gallstones. Her condition was reported precarious the first three days, but from the 21st till my return, August 4th, there had been slow but constant improvement. On August 5th she had a slight chill and the temperature rose to 101; she was restless, seemed to have grown weaker. I saw her on August 6th, and for the above condition gave Arsenicum alb. 6^x, five drops every two hours. This brought down the temperature and helped the restlessness. She left the hospital two weeks later. The wound had not completely closed at that time. Two weeks later she complained of sharp, burning pains in the right ovary, worse at night and on motion. She was given Conium 3^x, five drops at a dose, every three hours at first. Two days after she said the pains were much

better but that there was a slight flow which smelled like the menstrual flow. The Conium was discontinued. The flow, which was very slight, lasted only four days. Soon after she again complained of the ovarian pains. The Conium was resumed twice daily. Her general condition had improved all this time. She was resuming all her former social functions, sleeping and eating well with no pains in the abdomen or in the wound which was perfectly healed. She was wearing an abdominal support.

On October 18th there came another menstrual flow, much more profuse than the former, but—again—relieving the ovarian pain. The Conium was again discontinued. At present writing she is as active and busy as ever, but that abnormal ovary is still in sight.

I never expect to see her a strictly healthy woman, but I feel sure she will live to a good old age.

Lycopodium

Case I. Acid Dyspepsia—Gas Pains. Mrs. E. S., aged thirty-five; fat; flabby muscles; dark hair and skin, the latter dry and rough; mother of three children, came with the following group:

F. H. "Mother living, aged sixty-two; a tall, slim, spare woman who never had to be in bed from sickness except at the birth of her five children—three girls and two boys. Father died of 'stroke' at the age of sixty-three; he was fat, slow going; always had a bad stomach, full of gas; was always constipated, so that he had to take oil or salts nearly every day; he lived two days

after the stroke but was unconscious all the time. No, he was never sick in bed much but was always grunting.

“My sister and I both resemble dad in build and disposition. The boys are like mother. I wish I was. What did I come for? Gas in my stomach which comes up sometimes as sour as vinegar; then again I cannot get it above my throat pit; it sticks there and burns like fire for two or three hours at a time; yes, the burning and choking goes if I can raise the gas; I used to take a teaspoonful of baking soda to lift it, but that lost its effect; then I got some ‘Bi-Sol-Dol’ at the drug store, and that worked for a while, but it don’t now. Another thing I want you to help is my appetite. I used to want to eat anything and everything; but now, while I am as hungry as ever, I can’t eat anything. I just spleen against everything, and if I force something down, then that gas comes up to my throat and I can’t swallow any more food or drink tea or coffee. Really, Doctor, I am starving to death.

“What about my kidneys? Oh, I don’t know; I have pain back over them and a good deal of burning when I pass water. What about the color of the water? I brought some. You see, the bottom of the bottle is full of that red stuff. It is so most of the time.

“What about my bowels? What do I take to move them? Oh, everything, oil, different forms, *i. e.*, castor oil, mineral oils of different kinds, cascara, etc. I have to change about. How do I sleep? Better than I did. I used to get so hungry in the night that I had to get

up and eat, and then the pains came and I could not sleep. My menses? Oh, they are all right, they come once in five or seven weeks and last from five to eight days; they were always so. I don't mind them. If I can only get my stomach sweetened and get so I can eat again I will grow stronger and be myself."

Examination of the urine showed a large amount of uric acid, specific gravity 1024. The woman was given Lycopodium 30th, five tablets in eight ounces of *hot* water before each meal and at bedtime. Her diet was to be largely fruits and fish, and some vegetables. She was to cut out cereals and for a time bread. When I said *hot* water, she said: "Good, I like everything hot." Two months of the treatment made her feel "better than she had ever felt in her life."

CONSTIPATION—INACTIVITY OF BOWELS

Alumina

Case I. Mr. A. P., aged sixty-one, tall, spare, groceryman, widower; Wasserman 3^x, cause paralysis of the right side; slow in habits, both mentally and physically, came into the office with: "One of my clerks told me you could cure one of constipation with your little pills. I don't think you can, but I told him I would let you try. I have tried everything, but am getting worse. Tell more about it? Why, there is nothing more to tell. I can't have a stool without a physic, and even with a big dose of oil I must sit and strain for an hour before I succeed. And

after I do there is some cutting pain in the rectum, and I bleed a good deal from the rectum. The stools are hard, dry and dark. What about my diet? I have tried everything, coarse bread, half a dozen oranges a day, but none do good. I must force them with drugs. How much liquid do I drink daily? Not much, I guess; including my coffee, about six cups a day. What about my kidneys? Oh, the urine is not much. It is dark colored and I must strain almost as bad to pass it as I do to pass a stool. No, my cathartics do not help that."

He was given Alumina 30th, a grain powder in a pint of water, twenty minutes before each meal and at bedtime. I suggested a quart of milk daily, but he said: "No, I can't do that. Milk makes me worse than ever, and more, it makes me so dull and stupid I can't tend to my business." He did agree to try it with some milk powder.

He was to take an enema before going to bed if the bowels had not moved during the day. He was to fill the bulb of the syringe with castor oil and then force it into the rectum, using two quarts of water. It took six months to cure him, *i. e.*, before he could do away with enemas and reduce the amount of liquids. The partial paralysis was never cured.

Constipation—Impaction. I want to relate one more case to show the action of Alumina and also to demonstrate the benefit of removing the cause and application of auxiliary treatment.

Case I. Mrs. E. N. H., aged sixty-four; of the Alumina build and temperament; mother of a homœopathic

physician who had been sent for because his mother was in a precarious condition and sent for me to assist him. His mother had been constipated for several years because of inactivity of the lower bowels. She had taken "oil, salt water, coarse food, etc., and had gotten along till five days before, since which time there had been no movement of the bowels." She had no desire for stool till the day before, and then it was not the usual sensation, but a feeling of fullness. Her daughter had tried to give her an enema but could not get the bulb of the syringe in more than half an inch, and then could not get the water through.

An examination showed a hard, dry, crumbly mass pushing out the anus. I took the handle of a teaspoon and worked more than half an hour before I could remove the mass. I then took water and rinsed out the rectum thoroughly, and after that made a solution of Arnica, ten drops to an ounce of water, saturated a sponge with it, and inserted the sponge into the rectum.

She was given one gram of Alumina 30th, three times daily. The sponge was to be removed after twenty-four hours if the soreness and bleeding had disappeared, and as a substitute a sponge saturated with a solution of Alumina 1^x, ten grains to the ounce, was to be inserted. This was to be removed every twenty-four hours, an enema of soap and water to remove all fæcal matter from the rectum, after which the Alumina sponge was to be replaced. It was three weeks before the rectum had so far recovered from the forced dilatation as to be able to re-

act to the stimulus of the fæces and contract enough to expel them. It was two months before she had a natural stool. From that time on there was no constipation or bleeding from the rectum. No remedy, even the indicated one, could have removed that mass. Alumina low locally helped the 30th.

DIARRHŒA—GALLSTONES

Chelidonium maj.

A letter from a homœopathic physician read as follows: "I have a patient who formerly suffered from gallstone colic who was cured by Chelidonium in ten-drop doses of the tincture as you suggest in your Practice. After two years she returns with the same group of symptoms she had in 1924, except that the stools are soft, watery and light colored instead of hard, dry and light." I suggested the 30th in place of the *1st and tincture*. The change restored the *function* of the liver in a few days. No change was made in diet or otherwise.

CHRONIC CONSTIPATION—DRY, SORE

RECTUM

Sulphur

Case I. Mr. H. C. A., aged forty-one; farmer; of dark, dirty, dry skin; with an offensive odor from skin, mouth, and stools which were hard, dry, light brown in color; required a good deal of straining; defæcation very painful with protrusion of hæmorrhoids, but not of rec-

tum; some bleeding, but from fissures, not from the hæmorrhoids; much itching and more burning between stools; mucous membrane of tongue, mouth, and palate dry, sticky with a nasty taste, especially in the morning; mentally very irritable, though not so till the present condition appeared. He was given Sulphur 3rd, two grains four times daily.

For auxiliary treatment he was to use a copious enema of soap and water every night before going to bed and then insert a Sulphur and æsculus suppository high up into the rectum. He was himself at the end of six weeks.

For the diarrhœa of Sulphur use from the 30th to 1^m.*

CONSTIPATION—WHITE STOOLS

Calcarea carb.

Case I. Child, age thirty months; typical Calcarea carb. make-up; was brought to me by his mother, who had a good knowledge of homœopathic remedies. She said: "Charles is badly constipated; his stools are large, *hard* and *white*; has also had worms and often passes them just at the end of the stool. His *appetite is enormous*. He sometimes vomits undigested food which has a sour smell, and the stools also smell sour. In fact, he is sour all through."

Calcarea carb. 3^r, three one-grain tablets, four times daily was suggested. To this the mother retorted: "Why, Doctor, you gave him that when he was four-

*See Practice, page 566.

teen months old and suffering from diarrhœa." In reply she was told that the *potency at that time was the 30th*. She then asked: "Does the potency act differently for different conditions?" The Calcarea carb. 3rd acted as well for constipation as the 30th had for diarrhœa.

CONSTIPATION—SLUGGISH LIVER

Podophyllum

Case I. Mr. W. B., age forty-two; contractor and builder; of a dark, swarthy, bilious, sluggish temperament, came with the following complaint: "Doctor, I am *bilious* and *constipated*. I am always a little slow mentally, but for two months am worse than usual. It takes twice as long to figure on plans and get the men at work. Stool? They are large, hard, and almost white, hardly any color to them; they require a good deal of straining, and after stools something drops down which I must push up with my finger. Pain? No, only the part that comes down is getting sore and sometimes bleeds a little." He was given Podophyllum 3^x, one grain before meals in a glass of water. He was also to get some Calendula cerate and to use freely on the prolapsed anus having first cleansed it with hot soap suds. Every symptom cleared up in about three weeks. Please note the potency. In my practice I recommend Podophyllum 30th for diarrhœa.*

*See Practice, page 552.

CHAPTER IV

RESPIRATORY ORGANS

I do not intend to cite cases in which the remedies *most frequently used* for pneumonia, bronchitis, etc., were given as they are found in our books on Practice, but some of the *rarely indicated ones*.

Arum triph.

Case I. Rev. J. C. H., age thirty-two; dark; neurotic; active both mentally and physically; family and personal history negative, came with the following report: "I have been preaching and talking three times daily for two weeks. I have a *sore throat*, a *raw, sore feeling in the upper part of my throat* and some *sticking pains in the upper part of my lungs*, or rather windpipe. Brother W. H. B., a patient of yours, gave me something, I think he said Phosphorus. It helped my hoarseness but does not help the other symptoms. Yes, I must hawk and expectorate some mucus now and then." He was given Arum 3^x, five drops, on disks, every three hours.

The auxiliary treatment was to gargle twice daily with Arum tincture one part, warm water nine parts, and a compress of cold water about the neck on going to bed. He was helped so he could continue his usual work, but must repeat if he does extra work.

HOARSENESS—APHONIA

Phosphorus

Case II. The brother clergyman referred to by Case I had used Phosphorus and the cold pack about the neck for years, and is using them still. He had more hoarseness, aggravated by talking, but no mucus and but little irritation. He used the Phosphorus in the 30th.

Causticum

Case I. Miss F. W., a singer; with family and personal history nil; light complexion, neurotic, came for relief from an *uncertain voice*. She said: "*If I take the least cold, which I do easily on the least provocation, it goes to my vocal cords, and I cannot hit the note I want to strike. Any pain or soreness? No, it seems there is less feeling than when I am in my normal condition.*" Causticum 30th, five drops on disks morning and evening, with the cold compress around her neck, not only cured her of her inability to use her voice but also of the tendency for taking cold. Time was nearly a year. There has been no return for over thirty years.

WORM COUGH—DYSPNŒA

Cina

Cina is a sadly neglected remedy. It is too frequently given for worms the presence of which is demonstrated in the patient's stool, or by "picking the nose," or variable appetite, but it is not given often enough when the real "*complaint*" is cough.

Case I. Boy; aged six; *dark; neurotic* son of an exceedingly "*nervous*" mother; was brought to me for "his cough." "He coughs *terrible by spells; worse at night*; a dry, *hacking* cough, just one spell after another till I thought he had whooping cough, but he never whooped, instead he seems to fill up, then *choke*, then *swallows* something and the spell is over. Does he ever vomit? Yes, once in a great while instead of swallowing, and he throws up a little wad of grayish mucus. Have I looked for worms? Yes; he has had all kinds of worm medicine, but we could not see any worms. In fact, I have kept watch and have not seen any since you gave him some medicine over two years ago."

He was put upon Cina 3rd, five drops on disks, before meals and at bedtime. Improvement began in about six days, and at the end of three weeks his cough had disappeared. No change was made in diet.

CROUP—MEMBRANOUS LARYNGITIS

Kali bich.

For membranous laryngitis, *true croup, not diphtheritic*, I have had such good success that I use no other remedy for it. I have treated many cases without a single death. But for a single group of symptoms, plus the laboratory test of the diphtheritic germ, I have had many failures, deaths which neither Kali bich. nor any other remedy prevented, though the different forms of Mercury, Lachesis, Phytolacca, Iodine, Bromine and Antitoxine were used. So confident am I of success that I even

ignore the make-up of the patient, taking the dark as well as the light, the spare as well as the thick-set.

I am confident that in many cases Kali bich. has abated cases of genuine membranous laryngitis. But it is in the latter stages that I have seen it do its best work, first checking the formation of the membrane, and then either causing it to be absorbed or vomited. The typical case presents the following. A little hoarseness which gradually increases till there may be a complete aphonia; a little expectoration of tough mucus; then the attacks of dyspnœa with the pathognomonic group of the disease. I have never known the temperature to rise above 100. but have several times known it to drop to 97.5; the pulse is usually soft and slow except for a few minutes, after an attack of the dyspnœa. The skin is moist in a large majority of cases, and cool as well as moist. Rarely is there any pain, but if there be, it is the sharp, sticking, knife-like pain of the potashes in general.

In one case I had a complete cast of the membrane come up. It was two inches long, and the inner surface was smooth showing that there had been no ulceration beneath it. Several tests were made from it, but no diphtheritic germs were found. The membrane was given to the museum of the State University of Iowa. In this particular case the patient was taking five grams of the 2^x every two hours. He was *nauseated* for about three hours before the membrane was expelled. The dyspnœa was so great while the membrane was coming out that he "turned blue, then black." Recovery was rapid. He

was up and apparently as well as usual after sixty hours.

For the few conditions of true croup for which Kali bich. did not seem indicated I have used Hepar sulph., Iodine, Bromine and Chlorine, the latter more as an auxiliary remedy. As the indications for the above are fully stated in my Practice, pages 590-595, I will not repeat them.

Laryngeal Spasm—False Croup. There is a frequent entrance complaint for this condition which occurs in neurotic, tubercular children, from various causes, also in hysterical women.

I have found Bromine, Chlorine, Iodine and Spongia the four leading remedies for this condition.

As the symptoms of laryngeal spasm are nearly the same in all patients, we must differentiate between these four leading remedies by their make-up. *Bromine* is for the *light* complexion, *fleshy* child, and *Iodine* is for the *dark, spare, skinny* child. *Spongia* is *half-way between* the two.

The Chlorine I use in the shape of fumes having the patients of the other three inhale it.

For all three remedies I find auxiliary treatment often necessary and generally very effective. I also use other treatments similar to that referred to in another part of the book, under the head of Tact. Let me illustrate by a case:

I had been called to a *dark, very neurotic, nervous individual* who was unhappily married, because the said woman had "choking spells" so bad that she almost suffo-

cated having become blue in the face with blue fingers. The attacks were usually over when I reached the home. On the last occasion, however, I sat and watched her for nearly an hour during which the husband was making some statements which the wife objected to. After one statement an attack came on, *she was gasping for breath and soon began to be purple* in the face. As she was sitting in bed, propped up by a pillow, I stepped up to her and gave her a good smart slap on the cheek which promptly restored the respiration and caused the color to disappear. I then went home. I was never called to her home again, neither did she have any more hysterical spasms of the larynx.

ŒDEMA OF THE GLOTTIS

Apis mel.

As Kali bich. has been the only remedy needed in the majority of cases of Fibrinous Laryngitis, so Apis has been the remedy which has taken care of seven-eighths of my cases of Œdema of the Glottis. I generally use it in the 3^x trituration, powder, dissolving one grain in a very small amount of water and repeating a grain dose every 15 minutes.

I consider Acetic acid (ordinary table vinegar being sufficient*) the best auxiliary to Apis.

I generally have the mother or attendant boil some

*See The Homœopathic Therapy of Diseases of the Brain and Nerves, page 285.

water, put in the vinegar, put it in a dish, put a funnel over the dish and have the patient breathe the fumes from the funnel.

COUGH—GROWTHS ON CORDS

Thuja

Here, because of the rarity of the case in my experience and also the cause, I will repeat what I say in my *Materia Medica*, page 342:

"A hacking, dry, short, interrupted cough; convulsive cough, aggravated at night."

I never knew the real significance of these symptoms till a patient was brought to me with a cough which fitted the description completely. She was dark, aged 23, had had muscular rheumatism, had a yellowish-green acrid leucorrhœa, also nasal polypi and ulceration of the nostrils. Notwithstanding all the symptoms of the mucous membrane the cough was so harassing and not only "*convulsive*," but *explosive, shattering*, that I put her upon *Drosera* and promised results. The next day she reported worse, and on questioning, stated that the cause of the cough was irritation about the vocal cords. I took her to our throat specialist, who found the *cords and remi-glottis studded* with little *vascular growths*. I turned the case over to the specialist, but the next day she came to the office saying the specialist burnt her mouth and throat so she would not see him again. I gave Placebo for 48 hours to await the result of the 23 per cent. solu-

tion of *Argentum nit.*, which the specialist had used. The cough had not improved; I then put her upon *Thuja* 1000 B. & T.'s preparation, five drops night and morning. I also had her use as a gargle the 1 to 2000th solution of the tincture. The restlessness and sleeplessness began to improve at once. The cough did not subside for a week, and did not cease till after six weeks, when the growths had been absorbed. The patient had *no more rheumatism* and the catarrhal symptoms greatly improved, although the leucorrhœa continued in a mild form after each menstrual period.

TICKLING COUGH—T. B. C. DIATHESIS

Rumex crisp.

Because of the *frequency* of the cases for which I have prescribed *Rumex* I am going to make an exception, cite a typical case (homœopathic).

Mrs. E. H., age twenty-seven, physician; tuberculosis on both sides of the family tree; been in practice four years, sent me her symptoms which read: "Am a t. b. c. woman of a nervous, sensitive make-up. I take cold easily from exposure to cold, and am worse from cold air and better from warm air. The only way I can stop my cough so that I can go to sleep is cover my head with the bed-clothes and breathe the warm air. My cough is caused by a tickling in the throat and larynx. This tickling gets worse and worse in the open or cold air till it becomes so violent that I must cover up or get into the warm air.

"I have had bronchial asthma several times the past two years. There is some fever with the asthma which comes in the evening from nine to ten, and again from one to three A. M. The rough respiration is aggravated from the same *cause* that the cough is, *i. e.*, cold, air and lying down."

The suggestions were to take Rumex 30th, five drops four times daily. For diet, cod liver oil and butter fats. The preparation of the oil to be Hagee's cordial, two drams after every meal. A good, hot-water bath every third night before retiring.

The above treatment cured her of her cough and asthma so that she was able to practice day or night, summer and winter, for six years. At that time she contracted pneumonia, and after that moved to California, giving up general practice.

CHAPTER V

INSOMNIA—CAN'T SLEEP

Case I. A young married woman, a school teacher, whose first words were, "Can't sleep." When asked why, she rattled off at least fifty symptoms. Of these we selected the following. "I get most to sleep when every muscle in my body jerks and I am wide awake. I have a throbbing, beating headache. I have a very dry mouth and throat—the latter sore. I took cold at a critical time (menstrual)." Her temperature was 104.2, pulse 140—full, bounding; her face flushed. She was a full-blooded plethoric woman.

Belladonna 30th, five drops every hour for four doses, then every three hours till better, gave her a good night's sleep the second night.

Case II. Miss H. C., school teacher, light hair and pale white skin, tuberculosis in her father's and her mother's family, had the same group of symptoms as Case I; both caused by flu. Ferrum phos. 3^x, five tablets every two hours, promptly gave relief. Plethoric and anæmic determined the choice of the two remedies.

Case III. Miss F. G., neurotic and emotional, no occupation; good family and personal history; excellent health. When asked to tell why she could not sleep she asked her mother to leave the room and then exclaimed: "Oh, I'm so happy. John proposed last Sunday night and for three

nights since I've been living that eve over again and again. I promised not to tell the folks for a month, so have been enjoying it all by myself. No pain, no fever, but am getting tired and weak from loss of sleep." Coffea 30th, one dose and Placebo if not asleep after two hours. Placebo was not needed.

Case IV. A married woman, affectionate and emotional. Nothing in either family or personal history; had watched over her only child for over a week with less than six hours sleep. Though the child was out of danger she could not sleep; was sleepy, but the moment she fell asleep she heard the baby calling and waked up with a start. Cocculus 3rd, five drops every three hours caused some improvement the first night; more the second and normal sleep thereafter.

Case V. Mrs. R. F., dark skin, black eyes; a leader in her church and in society; good family history; had some hysteria at the age of puberty. "Can't sleep" after she has charge of a church or society event, for the success of which she takes the entire responsibility. If the affair has been a success she "can't sleep" because she wants to think of all the "nice things" that have been said. If the affair has not been a success she lies awake thinking of all the "nasty things" they could be saying about her. Sometimes she can sleep for a few minutes, when she has "nightmare and all sorts of dreadful dreams." Whether wide awake or dreaming, she is a "wreck" the next morning. Scutellaria 1^x, five drops every half hour, gave a good night's sleep. She, and many other women like her,

keep the remedy constantly on hand for occasions like the above.

Case VI. Called in consultation to see Mr. J. J., age 76, who had been a hard-working laboring man. His father had died of "dropsy" due to "leaking heart," following rheumatism. He also had rheumatism, with damaged valves and with compensating hypertrophy. "Can't sleep" was due to break in compensation, with the result that there was fluid in the extremities, abdomen and a little in the pericardium. He could not lie down without suffocation. He had had Digitalis in several forms, but without relief. We gave three tablets of Anasarcin every three hours, with five grains of Strychnia phos. 2^x between the Anasarcin, till the water was drained from the body. The first dose of the Anasarcin was given at 9 A. M. He did not sleep any the first night because, as said, "My bowels and bladder kept running all night,"—seven quarts in all. The second night he slept well. The Anasarcin was discontinued after six doses. The Strychnia phos. was changed from the 2^x to the 3^x, of which he took five grains ten minutes before each meal and at bedtime. This he has taken at intervals to hold fatty degeneration of the heart in check.

Case VII. I was called one night by a fellow physician in these words: "Wife can't sleep; hasn't for two nights. Wish you would come over." I was well acquainted with the woman who, though of good health, was very neurotic and the most jealous woman I ever saw. As I entered her bedroom she was lying with her

back to the door. I went around in front of her and asked: "Why can't you sleep?" She blurted out with much venom, "Ask him."

No pain, no fever, menses two days overdue, were the only facts I could get from either, except that three nights before someone had seen her husband at a show with another woman (his own sister, whose presence in the city was unknown to the wife). Cham. 30th, one dose, and a good talk, brought sleep that night, and some more fatherly talk the next day prevented a return of sleepless nights.

Case VIII. The wife of an old-school physician whose father was also an old-school physician. Make-up spare, dark, active, with a good family and personal history; age 46—matured at 15. Her husband gave the following; "The case, doctor, is one due to the climacteric period. The menses for the past year have become less profuse and somewhat irregular. They should appear now. This I know because she is always depressed for a few days before the flow appears. She is sleepy till after midnight, but cannot sleep from 2 or 3 until 6 A. M.; she sleeps some, but she talks all the time during her sleep about religion. She blames herself for not having done her duty by our boys, and for this she is being punished. What she needs is an emmenagogue, for she will be all right as soon as the flow starts. I have given her as strong a medicine as I dare without results. Now you give her something."

Lachesis 30th, five-grain triturate tablets every three

hours, brought on flow and relief after six doses, and did for four other periods, after which came the menopause.

Case IX. Mrs. J. W. B., aged 40. Housekeeper; dark, active; vivacious; called ten miles into the country about 9 A. M. The husband said (because the wife could not talk): "Wife can't sleep. Has not been able to for three days and nights. Has had these spells before, but never so bad." The patient was sitting up by an open window, holding her hands over the heart. There was cold sweat on her forehead and hands. Lips and fingers blue. She stammered: "Do something quick. My heart pounds through my whole body." I gave her five drops of Cactus 1st in a dram of water. I then took the case as best I could and learned that she had suffered from inflammatory rheumatism twenty years before, which had left her with a badly damaged heart; the mitral valves were especially bad. She could get by with the use of Spig. 6th, but that did no good at this time. Her story was interrupted several times by severe "constriction" pains. The pulse was feeble and irregular.

The second dose of Cactus, same as the first, was repeated half an hour after the first. At the end of an hour she was easier and the cold sweat was gone. I ordered the dose repeated at hourly intervals. She said that if she could lie down and sleep she would be "all right." The next morning she met me at the door with: "Oh, I'm all right now. I got to sleep about 4 P. M and have had a fair night's sleep. Why didn't the Spigelia work this time?"

She told me that the cause of this attack was due to the hogs getting out of their pens and her over-exertion in getting them back.

Case X. Mr. J. C. M., age 41, carpenter; fair, neurotic, habitual user of alcohol; family history good, also personal history, except a slight nephritis for years. His wife called me about 1 A. M., saying: "John can't sleep." I found that he had taken a "severe cold" eight days before; that the urine had become more and more scanty; that his feet "began to puff"; that his breathing became difficult; that he could not "get his breath" lying down; sleepy, but could not sleep; had to sit by an open window to get air as he could not breathe in a close room.

Examination showed marked œdema of feet and legs to knees, ascites, and also some fluid about the heart. He was given Apis mel. 3rd in trituration, five grains every hour for six doses. Seven hours later the only change he had observed was that for two hours he had urinated nearly two pints. Apis discontinued. At 8 P. M., same day, he had voided nearly six pints and could breathe some better lying down. At 9 A. M., next day, he reported a fair night, but the urine was getting scanty again. Repeated the Apis which again increased the amount of the urine after the fifth dose and let him lie down and sleep. Apis discontinued. He was himself after the sixth day.

COMMENTS

The above is the record of ten different patients to whom I was called or who called at the office with the *entrance complaint* of CAN'T SLEEP. The two words plus the make-up and tissues and organs brought to mind not only the ten remedies used, but in addition Arsenicum alb., Ignatia, Colocynth, Colchicum and Zinc. phos. In deciding between one, or even three, the mental symptoms were given the highest rank and the modalities the second in rank.

Anæmic and plethoric easily determined between Belladonna and Ferrum phos. The tissues affected and the other symptoms were the same.

The Coffea patients' group also suggested Chamomilla and the pleasant group of Scutellaria, but there was no irritability of the former nor the previous mental fatigue of the latter.

For insomnia due to long-continued watching and wakefulness there is no remedy to compare with Cocculus.

Strychnia phos. was chosen in preference to Zinc. phos. because with the latter, break in a compensated heart is usually preceded by impairment of the brain and nervous system.

Chamomilla was given preference over Colocynth because of the manner with which the jealous wife snapped out her reason for the "can't sleep."

The menstrual history of Lachesis suggested Actæa rac., but the amelioration of the Lachesis patient on the appearance of the menses is just opposite that of Actæa.

More than that, Actæa does not worry over her failure in religious duties, but talks of rats, cats, etc., in her sleep or during her delirium.

Cactus displaced the Spigelia because the pulsations were so marked and also because she could not breathe except by the open window. There was no dropsy, ascites nor effusion in the Cactus patient, though the organ involved was the heart.

The Strychnia and Apis patients were both being suffocated in their own fluid. The organ affected in the first was the heart—in the second the kidney. The latter was very drowsy, and could not sleep, but was not nervous. The former was very nervous but not sleepy. I have often used Anasarcin to remove the fluid from the body.

CHAPTER VI

REMEDIES FOR HÆMORRHAGES

In cases which follow the word hæmorrhages or some of its synonyms like apoplexy, embolism, epistaxis, hæmaturia, hæmatemesis, hæmoptysis, menorrhagia, metrorrhagia, etc., as well as the diathesis hæmatophilia, is to be the *general* symptom of the group. It will be considered the entrance complaint.

In studying the remedies let us first of all get a clear and definite idea of what we want to do in each individual case, *i. e.*, form a clot or dissolve a clot; close and heal an ulcer or erosion; absorb a tumor; contract the uterus; increase or decrease the coagulability of the blood, etc. This is very important because it helps determine the potency, the size and repetition of the dose in each individual case.

In these cases the make-up, *i. e.*, diathesis, complexion, temperament, etc., also plays an important part in the totality of each group.

Phosphorus

Case I. There came into my office 16 years ago a tall (6 ft. 2 in.) light-haired, sunken chested male, aged 18 years, with long fingers, long, clean, perfect teeth, and asked for a spittoon, as he was "spitting blood" and had been for 48 hours, the result of having a molar extracted.

Family history: His mother died of t. b. c. when he was three months old. Her mother and two of her brothers had also died of the t. b. c.

Father's family healthy and long lived.

Personal history: "Have always been a bleeder. If I bumped my nose it had to be plugged to stop its bleeding—a thin, bright-red blood. Had measles at 12 and the Doctor said they were the 'bleeding kind.'

"The blood began to flow as soon as the dentist pulled my tooth. It was bright red. He gave me something in water to wash my mouth. Then, as that did not stop the flow, he put in some powder of iron which formed a clot. That did stop it, but the stuff came out after awhile and the bleeding returned so he sent me up here."

He was given Phosphorus 6th, five drops in four drams of water, to be held in his mouth as long as possible, then spit out. This checked the flow after the second dose so that he left the office after four hours with only a little oozing of blood. He took some of the remedy home and used it in the same way, lengthening the interval between the doses.

The next day the bleeding had stopped. Ten days later he was given Phosphorus 1^m, five drops, every Sunday morning before breakfast, for five weeks. He gradually gained in weight and strength and was normal after three years.

The tubercular diatheses, cause (traumatism) and make-up were the three symptoms.

Cinchona Officinalis (China)

I have so often succeeded in relieving hæmorrhagic patients with China that I feel constrained to cite three cases representing three different groups, *i. e.*, conditions.

Case II. In 1884 I was called to a maternity home at one P. M. where I was met by the head nurse with: "Hurry, Doctor, the patient has fainted dead away. I do not know whether she has bled to death or not."

I ordered the nurse to bring the China tincture and a glass of water, and went to the patient's bed in which were large clots of blood and blood flowing from the vagina. I began to massage the uterus which was completely relaxed. Meanwhile the nurse had put ten drops of the China in a teaspoonful of water and had gotten the patient to swallow it by manipulating the throat. The uterus began to contract in a few minutes. The second dose of ten drops was given fifteen minutes after the first. Five minutes after the patient opened her eyes and in a low voice said: "What's the matter?" After that she was given two drops of the tincture every two hours for forty-eight hours and then two drops every four hours for three weeks. This, with a full diet—rich in iron, albumen and phosphorus—brought her nearly up to normal at the end of six weeks.

From the patient and from the house record I got the following: Matured at 13; menses always too early (20 to 23 days), flow profuse and lasting six and seven days; had flatulent dyspepsia and frequently severe headache

with ringing in her ears after the periods during which she flowed most profusely. During gestation she had gained in every way and at delivery was better than for years.

The physician who delivered her had given her Ergot to hasten labor. After the child was born and the placenta delivered there came a gush of blood and the doctor gave her more Ergot, called for some ice and massaged the abdomen with it. The hæmorrhage soon ceased and the doctor left. The patient went to sleep, but soon waked with, "I'm bleeding to death." The old doctor could not come, and as I lived nearby I was called and was put in charge of the home in which I had eight or nine similar cases out of 500 I delivered during my ten years' service at that institution.

Case III. I was called to a lax-fibred, light-complexioned, tall, slender married woman, mother of five children, the oldest $6\frac{1}{2}$ years old, the youngest 11 months old. She was still nursing the baby; had nursed all three. Her statement was as follows: "I always flowed too much—8 or 9 days and a good deal at that. My menses have come again, the first time since baby was born; I have been flowing bad for three days, but that is not what I called you for. I have a most splitting headache with roaring in the ears and diarrhœa."

Surely here was a clear group of symptoms caused by "loss of fluids." She was put upon China 1^x, five drops every two hours. Improvement began after 36 hours and was rapid. The China was then discontinued, but

some was left to be taken in the same way if the menses were too profuse at the next period. She was ordered to wean the baby and make her diet the same as for Case II. She used the China at the menstrual period from time to time for several years after, but the headache never returned.

Case IV. A married woman, mother of six living children, 46 years old, with a personal history and make-up very similar to Case III. She had matured at 12 and the menopause at between 42 and 43. Her entrance complaint follows: "Doctor, I came to see what you could do for my headaches. They are something terrible, splitting, beating and, what is worst of all, such noises in my ears. They are just like what I used to have after my periods only now they come nearly every day."

China 30th, ten minutes before meals, for two days, then morning and evening for four days, caused the headache to disappear and never return. No change was made in diet or anything else.

Hamamelis

Case V. Miss H. B., a school teacher, came to my office and said: "I have been sent to you to see if you can cure a bleeding ulcer on my leg. I have tried everything a half dozen doctors and twice as many friends have suggested, but nothing has done any good." Examination revealed the following: Unmarried; aged 36; large, flabby; height 5 feet 6 inches; weight 147; matured at 13; menses profuse; often too early; suffered from

bleeding hæmorrhoids for years, but had them removed six years ago. About three months after the operation the veins in her left leg began to enlarge and then to break open and bleed. The leg was slightly œdematous and there were several varicose ulcers below the knee. Heart, lungs and kidneys normal. She was given Hamamelis 6th, five drops ten minutes before each meal and at bed-time. She was ordered to get some witch-hazel, add equal parts of water to it, saturate a cloth in the solution, put it over the ulcers and put a dry cloth over that. This was to be applied three times daily, *i. e.*, morning, noon and night. At the end of ten days marked improvement was reported and the interval between the doses and the local applications was lengthened.

The ulcers were completely healed at the end of 11 weeks, and at the end of six months she reported being in better health than she had ever been.

Lachesis

Case VI. A dark, sallow, spare maiden, 18 years old; a saleswoman in a dry goods store, walked into my office, holding a handkerchief to her nose to catch the blood. She said: "You do not remember me, but you came to see me four years ago when I was so near dead with diphtheria. Dr. L. brought you in consultation." While she was stating the above I had made a weak solution of acetic acid and, putting some on absorbent cotton, had plugged the nostril and stopped the bleeding. She then recalled her case for which I had suggested Apis mel.

for one of the worst cases of œdema of the pharynx and larynx I had ever seen.

She then continued: "I have never been well since. I bleed too much and yet not enough. My nose bleeds more or less for two or three days before each monthly period. During that time I wake up with the worst headache you ever heard of. When the flow comes the nose-bleed and headache cease. But I don't flow enough, only a few napkins soiled each month." Lachesis 30th, five tablets every three hours, until the menses appeared, then no more until the next period. When the nosebleed and headache appeared she was to repeat in the same manner. She reported at the end of five weeks that the "flow came" after taking the medicine 32 hours. At the next period only two doses before the menses appeared brought relief. The nosebleed never reappeared, but on two or three occasions there was a slight morning headache which the "little pills" always promptly relieved. She was in normal condition at the end of 15 months and kept so until her last report a year later.

Bryonia

Case VII. Miss B. H., aged 31; dark, well built, school teacher; family history excellent; personal history: "Never had a sick day from the time I was six years old till two years ago when I went in swimming at the lake while menstruating. I have not seen a perfectly well day since." Entrance Complaint: "I came to see if you could stop my nosebleed and also help my headache. The

headache lasts longer than the nosebleed, but the latter is the more troublesome as I must plug up the nostrils for days at a time. The headache is a splitting, bursting one which is slightly relieved when the nose begins to bleed, and completely relieved when menses appear." She stated that the blood, usually bright red, was worse in the morning on first waking, but some days it kept up all day. The headache was also worse from any motion—a bursting feeling, worse from any jar, through the whole brain, but more at the occiput. The eyes were sore to touch and from motion during the headache. She further stated that the menses did not appear for over six months after the suppression although her doctor had given her "all kinds of medicine, also hot sitz baths and vaginal douches."

She was given Bryonia 30th, ten drops morning and evening. The menses appeared the third day and the Bryonia was discontinued. She took it five weeks later when the headache first returned. The menses appeared after the second dose that time. She has been regular since and has had no nosebleed.

Ipecac

Case VIII. Mrs. J. B., aged 38; married at 30, mother of three children; tall, lank, pale, large blue circles beneath her eyes, called me to see her because she was vomiting blood.

Family history: Mother died of cancer of the uterus at 52, after two years in bed; otherwise good.

Personal history: "Always weakly; taught school from 21 to 30 and was obliged to have a substitute at each menstrual period because I flowed too much and also vomited. Both were worse if I was on my feet. At the same time I used to have a dark green, slimy diarrhœa. After I married and became pregnant I was much better. In fact, since I matured at 15 I have never enjoyed as good health as when I carried my three children; but this time I have vomited blood often and have been nauseated most of my waking hours."

Ipecac 30th, five drops ten minutes before each of the three meals, corrected the condition in four days. No change in diet or other habits. More than that, when the menses returned after the child was born and weaned, they were normal.

Ferrum phos.

Case IX. A middle-aged man, brother of a physician and husband of another physician. The wife called me at 3 P. M., December 28, 1928, asking me to call at once. As I entered the room the patient's lips were blue, also his fingers blue to the second joint. The pulse was so rapid I could not count it, but the wife said over 160. The temperature was 104.9, respiration 55, loose cough with bloody sputum; in fact, nearly pure blood. I ordered ten spoonfuls of water and put 50 tablets of Ferrum phos. 3^x into it. As soon as dissolved I gave the patient one spoonful. As this caused him to cough and expectorate he was given the second spoonful. The wife then

stated that he was taken with the flu on Christmas Day—chilly, then rapid rise of temperature and pulse rate. Wednesday he was worse, *i. e.*, fever higher, more aching of all the muscles and more cough. As the sputum did not show the pneumococci they were not sure of the diagnosis and hence had given nothing.

Thursday night he was delirious and for most of the morning, Friday, had been not only delirious but semi-conscious. The cyanosed condition had appeared about half an hour before I was called. The second spoonful of the solution was given 15 minutes after the first, which he swallowed. The third was given 30 minutes after the second. At 5.30 P. M. the blueness of the lips and fingers began to clear up. At 8 P. M. the pulse was down to 155, but the fever kept at 104.6.

I saw him the next day at 8.30 A. M., at which time the pulse was 128, temperature 102.1, less blood in the expectoration and he was conscious. The urine, however, which had been saved was nearly all blood. The Ferrum phos. which had been given every hour since 8 P. M. was ordered given every two hours. The temperature, pulse and all functions were normal at the end of ten days except his strength. He was reported as normal in this respect also at the end of five weeks. When the wife and brother asked me what I had given Ferrum phos. for, I replied: "For Mr. Blank," the only remedy I ever gave which acted quicker than Aconite. No remedy ever acted better and quicker during my medical life.

Terebinthina

Case X. I was called to see a 11-year-old boy whom I had known all his life and knew that both personal and family history were good. The mother gave the following: "John has had a light run of scarlet fever. We gave him some Belladonna and he got along nicely until a week ago he began to complain of pain over the kidneys and severe pain on passing urine. The urine is bloody. We gave him Merc. cor. 6^x, also Cantharis, but he is getting worse instead of better." Quizzing the lad revealed that he had some nausea and that the stomach and abdomen were distended after meals. The tongue was red and shiny. Terebinthina 30th, five drops before meals, cleared up the case in four days.

Nitric acid

Case XI. Mrs. D. M., widow; childless; family and personal history both good; well built; dark complexioned; with the most contemptible disposition I ever met. Six months before consulting me she had illicit intercourse and became pregnant. At the tenth week of gestation she became desperate, took a darning needle, passed it up into the uterus and produced an abortion. There was much "bleeding" at the time, but the amount of blood soon diminished so that now there "was only a little" every day. Examination showed small ulcers all about the external os from which ulcers a bright red blood was oozing. No blood came from the uterus. When I ordered Hamamelis in water as hot as she could bear she

snapped out: "Oh, I've tried all that kind of stuff, but nothing doing. I want some internal remedy." She was put upon Nitric acid 30th, five drops morning and evening until better and to report two weeks after the next menstrual period. She reported: "Bleeding stopped after eight days and I threw the medicine away. Menses O. K., and I am all right."

Crotalus hor.

Case XII. Miss W. H., aged 27; dark, sluggish temperament; a school teacher, came into my office in 1896 and dropped, rather than sat down, into the patient's chair. In response to my question, "What may I do for you?" she said: "Stop my flowing too much. This is my sick time; I always flow too much, not only from the natural channel, but from the nose, the ears and sometimes from the stomach the blood oozes out. I am always dizzy and so weak toward the end of the period that I faint—have fallen flat sometimes. At those times there are roaring in the ears and blurring of vision. This has been so for 8 years, at which time I had a bad case of scarlet fever with broken ear drum and a discharge mostly blood; the discharge from the ear returns two or three times every year. I am worse toward the end of the school year when I get tired. I have tried everything, and as I was going by I came in to see what you could do for me."

I considered the ear symptoms the ranking ones of the group and gave her Chininum sulph. 30th, five tablets

night and morning for one week. Also, I asked her to report at the next menstrual period. She did, with: "Just like everything else—no good." *Crotalus hor.* 6^x, one-grain powder night and morning and to report as before. This time it was: "Well, I guess I have found something at last. I did not flow so much at the last period and this time it is normal. I am better every way, but I want another batch of powders to take with me on my vacation." She has the powders yet, or did have the last I knew.

COMMENTS

First, to answer the question which may arise in the mind of my readers—why so many school teachers?—I will state that I was chairman of the teachers' committee of the school board for six years.

In Case I Phos. was given low as a styptic and high to correct a t. b. c. diathesis in a hæmophilic patient.

In Case II the first object was to tone up the muscles of a weak, flabby uterus so as to make it contract and stay so until the sinus had closed as in normal cases. I have found China tincture or 1^x the best remedy in cases where Ergot or Pituitrin extract had been used and when the reaction caused hemorrhage as in this case.

Case III is an *acute* case of anæmic headache due to the loss of blood and needs no explanation.

Case IV is a clear case of *chronic* anæmic headache, hence China 30th.

Case V. The object in this case was to tone up and

restore the venous system, especially of liver, pelvis and lower extremities.

Case VI. Here was a chronic case caused by diphtheria disorganizing the blood and affecting every other tissue of the body.

Case VII. A clear case of chronic headache; and of epistaxis. Please note that the symptoms in this case are almost identical with those of Case III. The two remedies were differentiated by the cause, one diphtheria, the other suppressed menses.

Case VIII. The Ipecac was given to tone up the mucous membrane of the stomach and uterus and restore a functional function.

Case IX. Here was a case of congestion of the lungs and kidneys caused by the flu.

Case X. This was a case of chronic nephritis following scarlet fever.

Case XI. This, like Case I, was due to traumatism, but differed in that it was chronic while the first was acute. The mental symptoms rank high under Nitric acid. The mucous membrane, at or about an orifice, is the tissue affected.

Case XII. Crotalus and Lachesis are much alike in many respects, but the choice between the two was made on the two symptoms, *viz.*, Lachesis has a scanty flow, while Crotalus has a too profuse flow. All Lachesis symptoms are relieved when the flow begins, while all Crotalus symptoms of *this group* are made worse from the menstrual flow.

CHAPTER VII

FEMALE GENERATIVE ORGANS

LEUCORRHŒA

Pulsatilla

Case I. Mrs. J. M. C., aged 37; mother of four children; housekeeper; light complexion; changeable disposition, happy in her home relations, came with the following complaint: "*I am suffering terribly with whites; the discharge is not only very annoying—yes, disgusting—but I feel that it is beginning to weaken me.*" Taking case brought out the following: Family history, excellent. Personal history: "Had all the diseases of childhood light, except measles, which at first did not break out well, but after Dr. Dickinson gave me something the rash came out thick. My nose was all stopped up and my eyelids were stuck together. Every morning the discharge from the nose and throat was *thick, yellow-green and very profuse*; my bowels were loose and my stomach upset generally. There was also a light discharge from my vagina. All the above symptoms except the last disappeared promptly. The leucorrhœa was *worse* and better, made so by *taking cold*, when the entire mucous membrane was affected by a thin, greenish discharge. Had the measles when I was nine. I matured at thirteen. but, according to mother my periods were never right. They were usually *late* in time; the *flow was also variable*,

profuse at times, scanty at other times; the flow would sometimes stop for hours at a time; there was severe pains at one period, but none at another; the blood was clotted at times, and not at others. Yes, there was always pain when the blood was clotted. There was always a dragging down feeling in the pelvis and lower part of the back for a few days before the flow began, but relieved in a measure after. There has been less pain since my first child was born.

"At times the whites are thick like cream and very profuse. This is three weeks after my menses. Just after them the *discharge burned and smarted and made me sore*.

"Oh, I eat enough. I prefer fruits, especially oranges. I like chicken and mutton, also oatmeal and rye bread. No, I don't eat meat. I don't like it. No, I don't eat much pastry. I like it but *it causes me to spit up* my food (eructate). Yes, now and then I spit up particles of food two or even four hours after eating."

"Yes, I have a dull, frontal headache over my eyes, and at times my nose feels stuffed up. Oh, this headache gets better if I go out into the open air, especially if the air is cool. What about the *discharge in the open air*? Oh, that is *much worse*, water and matter run freely from my nose, and after awhile tears run down over my cheeks when I go out into the cool, open air."

Pulsatilla 3^x, five drops on disks before each meal, and a vaginal douche of Pulsatilla tincture, ten drops to the pint—six pints every evening before retiring.

The report after the next menstrual period was: "My discharge is much less; in fact, nearly gone, and I have also regained my strength. Pulsatilla 3^x discontinued. The douche to be taken only every third evening. The *improvement*, not a *cure*, was permanent.

VAGINITIS—GONORRHŒA

Thuja

Case II. Mrs. Jno. H., aged twenty-four; married three months before; prior to that, school teacher, now doing nothing; dark, swarthy complexion; unhealthy skin, *warts and excrescences from childhood*; came to my office, sent by her husband who had privately told me that he had gonorrhœa and thought he was cured, but was not, as he infected his wife the first week of their married life. Patient's statement: "About ten days after our marriage I began to have *frequent desire to pass urine*, and after it did pass there were *burning, cutting pains*; then my privates became very sensitive so that intercourse, which was at first painless, became unendurable; then a thin discharge began; this discharge made me sore and raw on the outside, but the urging to urinate and painful passing of water seemed to get a little better. Soon after the discharge got thicker there was pain in my groins, also tenderness over the lower part of abdomen."

Examination showed *inflamed ovaries and tubes, worse on the left side*.

She was given Thuja 30th, five drops on disks, three times daily. Before retiring at night she was to take a

vaginal douche of hot salt water, two drams to the pint, and use three or four quarts for the purpose of cleansing the parts; then follow with another douche of hot water and the tincture of Thuja, fifteen drops to half a pint of water. Get into the knee and chest position, have the husband inject the solution and then insert a sponge so as to retain the Thuja about the cervix and mucous membrane of the vagina as long as possible, the sponge to be removed in the morning. The treatment was to be kept up till the discharge ceased. It took over four weeks. The soreness of the ovaries lasted nearly eight weeks. The condition of the skin showed marked improvement at the end of ten months. She became pregnant and gave birth to a healthy boy at the end of twenty months. There was a slight return of the leucorrhœa about the eighth month of gestation, but the test showed no gonococci.

Argyrol

Case III. A case with the same cause and condition as Case II came to me about a year after the case mentioned above. There was the following difference, viz., the second case had *no skin trouble* in her personal history. This patient received no remedy internally. The local treatment also differed in that Argyrol, a ten per cent. solution, was substituted for the Thuja solution. The leucorrhœa cleared up in about the same time as it did in the first case, but the woman never became pregnant. The reason for her sterility I could not find out.

The second of the three cases needed a *constitutional* remedy; the third did not.

DYSMENORRHŒA

Viburnum opulus

Case I. Was called to see Miss E. B. J., whom I found in bed. She was a senior in the Des Moines University; aged twenty-one; tall, dark hair, eyes and skin; a good student; neurotic; jumping and starting at every noise and from every pain. When I began to ask questions, she said: "Oh! give me a hypo of morphine, and after that eases me I'll talk, but I cannot before. I'm too sick all over this time." I injected $\frac{1}{8}$ grain and waited. It was nearly half an hour before she could give me the following: "My mother and two sisters were like me, both sufferers when not carrying children. They are all alive and active. Yes, all married, one the mother of six children and has had two miscarriages. She says she has children because she prefers them to painful periods. I matured at thirteen and have suffered at more than a third of my periods. The menses are nearly always late. It is seven weeks since my last period. The flow is usually scanty. It has not started yet but the pains began three hours ago. The flow is usually dark in color, clotted, and once in awhile stringy stuff. Yes, I used to vomit some but the morphine helps that. I mean that I vomit more when the pains are worst. I could not get any morphine the last time and vomited profusely. The pains come at intervals.

Oh, they are all through my pelvis, back, and often down my legs. Yes, I have been taking morphine for years. I could go and get it myself, but now you know I cannot get it. I usually took $\frac{1}{4}$ grain in sweetened water. I almost always had to take two doses. Generally, when the morphine takes effect I begin to flow. Sometimes, as it loses its hold and the terrible pains come again, I take a second dose. No, I do not take it at any time except at my periods. Yes, I do have leucorrhœa, which causes first itching of the parts, then smarting and burning.

"Our physical director advised me to send for you as you had cured another student of the same trouble."

Viburnum op. 1^x, five drops in hot water, taken when the pains began at the next period, and repeated every half hour until relieved. The medicine was to be taken in a teacup of hot water, and she was to take vaginal douche of hot water as soon as possible after it.

The report after the next period was: "Well, I did not have to send for you, yet I had a good deal of pain." The report after the second period was: "Interval only thirty days. Did not have to go to bed though the flow lasted three days. I lost more blood than at any other period of my life." The period which came at the time of her final examination and graduation exercises was painful enough so that she was obliged to take one dose.

Magnesia phos.

Case II. Mrs. G. P., married; housekeeper; light hair and skin; age 29; mother of two children; *always* been

weakly and very sensitive to pain. Her Entrance Complaint was: "Menses too early, too profuse and *very painful.*" The family history was negative.

Personal history. "Was healthy and normal as a child. Had all diseases of children very light; matured at 14 and have had a hard time ever since. Feel best when pregnant. Had a miscarriage eighteen months ago and since then have been worse than ever. After the last period I could hardly crawl around and take care of my house. Yes, I have a good deal of leucorrhœa, both before and after the periods. Yes, I get stirred up easily, and when I do I cannot sleep good. The pains are worse before the flow; the flow is dark, clotted and offensive. Describe the pains? That is hard to do; I guess I'll say all kinds, *cutting, stinging, burning*; these differ some and are not always present at the same times, but there are *always cramps.*

"With the cramps I have the *desire to urinate* every little while, but the same cramps prevent me from passing the urine. How long have I had the bladder trouble? Oh! ever since we were married. What helps all my troubles? Heat, for the menstrual pains, *hot applications* over the lower bowels *for the bladder pains.* For those after the marital act, a real hot douche of salt or soda in water. Do I have cramps anywhere else? Oh, yes, sometimes just as bad in my belly and stomach. The same kind as the others? Yes. Are these made *better by heat?* *Yes, if I fill my rubber bag full of water as hot as I can stand and then go to bed and double up tight over it—I*

get much better. In there much gas in the abdomen? Yes, and besides heat, rubbing out the gas makes me feel better. Twice lately I have had *hiccoughs* with the stomach pains, and the only way I could stop them was to have Mr. press real hard on the pit of my stomach."

She was given Magnesia phos. 3^x, five tablets ten minutes before each of her three meals and at bedtime, and a supply and sample dose of ten grains of the crude. The latter she was to dissolve in two quarts of water as hot as she could bear her hand in and use as a douche every night on retiring, when not menstruating.

Her report after the next period was simply: "Got through this better in every way." The 3^x was discontinued, the douche kept up. After the second period, the report was: "No worse, no better, only that I went twenty-two days. I think I had better have some more tablets to take internally." She was sent a package of the 3^x to be taken five tablets morning and evening. The next report was: "Much better." Medicine was then discontinued.

The only suggestion as to her diet, which was that of the ordinary laboring man's wife, was that she take a liberal supply of unfermented grape juice. It took nearly two years of occasional repetition of the remedy to bring her up to normal for one of her class. What she called "my nervous" was the last group of symptoms to improve, and has not fully disappeared.

PROLAPSUS—CONGESTION

Belladonna

I have used Belladonna a few times for prolapsus due to recent congestion in full-blooded plethoric patients. The satisfaction of using Belladonna is that it produces results rapidly and permanently.

Case I. Miss H. B., aged 23; no occupation; just graduated, B. A.; plethoric; weight 142; height five feet six inches; jolly, cheerful, with nearly perfect family and personal history. I had prescribed for her a few times for "very *offensive menstrual flow*," so offensive that she absented herself from class during the first two days of the period. Her first sentence was: "Well, it's not the old trouble this time, but what mother thinks is falling of the womb." Following her first statement her record shows: "I must have *taken cold* about eight weeks ago right after my menses. *The last period was a week late*. You know I usually go only twenty-two to twenty-four days. With the flow there was *more pain than usual*, and in addition I had a feeling as if *everything in the pelvis had dropped down*; there was a dragging in the right groin and some soreness there also. I have a severe, constant pain in the small of my back and in my hips; a constant, dull, aggravating pain rather than sharp in the ovary, *which comes and goes*. What makes me better or worse? The dropping-down pain feeling is *worse when I sit bent-over forward*, as I do at stool; also, if I *walk rapidly or jump down two steps* at a time, as I often do. No, it is not worse *standing*, if anything it

is *better*. Come to think, mother has asked me why I stand up instead of sitting down to read. Yes, my backache is also worse from sitting, and if I do so for some time, *back gets stiff*, hurts me to get up, but feels *better after I stand* up straight a few minutes."

Examination showed a prolapsed uterus, a hot, dry vagina, and tenderness of both ovaries. In answer to my question about her leucorrhœa, she replied: "Oh! yes, I forgot about that. There has been scarcely any for the past eight weeks. You remember I did have some for several days after the periods, but lately none, and the parts feel hot, burning, dry."

The Belladonna which had been used on previous occasions was the 30th. In this case, however, she was given the 3rd, five drops four times daily till improvement began. That was on the third day. After a month she reported that she was herself again.

PROLAPSUS—HÆMORRHAGE

Secale cor.

Southwick says: "Especially applicable to displacements following parturition." Hinsdale says: "Produces contraction of the unstripped muscular fibres." T. F. Allen says: "It has cured various tumors of the uterus and appendages, with profuse menstruation or hæmorrhage thin and black, often foetid, with expulsive pains."

I have quoted the above for the purpose of calling attention to three groups or conditions for which our

remedy is indicated, and also to show the *modus operandi* of Secale and the reason for prescribing it in different forms and potencies.

If to the above we add the make-up as given by Clarke, *viz.*, "Thin, scrawny women, feeble, and cachectic appearance; women of irritable, nervous temperament, of pale, sunken countenance." Or "Irritable plethoric women of very lax muscular fibre; everything seems loose and open, no action, vessels flabby; passive hæmorrhages, copious flow of thin, black, watery blood," we have a still clearer conception of the results obtained and how obtained by our remedy.

If, finally, you add the modalities given by William Boericke, *viz.*, "*Better by cold, uncovering. Worse by heat, covering,*" you are prepared to profit by the following typical cases:

Case I. Mrs. J. C. A., aged thirty, mother of three children, aged five, three and one; of the *thin, scrawny make-up*, came with the following: "Doctor, I had my third child while down south a year ago and have not been well since. *My womb comes down, sometimes into the world*, so that I must either lie down with hips elevated or get into the knee and chest position to get it back. Yes, it is painful; all the parts are sore and painful. I have had *an irritating discharge* ever since the baby was born, a good deal like what I had after the first child, for which you gave me a remedy to take internally, and some yellow tablets to dissolve in water for a douche, which promptly helped me. Yes, I have menstruated

twice. The *flow was copious*, dark in color and of *horrid odor*, but for a week or so after the periods the uterus stayed in place better.

"Yes, I *was lacerated* at the last birth. The pains were 'weak,' the doctor said, so he gave me some Ergot, which pushed the child right through with three pains. The doctor put in three stitches." Examination showed that there had been only partial union, also that the uterus was enlarged, os slightly lacerated, and a profuse discharge from the uterus. The vagina and vulva were sore and inflamed. The woman was given Secale 30th, five drops on disks, morning and evening. She was given a supply of Pix tablets, of which she was to dissolve two in a pint of hot water and use as a douche. She was first to take a douche of hot salt and water, amount one gallon, as hot as she could bear—temperature 101; then get into the knee and chest position and have the Pix solution injected. After that, have a large, soft sponge saturated with the Pix solution inserted into the vagina and go to bed with hips elevated, the sponge to remain till the next evening. The process was to be repeated each evening. A month of the treatment cured her.

Case II. Mrs. H. L., aged twenty-seven; married; housekeeper; five feet six inches tall; thick set; flabby muscles; weight 172; entire *body cold and clammy*; *menses irregular*; *flowing most of the time*; red blood cells 2,840,006; hæmoglobin 45; weak, slow, irregular pulse; blood pressure 110-60. The above-described woman came to my office stating that she had met Case

I down in Florida and had been advised to come to see me. When asked if she thought she was just like No. 1, she laughingly replied: "Oh, no; *she has three chicks and I could never have even one; could not get pregnant.*"

Examination showed a very large uterus, with small, fibroid tumors just under the mucous membrane, both in the cervix and body of the uterus. She was put upon Ergot tincture (Squibbs), ten-drop doses, every six hours. She was told that she would probably have some pains and an increase of the discharge. I also asked her to bring me some of the discharge if there were any hard lumps in it. She returned the third day saying that she had hard pains the day before and the forepart of last night, but that there was but little that forenoon. She had taken no medicine for eight hours. She brought several fibroid tumors, which came away during the day before. She had nearly stopped flowing.

The Ergot tincture was discontinued internally, but ten drops to a pint of water was ordered for a douche morning and evening. At the end of three months she reported she had had her menses only twice; but could not stay up in this cold country any longer as she was frozen to death all the time. Could I not give her something for that. I gave her one dose of Secale 1^m and four ounces of Placebo to take three times daily. She was to continue her diet containing as much lime and iron as possible. Six months later she sent word by No. 1 that she had lost nearly thirty pounds of her "fat," and that she had "missed" two months and hoped she was

pregnant. She proved to be and is the mother of two children.

Case III. Miss A. H., school teacher, aged thirty-three, came with the following: "Dr. Royal, my *Sepia* has gone back on me. It used to help my backache, my prolapsus of both uterus and stomach, my constipation, and also my mental depression. But I have been to the drug stores and gotten it in the 6th, 30th, and 1^m, and it does not help any of the above conditions which it did when you first gave me the 30th six years ago. Have I any other symptoms? Yes, my roommate says I am an *icicle*. She says I am cold from finger tips to toes, but I do not feel so. On the other hand the children complain because I keep the windows open, as I *feel too hot and smothery in a close, hot room*. My menses and bowels? Oh, they are back to where they were when I first came to you."

She was given Secale 30th, twice daily, and to follow the same auxiliary treatment she did with the *Sepia*. Three months restored her.

PROLAPSUS—CONGESTED KIDNEYS

Helonias

This is the chronic of *Belladonna* which it resembles in that the menses are too profuse and too frequent; menses and leucorrhœa offensive; extreme soreness and heat in the pelvis. But it differs from *Belladonna* in that the *Helonias* patient is always irritable, dis-

couraged, depressed. Helonias is one of our remedies which has a marked reaction and consequently requires different potencies for different conditions, *viz.*, acute or chronic. To fully understand this statement, read two cases reported in Clarke's Dictionary, page 891, one by Marvin A. Chester, found also in the American Homœopath, Vol. XI, page 594. The other by L. L. Danforth. One cured with the 30th, the other with the tincture.

I will also quote two cases to further help visualize the Helonias patients.

Case I. Mrs. J. R., married; has three children; *a complete picture of Sepia*; came into the office, dropped into the chair, and said: "Well, I don't need Sepia this time. I need something for my kidneys." When asked if the uterus was in place, she replied: "No, that is bothering some, too. *I am always mindful that I have one, and that irritates me and, more, the old pain in my back, the dragging down in stomach and abdomen, and the constipation have returned since this other trouble began, but they are trifling compared to the pain in my back, right on both sides of my spine, which is more of an ache and nervousness than a pain.* How about the urine? I brought some for examination. The amount is less than usual; there is *much urging; a good deal of burning, and some involuntary dripping* after I think I'm through. Yes, my old leucorrhœa trouble has come back also and made me a little sore. The urine smarts as it passes. But as I said, it is this back that irritates me, makes me blue and cross."

Examination showed specific gravity 1027, neutral, and some uric acid crystals. Also that the uterus was retroflexed and prolapsed, the parts inflamed and extremely sensitive. There was some discharge from the uterus, and also from the vagina, not very profuse, however. The uterus was replaced and a large sponge moistened with solution of ten drops of the tincture of Helonias in two ounces of water was inserted in the vagina. The sponge was to be removed every night, and after a good cleansing of the vagina with hot salt water, to be replaced as before.

Internally Helonias 30th, ten drops morning and evening. The result was good; normal after five weeks.

Case II. A typical *Lilium tig.* patient, aged forty-one, mother of four healthy children, whom I had cared for medically for over twenty-five years, came into the office and said: "I have been feeling well—yes, unusually well—till four months ago. For six weeks of that time *I worked myself to death*. Our daughter was married three weeks ago. For weeks I was on the go all the time, shopping, setting up furniture, lifting. Yes, bedding, a stove, everything. During this time my *menses were late nearly a month*, and then I flowed worse than I ever did before in my life. We had a big wedding the week following, and after that I nearly collapsed. I was *weak, stiff*, and there was *pain in my back, hips and legs*. What kind? Oh, a dull, dragging, life-taking pain. Even when I am sitting I must *stoop over, as that helps the pain*. Yes, the *uterus is clear down*, and since before my last period I have had a profuse discharge which makes the parts raw

and itch so I scratch and bleed, and am so sore that I cannot be touched. Now my husband has a discharge, too. Do I feel that my uterus was to blame? Yes, my mind is on that all the time."

Patient was given *Helonias* 1*, five drops every two hours during the daytime, and a douche, six quarts of water, temperature 100, and twenty drops of the tincture of *Helonias*, every night before resting. She was to sleep with a pillow under her hips instead of under her head.

Restoration to normal was rapid and complete.

I sent for the husband, had his discharge tested, and found that there were no gonococci in it. It was a case of simple, not gonorrhœal, urethritis, and in this case the wife was the innocent cause.

UTERINE TUMORS—HYPERTROPHY

**Trillium pend.*

Although my opinion of this remedy was given in a paper read on board the *Lapland* in 1927, I found, by talking with some of our general practitioners, and also gynæcologists, on board the *Lapland* in 1929, that a very small percent of the medical passengers had read the paper or had used *Trillium* for the above pathological condition. Therefore, I am reproducing those cases in full for the above reason, and also that *Trillium* may be compared with *Ergotin* and *Calcarea iod.*

"Let us first take up *Trillium pendulum*. *Hæmorrhage*

**Journal A. I. H.*, March, 1928.

is the word which *covers most of the conditions for which I have proven the remedy to be most successful*. Although I have used it for epistaxis, ante and post partem hemorrhage, menorrhagia, metrorrhagia, and hæmorrhages from fibroid tumors of the uterus, I am going to confine myself to the last variety.

Trillium for uterine fibroids, then, will be our subject. I am going to show that *Trillium will not only control the hæmorrhage of patients suffering from uterine fibroids, but that it has and will also check the growth of and even absorb fibroid tumors*.

I want to give condensed reports of six of the many cases I have treated, the more extended details of which I have previously reported in our journals.

Case I. The first was a woman of twenty-two who had been married two years but had *not been able to become pregnant*, though very much desiring to become a mother. A professor of Gynæcology in a prominent medical college told her the only safe thing to do was to have the uterus removed. She is now the mother of four children, and grandmother of one child.

Case II. The wife of a minister, age thirty-nine, and her sister both had uterine fibroids and went to New York from Connecticut to have the uterus removed by a noted gynæcological surgeon. The sister went to the operating table first and died on it. Our patient then refused to be operated upon. She had been *pregnant several times but had miscarried*, once after 174 days. After beginning the use of Trillium she went seven lunar

months. The second conception after its use carried her through to full term. The son, born when his mother was forty-two, is alive and healthy. The mother recently died at eight-two years of age.

Case III. The third patient was a twenty-eight-year-old maiden woman, a dressmaker, with a *tuberculous history*. She became *exsanguinated at every menstrual period*. There were three sisters, all having fibroids. One had been operated, a large fibroid uterus removed, and the patient died of sepsis following the operation. Our patient steadily improved under Trillium. At the age of forty-two she married a man with cancer of the lip and face. Ten years later she died of carcinoma of the bowel.

Case IV. Sister of the above, aged twenty-four, *married but childless*. We treated her precisely as we did the sister, but without benefit as far as the hæmorrhage or other symptoms of the fibroid were concerned. She died at twenty-nine of pulmonary hæmorrhage.

Case V. A maiden school teacher, aged twenty-six, was *so weak from loss of blood that she had fainted several times* after each menstrual period. The intervals between the periods were from eighteen to twenty-one days. She was brought to me on a stretcher from an adjoining town. I advised her to go to Ludlam and be operated. She refused and said: "Give me some of the medicine you gave my friend." I did so, and after three years the fibroid had disappeared and she had resumed her duties in the school room.

Case VI. A married woman, twenty-six, had *never been pregnant*, though married over five years: "*Severe bleedings every month.*" She became pregnant after taking the Trillium for nine months, but at the fifth month there came a severe hæmorrhage. As I was out of the city, a colleague was called and told her the only thing to do was to go to the hospital and have the uterus emptied or removed. She refused, but increased the frequency of the dose of Trillium. At about the eighth month, as she was getting up from a chair *there came a gush of blood* that left a stream across the floor to her bed upstairs. I was called and put her upon China 1^x. Two weeks later she gave birth to a boy. He is now thirteen years of age, fairly healthy and has a healthy sister eleven years old. There is still a remnant of the tumor left. The patient is passing the menopause, but is active in her social and home duties.

COMMENTS

First, four of the six were married women and two unmarried; *second*, three of the four married, had been unable to become pregnant; also the fourth had been pregnant several times, but had never gone to full term; *third*, the fourth never became pregnant nor did she receive any benefit from the remedy; *fourth*, both of the unmarried women were completely relieved of the effects of the tumor, as well as of the tumor itself.

I want to state that the five who were helped by Trillium were all suffering from what I call hypertrophy of

uterine tissue, not from neoplasm. I do not know the form of the tumor in the sixth, but judged from the report of her physician that it was what used to be called a fibro-cystic tumor.

From my experience Trillium has no effect upon the latter class of fibroids. To forestall questions as to whether or not I followed my usual custom of prescribing for the patient or prescribed for fibroids, I will answer that I prescribed for the pathological, functional and dynamic symptoms of my patients. However, the symptoms which I considered the ranking ones, in most cases, were those which I call "reasonable" in the preface to my "Materia Medica."

Let us study the symptoms presented by the six which I have taken as examples, also of all others I have treated with the remedy.

Make-up: Flabby, heavy, thick-set, dark-skinned, plethoric; mentally depressed and apprehensive; all had uterine hæmorrhages, both menorrhagia and metrorrhagia, with blood, both fluid and bright red, and clotted and dark; contractive and bearing-down pains, often very severe; weakness; faintness, at times prolonged unconsciousness; noises in the ears; blurring of vision; stools constipated, alternating with diarrhœa, with blood and mucus with both varieties; hæmorrhoids; abdominal flatulency with rumbling of gas in the abdomen; sensation of weakness and falling apart of hips relieved by firm bandaging. Modalities were: Aggravation by motion and being on feet; amelioration by quiet and lying down.

When we come to study the above symptoms and compare them with those derived from provers, we are confronted with the fact that the only prover of Trillium was a man, Henry Minton, whom many of us have known. In Dr. Minton's proving, however, was enough to establish the fact that our drug is one of several which is indicated for the "hæmorrhagic diathesis."

The faint feeling, the dizziness, the noises in the ears, the blurring of vision, general weakness, and aggravation from motion and amelioration from lying down and quiet are all the results of excessive loss of blood, whether the loss be due to fibroids of the uterus or a severed blood vessel.

The condition of the stools in the patients, I am sure, is due to the pressure in the lower bowel and other pelvic tissue by the heavy uterus. My reason for being positive on this point is that without an exception the constipation was worse for several days before the menses or metrorrhagia, whereas the diarrhœa followed these conditions.

The hæmorrhoids are also due to the same cause. These are what I call "reasonable" symptoms, symptoms which one would expect to find in this group, the same as one expects cough and coryza in measles. The melancholia and anguish are also accounted for in the same way. All the above symptoms are of minor importance in making up the totality of symptoms, even though they are verified symptoms, *i. e.*, verification of the proving.

The pathological condition is not a verification of the proving. It is, however, a verified clinical symptom.

That we may more clearly understand each other, let me repeat that cause of the *clinical symptom is a hard tumor situated in the walls of the uterus, intramuscular, not submucous nor subperitoneal*. In other words, it is *hypertrophic uterine muscle tissue*.

Before taking up our last symptom, let me say that the blood was bright red and profuse, or dark and clotted, in all the patients. If the patient was very quiet, resting on the back or side, the blood would clot in the uterus or vagina, or both, and was dark. If the patient was on her feet, the quantity was greater and the color either bright or pale red without clots. The symptom, "sensation as though hips and back were falling to pieces," I can no more analyze and explain than I can many other *peculiar* symptoms which have been verified many times and which have led to many brilliant substantial cures.

To get your opinion on this last point and to get as many additional clinical cases as possible is my object in writing the above.

In closing, let me say that I use the liquid in the 1^x to 3^x; Trillin is used in the trituration from the 3^x to 6^x.

Professor Ruben Ludlam first called my attention to Trillium in 1886. He had just removed a large hypertrophied uterus. We were washing up after the operation when Ludlam said: "Royal, I am confident that Trillium would have saved this operation had you given it to her eighteen months ago." He then referred me to his book and to what he had written five years before. He closed with the statement: "I have much more faith

in our internal medicines than I had when I wrote that book." What he referred to was the following: "If these tumors result from a simple hypertrophy of tissue, the resultant powers of our remedies, locally and internally used, should be sufficient to arrest their development, if not indeed to cure them radically. Perhaps in the future we may be more successful with these means than we have been in the past."

This last statement was more a wish than a prophecy. As he had previously said about the patient whose uterus he had just removed who was childless but very anxious to become a mother: "How sad it is that all such operations blast the patient's last hope of perpetuating her kind."

Many and many a woman during the past forty-three years since Ludlam made that statement has been assisted to bear children by the use of the homœopathic remedies mentioned under this heading.

UTERINE TUMORS—FIBROIDS

Calcarea iod.

Clarke has the following: "Calc. iod. has had a short proving, but it has been used mostly on indications suggested by its two components on the diseases named above." Among the diseases are "glandular swellings" and "tumors of the breasts."

Southwick, on page 307 of his book, says: "Patients having a strumous diathesis; menses too early, too long,

and too profuse; milky leucorrhœa, with itching and burning; acidity of the stomach; profuse perspiration in the morning and on slight exertion. It must be prepared fresh and kept in a blue glass bottle out of the light. The writer has had two cases in which *Calcarea carb.*,* 3^x trit., seemed to diminish the size of the tumor to a marked degree. One was about the size of a cocoanut in the left side of the pelvis, and seemed to partake of the characteristics of both fibroid and ovarian tumors, though the symptoms pointed to the former rather than the latter. The second one was a distinct subperitoneal fibroid, about the size of a man's fist, on the anterior wall of the uterus. In less than two years the growth had so decreased in size it could hardly be found by the most careful bimanual examination.

"It is by no means claimed that *Calcarea* is the sovereign remedy for fibroids. Only it seems one of the most promising ones if its use is persisted in long enough, but there are very many cases in which it will be of service."

In a footnote Southwick says: "The indications for this remedy in the treatment of uterine fibroids are not well understood. It seems to be more often effectual in causing a gradual diminution of the tumor than any other remedy, and in doses too small to act on the theory of calcification of the growth and interference with its nutrition. It is significant that the most celebrated mineral waters for the cure of fibroids contain a large amount of lime salts. Good results have been reported from the

*Iod. is evidently intended.—G. R.

third decimal trituration. It has also been recommended in the shape of ten grains to a pint of water, a teaspoonful to be taken after each meal, gradually increasing to a tablespoonful. This may act very similar to the chloride of calcium in possibly causing a calcareous degeneration in the tumor; but as it has been found that the coats of the arteries are also likely to undergo the same degeneration, the remedy may become a dangerous one. It seems quite probable that it can influence the nutrition or development of these tumors in a certain number of cases, without being given in sufficient quantity to produce the degeneration alluded to."

HOT FLUSHES—MENOPAUSE

Sanguinaria

Case I. Miss S. G., aged forty-four; dark; *languid physically; active, irritable mentally*. Family history negative. Personal history: Matured at twelve; *menses* always profuse and offensive; *menses* were always *accompanied* by a *sick headache, red, flushed face*, which seemed to burn with heat, also *nausea* and *vomiting* with the headache; bowels loose as a rule. There was a *dry, hacking, tickling cough* from *irritation* in both stomach and throat *during menstrual periods*. This was *only in winter*, not in the summer months.

Present condition: "I began missing nearly three years ago. Went four months without menses. Then a profuse flow for over a week. For the latter, a doctor

prescribed China tincture, with the desired effect. I then went three months without flow, but *began to have chills and hot flushes*. The headaches also kept up with the flushed, hot face, and in addition there were hot flushes alternating with chills. This condition was *worse from two to six P. M. daily*. With the headaches, hot and cold spells, there was *swelling of the breasts, more the right which burned* and was very sore to touch." She complained that the condition was changing her disposition from cheerful and hopeful, to irritable, cross and hopeless.

She was given Sanguinaria 6th, five drops on disks, morning and evening. After taking this for three weeks there was a profuse flow for four days, causing her to lie quietly in bed. However, the headache and red, flushed face were not so severe as usual. The hot and cold spells were also less frequent and severe from the beginning of the last period. The Sanguinaria was discontinued. At the end of seven months she called herself well. About five months after that she reported that the hot and cold spells had come back. One dose of Sanguinaria 1^m promptly checked them and they never returned.

Case II. Menstrual Headache. A niece of Case I, her brother's daughter, nineteen years old, a college girl of the same build and temperament, also with the same menstrual history, was brought to me by her aunt with the statement: "As you cured me, I have brought her to learn if you could not cure her of her *sick headaches which come every month*. Dr. H., a Homœopath, has helped her some. He gives her Spigelia 3^x, and once in

awhile, when she was real bad, *he injected some morphine.*"

The niece then described the headache symptoms as follows: "*The first morning after the flow begins I wake up with an ache in the back of my neck and head. This gradually grows worse, spreads up over the sides of the head and settles in the right forehead and eye. The pain in the eye grows worse and is so bad by early afternoon that I cannot study. My face is red and burns. I usually have pains in my stomach, going up to my neck and head. The stomach pains, yes, all the aches and pains are better if I can vomit, which I usually do about three times out of four.*"

"My menses last four or five days and are very profuse. Yes, I have some *leucorrhœa*, worse after the menses, and it is both offensive in odor and irritating to the parts."

Sanguinaria 1^m, one dose three days before the date of the menses, cured her after four periods.

The headaches of Spigelia and Sanguinaria are very hard to differentiate. My experience teaches me, however, that the Spigelia headache is rarely reflex from the female generative organs, but very often from the eyes. Like Glonoine, Spigelia is often called for in the so-called sun headaches.

HOT FLUSHES—DYSPNŒA

Amyl nitrite

Fortunately, the conditions which call for this remedy are rare, for it exceeds all other remedies of this class in the severity of its symptoms. Professor J. C. Wood says of it: "This remedy is, I believe, one of the most useful of all remedies in the flushes of heat so often present during the menopause. They are attended by throbbing and a sensation of intense fullness in the head; there is often a choking, restricted feeling about the throat which Lachesis fails to relieve; much throbbing in the ears."

In the few cases I have used it, the second symptom in severity was "the terrible pounding of the heart which sends the blood up to the throat and causes a choking, also to the head, and makes it feel sore and full." In these cases the dyspnœa is very distressing.

Case I. Miss E. G., aged forty-six; dressmaker; of *neurotic* temperament; matured at thirteen, nothing unnatural about the *menses till a year ago*, when they *ceased*. "Twenty-eight days after the last period I was taken suddenly with *hot flushes all over the body, but most about the head and face*; then hot flushes would come *like waves up from my waist-line, and my face would become scarlet-red*, and feel hot deep into the face; my ears would ring and sing; my *throat* felt as if it was *clutched* and there was *pain about my heart and a feeling as if it bulged out*, but it did not. I felt weak and threw myself on the bed, but I *could not breathe there till I had gotten*

up and thrown the window wide open. This helped me breathe; in fact, helped me every way. Do I get cold after the hot flushes? *No*, neither do I *sweat* as my next-door neighbor does who has a regular round of heat, cold and sweat. *No*, I do not think the pains have been any worse than the first for the past few months, but it is not as pleasant to keep the windows open in winter as in summer, and I feel as if I would die if I do not get open air."

Amyl nit. 6th, one dose, followed by Placebo, before each meal, gradually relieved her so that after three weeks it was discontinued and never needed afterwards.

STERILITY—MEMBRANES

Natrum mur.

T. F. Allen says "Sterility, with early and profuse menses, prolapsus, great weakness of abdominal muscles. Dysmenorrhœa from getting the feet wet," and the following modality, "with uterine troubles of this drug the patient is generally relieved by lying on her back, on a pillow."

Case I. Mrs. J. S., a *dark, slim, emaciated, childless* woman of twenty-nine; married eight years; *never pregnant*, came to me with: "*I came, sent by a friend, to see if you could give me the treatment you gave her so that I may become a mother.* *No*, I have never been pregnant, nor have we ever done anything to prevent being so, even when we were first married. *Yes*, my menses

have always been painful, real hard cramps in womb, worse when there were clots of blood and *strips of mucus*. Yes, I have a leucorrhœa, which causes itching and rawness; I also have *falling of the womb just before the menses so that I must sit down or lie down for the greater part of three days*. Am I sad? Do I cry? Yes, I do, but I want my cry all by myself. I cannot bear to have Mr. S. see me cry. *I am worse in this respect just before my menses*. Yes, I have backache at that time, too. When I must lie down, as I told you, I lie propped up with two pillows under me at the hips. I lie on my back or stomach, usually the former.

“My bowels? Oh! the *stools* are always *hard and crumbly*, worse just *before the menses*. My skin is always *dry and rough*.”

She was given Natrum mur. 30th, a grain powder, night and morning in a pint of water. She was to take a douche of salt water, a dram to a quart, every night before going to bed. She was also to use an enema of same preparation of salt and water every other night, using the colon tube.

Three months of this treatment moistened the skin, caused a normal stool and relieved the leucorrhœa, but she could see no difference in the menstrual flow. She was then given Natrum mur. in the 1^m, one dose just before the menses. It was two and one-half years before she became pregnant and went to full term. She had no return of the uterine trouble afterwards, but did have two more children.

STERILITY—MENORRHAGIA—HYPERTROPHY

Calcarea carb.

Mrs. H. F., sister of Case I, "*Sensitive to colds; menorrhagia*"; age twenty-five; married five years; *never been pregnant*, but desired to become a mother. The examination revealed a *very large, firm uterus*. The other symptoms were same as her sister's.

She was put on Calcarea carb. 30th, five drops on disks, night and morning. She was also *advised to partake of food rich in lime and iron*. The first improvement was a lessened amount at the periodic flow, a lengthening of the intervals between the periods, and also less of the leucorrhœa. Six months after an examination showed a marked decrease in the size of the uterus. At the end of nine months still more decrease in size of uterus and the menses and leucorrhœa normal. She became pregnant fifteen months after beginning treatment. She has five children.

STERILITY—PRURITUS AND MEMBRANES

Sulphur

Case I: Mrs. Z. K., aged thirty-two; wife of a farmer, was sent to me because the farm owner's wife, who employed the patient in their home, complained that *she stunk so that it was impossible to have her around the home any more*.

The woman was a Mexican, of the most pronounced Sulphur make-up. When asked what she came for, she

replied: "I don't know what she wanted to send me here for, but I do know what I want. *I want to have a baby all my own, and I can't have one.*" The record shows that she had always had "*awful painful times, monthlies;*" *that the flow was clotted, and at times these clots were covered by something that looked like the "lining of an egg, only a good deal thicker and tougher.* Does this come with every period? Yes, almost. There is more of it at times than others, and the more there is, the more of the awful pains I have in my privates. Yes, I have a flow at other times, what you Americans call 'whites.' This flow comes near half-way between the periods and makes me itch so I dig myself raw." She was given a supply of Sulph. tablets 30th, of which she was to take five before each meal. She was also ordered to take a good tub bath, use plenty of soap, and a good stiff flesh brush. To this she protested vigorously, but when I told her if she did not she and her husband would lose their jobs, she consented. Five weeks of this treatment completely changed the color and odor of the woman, but the leucorrhœa was only a little better, and the flow (menstrual) "as full of that stuff as ever."

The Sulphur was changed from the 30th to the 1^m, one dose, and a batch of Placebo, five every night and morning. The first child was born eighteen months after her first call. There were no more membranes. The second child was born fifteen months after the first.

STERILITY—ABORTION

Actæa rac.

Actæa rac. is decidedly a woman's remedy. We have no remedy which has a stronger "elective affinity" for the female generative organs, and only two or three which have as strong. Actæa rac. is the *black* cohosh. It belongs to a different botanical family than the *blue* cohosh, Caulophyllum. The latter has many symptoms like the former, also many groups are similar in both. Both have about the same action on the female generative organs, but Actæa acts more powerfully on the muscular system and also on the nervous system. I rarely use the blue, but often use the black. Actæa includes everything found in Caulophyllum, and much besides.

Case: *A firm fibered, muscular, married, childless woman; aged twenty-three; married four years; had been pregnant and miscarried five times, was sent to me by Dr. C. W. Eaton. Her menstrual history was as follows: "Matured at twelve; fearful cramps in the pelvis and sharp pains from the ovaries up and down; also across from one side to the other of the pelvis. Menses somewhat irregular in time and quantity of discharge. My breasts were always sore and painful while menstruating. Bowels? Always constipated, stools hard, black and lumpy. There were crampy pains in rectum during and after stools. The bowel condition is always worse at the time of the menses."*

Examination showed an *undeveloped* uterus, a cavity only a little over one inch, although she had been preg-

nant nearly three months before her last abortion, which was her longest period of gestation.

She was given Plumbum 30th, night and morning. When asked if she should avoid becoming pregnant, I answered no, by doing so she would increase the size of the uterus till she would go to full term. Her first child was born three years after the beginning of Plumbum. She became pregnant eighteen months later and miscarried at the fourth month. She was threatened at the second and third months, but escaped by keeping in bed four days. At about the fourth month the same *cramps and pains of previous years set in and she miscarried*, in spite of lying abed. Beginning two weeks after this miscarriage, she was put upon Actæa rac. 3^x, five drops, three times daily. She menstruated about six weeks after, but there was very little of the cramps or other pains. Her mental depression and general "nervousness," as she calls it, was better. Her second child was born a year later, and her third three years later. She had no more uterine cramps, but at the age of forty she began having severe flushes of heat and chills in alternation, and with it a fear that her old trouble, dysmenorrhœa, would return. A few doses of Actæa 30th, taken night and morning, controlled the flushes and the chills. She ceased menstruating about a year later.

P. S.—Perhaps the above case should be called a *Plumbum-Actæa* case, for I am of the impression that without increasing the size of the uterus she never could have carried a child to term, and I do not feel that the Actæa could have helped enlarge the uterus.

VICARIOUS MENSTRUATION—EPISTAXIS

Bryonia

Case I. Miss E. E. M., school teacher; aged twenty-seven; dark hair and skin; *well-developed muscles*; five feet seven inches tall; weight 146; *rather sluggish* in her disposition and physically. Her Entrance Complaint was: "*Nose-bleed when I should menstruate.*" She then gave her personal history as follows, *viz.*, that she was rather backward in her school work, *i. e.*, slow to grasp the subject, but by plodding got a B. A. from S. U. I. She had always been constipated for which she took oil, as the stools were dry, hard and black. Oil did very well. She matured at sixteen, but that she had attacks of nose-bleed at stated intervals of thirty days for two years before that. *With the nose-bleed* she always had a *bursting, splitting headache and pain in her eyes* which were occasionally "*bloodshot*" during the period. At her first period there was no nose-bleed or headache and but little trouble with the eyes. For six years the menses alternated with the nose-bleed, but for the past year she had menstruated only once, but the nose-bleed came regularly, as also did the pain and blood-shot condition of the eyes. Nothing that she could do seemed to control the nose-bleed. She "*plugged*" her nose with cotton on which she had put vinegar and various other things. The *vinegar checked the flow from the nose* better than anything else, but even then the blood went "*down the throat*" and had to be expectorated. She was obliged to stay out of her school two days in every month. She stated that her appetite

was good; that she was very fond of meat, especially beefsteak and mutton chops.

She was given Bryonia 3rd, five drops in a glass of water before each meal and at bedtime; to omit the oil, but if necessary to use an enema of hot water with five drops of the tincture of Bryonia to the quart. She was to cut out meat and substitute fruits and vegetables. Also to cut out coffee, of which she was very fond and used in large quantities and strong. She was also forbidden the use of milk which she admitted made the constipation worse and made her dull and sleepy. She reported after five weeks that there had been no Epistaxis at the period, much more menstrual flow, with but little head or eye trouble. The bowels were much better. Bryonia was discontinued.

Four weeks later the report was: "Nose-bleed again but much less, with very little headache or eye trouble." She felt much better generally. She was given one dose of the 30th at the time and a small supply in case the nose-bleed should return, then she should take it five drops at a dose every three hours. She had not been obliged to take any of it at the end of four years, when she moved west and never reported after.

Case II, a cousin of Case I, with similar symptoms in every respect, except that the breast became swollen and tender every twenty-eight days, and then followed a flow of bright-red blood from the nipples. Bryonia and the same auxiliary treatment brought about normal, natural menstruation in about six months.

VICARIOUS MENSES—EPISTAXIS

Pulsatilla

Case I. Miss J. C., aged twenty-two; a senior student in S. U. I.; with a typical Pulsatilla make-up, came to our clinic for relief from "*a flow of blood from the nostrils at intervals of from thirty to thirty-five days; the blood was dark; the flow was not very profuse, but a constant dropping if not 'dammed up.'*" The stools were a little inclined to be loose generally, but very much worse when she had the nose-bleed. Her desires and aversions as to food and drink were typically Pulsatilla. *There was always a little menstrual flow with the nose-bleed, but the Epistaxis predominated in about four times out of five.*

She was a *neurotic*, a good student, somewhat *emotional*; therefore, she was given Pulsatilla 30th, five drops on disks, morning and evening. Ten months cured her of the Epistaxis and shortened the interval between the period to twenty-seven and twenty-nine days.

VICARIOUS MENSES—HÆMATEMESIS

Case II. Miss H. G., aged twenty-six; school teacher; with a good family and personal history; a typical Pulsatilla patient in regard to mind and menses, came with: "*Doctor, I was sent to you by my sister whose nose-bleed you cured. I differ from her in that I bleed from the stomach instead of the nose. The blood first appears in the stools which are loose at that time; the blood is dark and is well mixed with the other matter; no, there is no pain with the bowel movements till I begin to spit blood.*

There is *some nausea*. The *blood appears* in the stools about *three days before I begin to spit it up, but stops when I either spit up or vomit*. I presume you would call it cramp-like, just as I had before the stomach symptom came on, such as I have now when the menses come and the others do not."

Pulsatilla 3rd corrected the condition in four months.

The diet in this case was semi-liquid, mostly milk, and strained soups.

VICARIOUS MENSES—METRORRHAGIA

Hamamelis

Case I. Mrs. J. B. C., married; mother of two children; thick set; plethoric; aged thirty-four; has the following: Personal history: "Father died at fifty-four of 'stroke.' *He was a thick-set, fleshy man, weighing about 250. I resemble him. Mother was a small, thin woman, dark complexion. All I remember about her ailments was that she had 'bilious spells,' when she became sallow, and after these spells she suffered from hæmorrhoids. In the last condition I am like her, for I have them a good deal. Yes, they bleed and are very painful. I matured at twelve, always flowed too much and too often; the blood was always dark. No, never clotted and no smells. The hæmorrhoids first came when I was carrying my first child and have been troubling me on and off ever since. They were worse while carrying my second child, and just after she was born. No, I was not lacerated nor*

did I have a hard time at the birth of either children. I had 'milk leg' after the birth of the second child and suffered more from that than from anything else. Yes, it lasted long, about two months. What eased it? A neighbor of mine brought me a bottle of witchhazel, and she rubbed my leg with it for about a week. She did this every morning, beginning up near my body and going down, then up again, always rubbing up.* I also took *five drops of the witchhazel three times daily*. Have I taken any since? No, I have not needed it. Someone told me it would help my piles, but I was afraid of it. But why all these questions? What I want is something which will stop my bleeding from the mouth, nose, nipples, and sometimes my stomach. Do I bleed from all of them at the same time? No, hardly ever more than two, and the largest amount comes from the nose. Do I have a menstrual flow at the same time as the bleedings? I used to a little, but have not of late."

She was given Hamamelis the 3rd, five drops, four times daily. She was also to get some 'Æsculus and Hamamelis pile suppositories' and insert one into the rectum every other night after thoroughly cleansing the parts with a solution of Hamamelis tincture, five drops to the pint of warm water.

In addition to a diet rich in iron and phosphorus, she was to take two drams of Manola after each meal. The result was quick, rapid and permanent improvement.

*Her neighbor was a graduate nurse.

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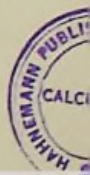
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