

swell my volume. The above three cases sufficiently illustrate my point.

What is the best way for a physician to prepare himself so that he may tackle successfully Pneumonia cases?

In answering this question, I say :—

1. Have a thorough knowledge of the *Materia Medica*.

2. Think of no specifics.

3. Put pathology behind symptomatic manifestations; in other words "treat the patient, and not the disease."

Aluminium and Homœopathy.

Sent by Dr. Hunte Cooper for publication.

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I TRUST that some of you who were present at an address I gave on "Aluminium Poisoning" at Grosvenor House last July will forgive me if I am under the necessity of again mentioning some of the facts then recorded. This I find unavoidable, as but comparatively few of my homœopathic colleagues were present on that occasion.

I had not long started on my investigations before the immense importance of this subject began to dawn on me, and it became plain that all works must be mainly directed towards the ultimate and complete eradication of this evil from civilization. There was only one way, so far as I could judge, which offered any reasonable hope of success, and that was to first of all make the facts widely known to the profession as a whole. As, however, no new idea is ever received with open arms by our professional brethren, it was essential that anything which might cause the least bias and prevent them, at the outset, from looking into the matter and inde-

pendently verifying the facts for themselves must be eliminated. Unfortunately, our own particular form of medical practice is still looked at askance, and regarded with suspicion, by those who have never troubled, or had the opportunity, to investigate it, and I was therefore reluctantly under the necessity of leaving this, the most vitally important point of the whole matter, unsaid for the time being. By way of compensation, I allowed myself to indulge in the above private address, inviting to this only homœopathic practitioners and those interested in, and in sympathy with, our science, and I subsequently published the abbreviated framework of this address, with all homœopathy deleted, in the form of a Monograph which I distributed to as many medical men and scientists as possible. Many of the copies found their way into waste-paper baskets, and others which escaped the fire lie unopened, but it is possible that a few may have been seen, and even read, by some of you present here to-night, so I will avoid repeating anything contained therein except in so far as it bears on the subject of this paper.

The most arresting fact, and one which is of no little significance, is that when my suspicions were first aroused, early in 1930, *I could obtain no literature from the medical libraries of this country which threw any light on the action of this metal on the human organism, except (and this cannot be too forcibly emphasized) the provings of Hahnemann and his followers long before the idea of using this metal for cooking was ever thought of.* One cannot help wondering whether we would now be groaning under this terrible curse, if science as a whole had accepted our master's teaching and taken them to heart. The early experiments with aluminium vessels, as, for example, those made by the *Lancet* in 1913

showed clearly that the metal came off in practically every form of food cooked in it, and that it did so in a "soluble" form in many cases, but having never heard of Hahnemann, and much less of his inestimable gifts to science and humanity, they had no idea that aluminium had any toxic effect. They regarded the amount of soluble aluminium as negligible and, being ignorant of the fact that the oxide and the metal itself both became soluble in the gastric juice, they gave these vessels a clean certificate to go on multiplying to their present prodigious proportions; with what dire and far-reaching effects I am only now, after a year and a half's work, beginning to dimly realize.

Incidentally, it is interesting that these early provings have a unique and clear-cut value of their own, in that *they cannot be repeated at the present time*. This is because no provers can be found who are not already saturated with the substance, except perhaps in the backwoods of undiscovered continents or on lonely islands of uncharted seas.

It soon became quite clear to me, from the *Lancet* tests and those Dr. Eastes carried out for me, as well as from the experiments on animals (all of which are quoted in my Monograph), that we all had quantities of this substance in us, that we were continually eliminating it, and that we had to thank the natural resistance of our bodies to its toxic influence that we were not a nation of perambulating invalids. But I asked myself, "Are we in reality as robust as we appear, and how many of us can honestly say we are absolutely free from any adverse symptoms, possibly suppressed?" Indeed, one of the necessities of modern life seems to be the suppression, either consciously or unconsciously, of symptoms which will otherwise hinder us in our daily life. Then again, no

one can deny the ever-increasing prevalence of gastric and internal derangements, or the increasing incidence of certain organic diseases which might well be aggravated, if not directly caused, by a devitalizing and irritative cause of such potency.

Aluminium first came into general use about thirty years ago, and in mentally reviewing its possible effects on the general health during that time, one considered in what particulars modern man's health had shown special deterioration. Certain organic diseases, from their very gravity, naturally took precedence in one's mind at first, but it appeared to me that the most universally important disability, which itself so frequently formed the precursor of other graver troubles by lowering the resistance of the body, was "neurasthenia," (the technical name for a want of power in the storage batteries of the system). "But the worry and tear of modern life accounts for this" you say. Quite so, up to a point, but this in itself is all the more reason why we should not add another cause by beaping on our bodies the additional strain of unceasing elimination of a wholly unessential foreign substance, added to which the cardinal symptoms of neurasthenia—general weakness and easy fatigue, oppressive headache, palpitation and dyspnoea, restlessness, indecision and apprehensions, &c.—are all duplicated in the provings of aluminium.

On the face of it, it seemed extremely improbable that the continuous strain of eliminating a foreign metallic substance, day in and day out, could be carried out with impunity, and if it was acting deleteriously on us, then we must all be affected one way or another, and if this were so, the giving of any remedy known to have an antidotal effect on this particular substance must benefit every living person, always allowing for possible initial aggra-

vations occasionally observed from such treatment. This in effect I subsequently verified to my own complete satisfaction. Furthermore, if any individual happened to be suffering from hitherto inexplicable and intractable symptoms which cleared up under such antidotal treatment, especially if these symptoms corresponded with provings hitherto recorded from observations on healthy individuals in the past, a conclusive proof would be furnished that this substance was the original cause of the trouble, it being understood, of course, that no other changes were made in the patient's mode of life or habits.

Here, then, I had a treble means of proving to my own satisfaction, and to others, the toxicity of this metal. First, by the cessation of the symptoms on stopping the intake; second, by a similar effect produced by the giving of a substance of known specific antidotal power over this particular substance; and third, by a combination of the two. In deleting homœopathy from my findings for the benefit of the allopathic fraternity I was handicapped by having to depend wholly on No. 1; nevertheless, this has fulfilled its purpose very well, for the reason that it is comparatively easy to convince anyone of the danger of this substance by the rapid removal of symptoms of only a few years' duration on stopping its ingestion, and this, fortunately, dramatically occurs in most cases. It is far otherwise with the more chronic and deeper seated effects; here homœopathy alone is of avail, and it so definitely is so that it cannot fail to open the eyes of many present-day sceptics and must induce many to look into our branch of medicine who would otherwise remain blissfully, but none the less regrettably, unconscious of our very existence.

In deciding on an antidote to suit my purpose, I had the choice of several remedies which had been experimen-

tally proved to act as such, but it occurred to me that the employment of most of these would be open to the objection that the removal of the symptoms by any one of them might be questioned as conclusive proof of the origin of these symptoms in the action of this particular metal, although one might oneself be personally satisfied on this point. If, however, one used a high potency of the substance itself which, as a matter of general application to this and other substances, the accumulated experience of numberless observers of our school had shown to have such an effect, there would be far less ground for such an objection, and the removal of the symptoms by its action would be proof that this particular substance and these particular symptoms had a very close, and strongly suggestive, association. Added to which the constant repetition of such findings would leave no doubt in the mind of the impartial observer as to their true cause and effect.

At one time the giving of a toxic substance in dilution to antidote the same substance already saturating the system would have seemed the height of lunacy, but the general recognition of vaccine therapy which depends on this very fact proves this both rational and effective, though the latter therapy has confined itself hitherto to toxins of a purely organic origin.

In my Monograph I briefly mentioned the effects of aluminium on my own health, but for reasons already explained I had to leave out my most important experiences. I will therefore again repeat them, with amplifications, in the words used at my Grosvenor House address.

Many of the measures we have for combating human ills are double-edged, high potencies being no exception, but fortunately experience has taught us that if initial

aggravations are allowed to work off, curative effects follow. Koeh found this also after some bitter experiences with tubercula. A high potency of alumina or aluminium may in some cases cause severe aggravations, and this need not cause surprise, for *the system into which it is introduced is so overcharged with the substance that the effect might be likened to the violent stirring up of a muddy pool*; the effect in my own case at any rate gave me that impression.

Compared with the average standard, my general health had been quite good in the past, but I had nevertheless suffered for years from oppression on waking, with heavy, pressive headache and a "woolly brain," work was undertaken only with a great effort in the early morning, another noticeable effect being discomfort in the head from tobacco. Associated with this was marked sensitiveness of the gums, especially round the upper molars. X-rays revealed some rarefaction of the alveolus round the roots of the teeth, but pyorrhœic discharge, though a previous symptom, was not then present. The only other symptom was an unaccountable tendency latterly to *subluxation and locking of the knee-joints*, when either foot met slight unevenness on the ground, though there had been no injury to account for this.

In view of the early provings of this metal which recorded "heaviness in the head," "compressive cephalgia," undue sensitiveness of the head to tobacco, and sensitiveness of the gums, with < waking in the morning, I expected some improvement on banishing the metal from the family kitchen, but as no noticeable change took place, I took a potentized dose of the oxide Alumina 200 early in July, 1930, but without any apparent effect. Therefore a fortnight later I repeated the dose and put the matter out of my mind, till, on rising from the table after

dinner, twenty-four hours later, an intensely sharp, burning pain attacked my right knee over the internal semilunar cartilage. For some minutes I had to hobble with the knee bent, and could only with difficulty straighten the leg, the gastrocnemius tendons seeming to be forcibly *tightened*. The left knee was similarly but less affected. Four days later a tender, egg-shaped bursal swelling developed in the inner left segment of the right popliteal space, close to the inner [or median] head of the gastrocnemius muscle. It gradually subsided in the course of the next few days, but in the tendons generally at the back of the knee much *stiffness* remained for some time the outer tendon of the right thigh flexors being chiefly affected. These flexor muscles themselves, and to a lesser degree the calf muscles also, felt tightened and cramped. In the early hours of most mornings, or an hour or so after midnight, pains as of a red-hot iron boring into the internal semilunar cartilages would wake me. I had never before had any similar tendon or muscular pains, so that one might justifiably say that the likelihood of these being coincidental was extremely remote. They certainly were not imaginary, for they were wholly unexpected, and I only subsequently associated them with the probable true cause.

Concomitantly with the knee symptoms the pressive, waking headache became intensely aggravated, the sensation every morning being one of vice-like pressure contracting the whole upper jaw and head. This would pass off soon after rising, leaving only great irritability and tenderness at the roots of the upper molars brought out by closing the jaws firmly. Another very definite effect was the alarming amount of hair coming out when the head was combed in the morning and some brittleness of the nails not previously experienced. These

symptoms took a month to abate, greatly interfering with my August holiday, being renewed in lessened degree after subsequent doses. Stiffness behind the knees was the chief symptom latterly, being most marked a day or two after each dose. Shortly after this a longitudinal split appeared in the left little finger nail, none of my nails having ever split before. In addition, I noticed some interesting ocular effects, and to explain these let me first say that I have normally a small degree of latent hypermetropia in each eye, with some presbyopia, but less of this latter than one would expect at my age, considering the existence of the former. The effect produced by the second dose of Alumina 200 was a weakening one on the accommodation of the left eye, rendering it impossible for me to overcome my natural latent hypermetropia sufficiently to see distant objects clearly. These, as for example a church steeple, appeared blurred and partly reduplicated by a shadow of the object standing beside them, this effect being immediately corrected by a weak lens. Naturally it became increasingly difficult to envisage near objects with this eye. The right eye, strangely enough, was affected in an opposite way, accommodation gaining slightly in strength, with improvement in near vision and retention of clear vision for distant objects. These effects lasted about four to six weeks and have never since returned, my distant vision now, as before, being exceptionally acute.

(To be continued.)