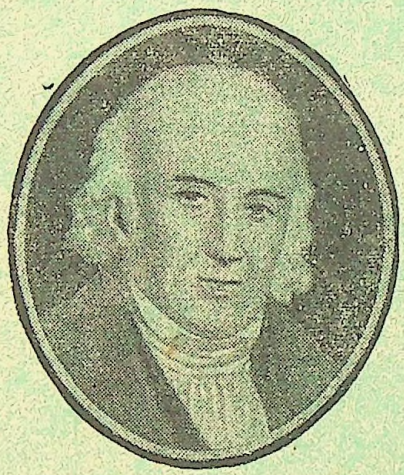
The
HOMŒOPATHIC HERALD
JOURNAL OF PURE HOMOEOPATHY



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The
HOMŒOPATHIC HERALD

EDITOR

Dr. B. K. Sarkar, M. B. (Cal.), D. M. S.

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October, 1973

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THE
HOMOEOPATHIC HERALD
Vol. XXXIV OCTOBER, 1973. No. 7

Editorial

THOUGHTS ON HOMŒOPATHY AND SCIENCE

1. *What is Hahnemann's Organon ?*

It is Hahnemann's exposition and vindication of his specific method of treatment, known as Homœopathy.

2. *What is etimology of the word "Organon" ?*

The word means the instrument of thought ; system or treatise on logic. Aristotles' various treatises on logic were summed up under the common title "Organon". Logic, the art of reasoning is the instrument of research and discovery Hahnemann designed his method as one which should be a medical logic, an instrument which the physician should use for the discovery of the best remedies for diseases.

3. *What is Homœopathy ?*

It is an organon, an instrument for effecting in the best manner a certain viz., the cure of diseases.

In other words Homœopathy is a therapeutic method, an instrument for the selection of the most suitable remedy for each case of disease.

In other words, Homœopathy,

in the first place means a method, a method of scientific study and therapeutic practice ;

in the second place, means the facts discovered by the method ;

thirdly ; signifies the theories that have been propounded to explain and correlate these facts.

4. *Science. what it is :*

(a) A science is a systematic body of knowledge relating to a particular department of the world knowledge.

(b) A science deals with a particular department of the world knowledge within which it confines its investigations while, the ordinary man appears to be interested in the whole field of human knowledge.

(c) Scientific knowledge is systematic, unified, organised and general while ordinary knowledge trusts to unmethodical observations.

5. *What is knowledge and its sources ?*

Knowledge is a system of ideas, corresponding to a system of things and involving a belief in such correspondence.

6. *What are the sources of knowledge ?*

(a) Immediate apprehension—the act of the mind by which we become directly aware of something.

This direct knowledge may arise from

(a) external perception e.g. sense-perception.

(b) Internal perception of introspection of knowledge, of and feelings and emotions.

(b) Inference from immediate perception i.e. in Inference from certain materials or data which are given, we pass on to something which is not given, but which can be known through and with the help of the given materials e.g. we see a smoke and know that there is fire.

(c) Testimony and Authority.

(a) Testimony means the evidence of reliable persons.

(b) Authority implies power to influence opinion and induce belief.

There is one caution to be observed ; knowledge derived from authority even more than the knowledge derived from testimony, should be carefully tested before acceptance in as much as the sentimecnt of veneration may blind our judgement and lead us astray from the path of truth.

7. *What knowledge means ?*

Knowledgs means sometimes the process of thinking, viz.

(a) Conception—a general idea.

Formation of concepts, involves.

(i) Comparison ; (ii) Abstraction ; (iii) Generalisation ; (iv) Naming.

(b) Judgement—a process of comparing two concepts with each other

(c) Reasoning—a process of passing from one or more judgments to another which is justified by them.

8. *How knowledge gets systementioned ?*

When a particular department of knowledge is based on discovery of laws concerning the phenomena concerned.

B. K. SARKAR

THE REPORT OF THE XXVII INTERNATIONAL CONGRESS FOR HOMŒOPATHIC MEDICINE

May 28 to June 2, 1973

BY

DR. DIWAN HARISH CHAD M.B.B.S., L.R.C.P. (EDIN.), D.T.M. & H. (L'POOL), F.F HOM. (LOND), D-TH (U.S.A.)

National Vice-President (for India) International Homœopathic League. Homœopathic Physician to the President of India

This year International Homœopathic Congress was held at Viena in Austria, a place which has always been famous as a centre for medicine in the world.

It is of great significance that the Congress was held under the *Patronage of the President of the Republic of Astria, Dr. H. C. Franz Jynas.* It had as the Presidents of Honour the Minister for social Welfare, the Minister for Science and Research and the Mayor of the City of Viennna. The committe of Honour was constituted of the President of the League and all the National Vice Presidents, The President of the Congress and the moving force was Dr. R. Seitschek, the

National Vice President of the League for Austria. He was ably assited by the General Secretaries, Drs. G. Bayr. and M. Dorcsi and treasurer, Dr. H. W. Schwarz. Dr. R. Seitchek and Dr. M. Dorcsi are, of course, affectionately remembered in India, having participated in the 1967 Congress held at New Delhi. The Congress was organised by the National Homœopathic Society—Osterreichische Gesellschaft Fur Homoopathishe Medizin, with the blessings of the International Homœopathic League.

As is the usual practice the Congress was preceded by a meeting of the International League Council. A special feature this time was that the council meetings were held for two days and a special meeting was held on a third day to finish the agenda. This was very satisfactory indeed as the agenda could be fully discussed and some positive decisions for future working of the league could be taken.

The meetings of the council were precided by the League President, Dr. Tomas P. Paschero, who was assisted by the Senior Vice President, Dr. Carl Eenhoorn. After a general survey and report by the President, the Secretary General and the Treasurer presented their reports. The National Vice Presidents of the different countries presented their reports on the State of Homœopathy in their respective countries.

Dr. Diwan Harish Chand gave a concise but full survey of the great activity for Homœopathy in India. He mentioned the 300,000 whole time Homœopathic practitioners ; the 77 Homœopathic colleges turning out 3000 to 4000 Homœopaths every year ; the patronage enjoyed from the Government and the great interest in Homœopathy of the President of India, the Vice President of India and many of the ministers of the Government ; brief outline of the scheme conceived by the Prime minister for utilising the services of Homœopaths in the rural areas ; the grant received by the different institutions of Rs. 2,400,000 (over U. S. $ 300, 000) during 1972-73 etc., etc.

An important feature during the previous year was the evidence taken by the Joint Select Committee of Parliament whieh has subsequently drafted the Central Council of Homœopathy Bill expected to be passed by the Parliament soon. This

would ensure further rapid progress in the practice of Homœopathy and improve its standards. He highlighted the fact that in India is publishing the largest number of Homœopathic Books in English and at very cheap prices. Many of the old classics that had been out of print for long are being reprinted. The editors of Homœopathic journals (of which where there are about 50) have formed an Organisation—"The Homœopathic Editors Guild".

There was also a report from the Dental Section of the League which was formed at the last Congress in Brussels. This wing had been very active and has even brougbt out a journal Acta Dentara. There are a number of Dentists in Europe who use Homœopathic remedies. In fact during the scientific sessions one special session in the group discussions was devoted to the subject of "Homœopathic and nosode-therapy in Dentistry.

Future Congress

The programme of future Congresses was discussed and the following decisions taken.

(1) 1974 in U.S.A. This would be held in Washington, D.C. and clinical meetings at the end in San Fransisco, California- The Congress would be from May 31st to June 10th, 1974. The themes of the congress are (a) How to take the case (b) How to follow up the case (c) Sepia (d) Lachesis.

It is to the great credit of Dr. F. W. Schmidt, National Vice-President of League for U.S.A. that immediately after the decision of the League Council he was able to make the tentative programme and even print and distribute cards for the U.S.A. Congress.

During the Congress at Vienna it was more or less settled that there should in future be two or three main speakers on a subject and the others to take part in discussion only. The main speakers for U.S.A. Congress has been chosen by the organisers. They will present the subject in 30 minutes. The co-speaker will further elucidate the subject in 15 minutes. In the discussion to follow each discussant will be given 3 minutes.

(2) 1975 at Rotterdam (Holland). This will be the Golden Jublee of the Congress as the league was founded in the same city in 1925. One of the themes of this congress will be History of Homœopathy and another one Diseases of liver. Already active steps are being taken in organising what is likely to be a very momentous congress. Even during Vienna Congress papers welcoming the participants to Rotterdam in 1975 and others giving touristic detains were being distributed. The inaugural date is 28.4.1975.

(3) 1976 in Athens (Greece)

(4) 1977 in India. This would offer us another goldeu opportuty to have in our midst a galaxy of Homœopaths from all over the world and it is likely that there will be an even greater participation from abroad than was the case at the last congress. It is indeed gratifying that ourganisation of the Congress in 1967 has created a confidence in the League to accept the invitation to hold another congress here.

If we have to make a record congress the Homœopaths the country must start preparing from now so that the provisional programme can already be distributed at the Washington congress in 1974 and detailed plans at the Rotterdam congress in 1975.

(5) 1978 in Rome (Italy)

(6) 1979 in Munich (West Germany)

In view of the increasing activity of the League the question of representation of more countries was taken up. Countries particularly under consideration were Australia, Cameroon, Canada, Denmark, Ghana, New Zealand, Nigeria, Pakistan, Sweden, Singapore & Malaysia. To these Diwan Harish Chand additionally proposed Sri Lanka (Ceylon), Nepal & Bangla-Desh. As Dr. Diwan Harish Chand has personal knowledge about most of these countries he was asked to submit a note on the position of Homœopathy in these countries to enable the council to decide on the form of representation that could be given to the new applicants from these countries. He submitted the following note —

"To decide on the question of new countries seeking admission to the Liga we must understand the situation in these

countries. As I have personally visited all these countries I know the exact situation. There are the following class of Homœopaths in these places :—

1. M. D., or its equivalent in British Commonwealth M.B., and Converted to Homœopathy after Post Graduate study by himself or in an institution.

2. Studied in Recognised Homœopathic Institutions of the type as exist in India and Mexico and used to exist in U.S.A.

3. Self taught (has no medical qualification) but practised Homœopathy for long and acquired some proficiency.

4. Part timer (practices Homœopathy in spare time, main occapation is different).

5. An absolute quack who styles himself as a Homœopathic doctor for some status or source of income.

In India—all types, 1 to 5

In Nepal—2 to 5

In Ceylon—2 to 5 & ? type 1

In Burma—3 to 5

In Thailand—3 to 5 (Mentioned in Telephone Directory but I could not find any)

In Singapore & Malaysia—3 to 5

In Indonesia—Did not find any ? 3 to 5

In Australia—1 and 3. Naturopaths and Gateopaths also use Homœopathy

In New Zealand—One of No, 1 type, 3 to 4

In Pakistan—2 to 5, few No. 1 (Mostly 3-5)

In Bangladesh—2 to 5, ? few No. 1 (Mostly—3-5)

In Africa (other than S. Africa)—to my knowledge only 3 to 5 but I stand to be corrected.

This note was discussed at length and other members of the council felt that full members could only be the No. 1 After considerable persuasion from Dr. Harish Chand it was agreed that although No. 2 category may remain as full members but only where they are recognised by their own state or country i.e. by the law of land. But as this recognition is confined to their country and not internationally they

may not hold an office in the International Homœopathic League.

Finances

Because of not very comfortable position of the finances of the League it was proposed to increase the annual subscription. The representatives from the more prosperous countries were favourable to making the annual subscription anything between U.S.A. $ 5 to 15 which would have been 5 to 15 times of the present subscription.

This was vigorously protested to by Dr. Harish Chand who felt that it would be difficult to have any member from India as the subscription would be exorbitant to the pocket of the average Homœopath here. He proposed a sliding scale according to the economic condition of the different countries and to make it even more equitable to fix the subscription for a country at the average of the consultation fees charged by the Homœopaths in their country as advised by the National Vice-President. This matter will be considered by the general council of the League at the meeting in Washington.

It was also proposed that the National Homœopathic associations should make some contribution to the League.

International Directory of the Homœopaths to be published by the League

This directory which was supposed to be ready by the time of the Congress has got delayed as the lists from some of the countries had not yet been received. As for India, it has been decided to include only those Homœopaths who are members of the League, and have paid subecription till end of 1973. Those whose send in their forms till the publication of the directory may still have a chance of getting their names included. The subscription so far remains at the old rate of Rs. 7.50 annually. Dr. Harish Chand offered to have the directory printed in India for far less cost and out of the funds of the League held in this country and it is gratifying to note that the offer has been accepted.

Membership cards

Dr. Harish Chand emphasised the urgent need for providing a card of membership to all the league members. This was in general aggreed to and it is hoped that they would be printed soon.

There was discussion on the proposal from Greece of establishing a *Centre for Homœopathic education* in Athens under the patronage of International Homœopathic League. Dr. Harish Chand proposed that the Centre may be established in India as there would never be a dearth of students and that might make it possible to meet the extra expenses involved in travel by the Internationally chosen team of teachers. The matter has yet to be decided.

The *Scientific sessions* of the Congress were held in the magnificent hall of Haus der Industries with fully marbled walls from the floor to the celling. As is usual simultaneous translation was provided and there were very good arrangements for projection of slides and films.

It is a matter of gratification that the scientific sessions were held for a whole week as proposed by Dr. Diwan Harish Chand two years earlier.

Inaugural Function

Due to the unavoidable absence of the President and the Health Minister of Austria the Scientific Programme was inaugurated by the Deputy Minister for Science and Research. Performances by the world famous Vienna Philharmonic Orchestra of music Composed by Beethoven lent dignity to this ceremony. Special features of this session were addresses by the Dean of then faculty of medical Association ; by the Professor from Pharmacognosy Institute of Vienna University and a lecture by a noted medical scientist who spoke on the Placebo effect and the methods of carrying out of controlled studies as may be applicable to Homœopathy. In the opening address the President Dr. Seitschek specially mentioned that one of the purposes he had in mind for this congress was to

open out the possibilities of a dialogue with the Allopathic school so that the different view points could be appreciated by both sides. In this objective he succeeded well in not only getting the top people from the medical faculty but in also having an observer from the Medical faculty who was present throughout the scientific sessions. The scientific sessions in general were good and new feature of this congress was the *Group discussions* on certain subjects carried out in the side rooms so as to able to go into great detail in those subjects.

Subjects discussed in tke Group Discussions :

Homœopathic anthropology : Phenomenology & Symptomatology ; Nosodotherapy and isotherapy : Environmental toxicology ; Didactic and teaching in homœopathy ; Experimental homœopathy : Biological researches ; Homœopathy and nosodotherapy in dentistry ; Homœopathic pharmacology : Potency and Poshlogy ; euperimental Homœopathy : Physical Researches and Cybernetic Models Homœopathy in veterinary medicine ; researches and practical applications in animals.

In one of the sessions devoted to showing of scientific films there was screened a remarkable film made by a German group on Ayurveda. In it there was an interview with Honourable Dr. Sushila Nayyar, the then Health Minister, and many important centures of Ayurveda were shown. There was a good commentary on the underlying principles of this system of treatment.

Another film, very interestingly made, showed remote places in the South American jungles where Dr, Schwabe went to collect plants used in our Materia Medica.

There were many highly scientific and good paper on the main themes of the Congress :

Subjects ot the Plenary Sessions : The Actuality of Homœopathie Medicine ; Provings of Homœopathic drugs ; The drug pictures of Phosphorus & Natrum mur ; Homœopathy in veterinary medicine—Verification of Homœeotherapeutic aspects ; Experimental homœopathy—(i) Biological researches (ii) Physical researches ; Nosodotherapy—Isotherapy ; Homœo-

pathy in dentistry ; Methodology in Homœopathy. One session was devoted to Free papers of importance.

India was well represented at the Congress by Drs. A. K. Asthana (Presently working in Germany) ; R. K. Bhandari—New Delhi ; Devendra Mohan, Mrs. Devendra Mohan, both from Chandigarh ; Diwan Harish Chand (National Vice-President of League for India) ; Jugal Kishore, (sent by the Ministry of Health—New Delhi ; P. Sankaran-Bombay.

Apart from a very full and interesting social programme for the accompanying persons the most important social function was a *Reception by the Mayor* at the magnificient, especially decorated city hall. In the tradition of the place there was music and dancing and a delicious Buffet dinner. Dr. and Mrs Seitschek hosted a dinner for the members of the League Council and some guests at the Restaurant Tirolergarten at Einzuladen. This is a beautiful spot and a restaurant made from the hunting lodge of Austrian Emperors. Another programme was a dinner at a typical old Viennese village—a "Heurigen" in the traditional style with genuine "Schrammel" music. Mid-week there was a cruise on the river Danube which was very welcome relaxation from the extremely busy programme on working days.

A Guided tour through the illuminated interior of Schonbrunn castle the summer residence of the Austrian Emperors was very interesting and educative of past Austrian history. It was noted that although it has 453 lavishy decorated rooms there is no bathroom in the whole palace. It was then not customary in Europe to have a full bath or shower and some sort of wash basin or small tub was brought into the bedroom for a kind of sponge or partial bath.

Another notable feature was the publication of all the papers in a book form which was given to all the participants at the time of registration. This book is available from the office of Intercongress Werbegesellschaft, Stadiongasse 6-8, A-1010 Vienna, (Austria) at a cost of Austrian Shillings 590 (approximately Rs. 200/-). However, most of the papers are are in German and French with only a dozen papers in English and to that extent its utility is considerably limited for India.

In the Pharmacy exibition there were many stalls from noted Homœopathic Pharmacies of that region. Some of them also slowed their individual researches and products. One of the stalls was by the famous German publisher Karl Haug displaying Homœopathic books, ancient and modern, but most of them in German. Acupuncture and Iridiagnosis charts were also at display as these methods are being used a lot more on the European continent than in Britain.

The cost of the Congress was 1650 Austrian Shillings (Approx) Rs. 650). Many of the social functions had to be paid for separately. The Farewell Banquet cost 700. As (approx. Rs. 300) and as such none of the Indian deligates could attend. It is reported to have been very colourful. There was a big band playing and dancing went on till the early hours of the morning. The high cost of the Congress was the only negative feature, especially for participants from India with limited foreign exchange, to an otherwise superb Congress.

CONSTRUCTIVE POLICY FOR HOMŒOPATHY

By Mr. Frank R. Neubsrt, M.D., D.O. Oxon, M. F. Hom.

(Continued from page 177)

The day nf the family doctor with his uncanny intuition and his bond of personal friendship with the family has almost gone, and we now live in a planned and organized world in which the individual is being allowed to count less and less and the group more and more. Organized medicine is rapidly following suit, and the patient is likely to be treated less as a sick individual and more as a sufferer from Disease Number so and so requiring the appropriate treatment by a specific drug.

Such is the progress of civilization and although homœopathic acquisecence to such automatism would be regrettable, who practice homœopathic therapeutics must not forget that scientific outlook has permeated the medical profession and what was good enough for last century will not do for this.

(III) *Statistical Evidence*

An important aspect of homœopathic propaganda is statistical, and I make no excuse in this form-ridden age of ours in advocating still more forms for the collection of evidence.

I have stated before that there are lies, damned lies and statistics, and although figures can be made to prove anything no figures prove nothing, and the homœoparhs produce no figures. Perhaps some explanation as to what I mean by statistics is necessary, and one can look to the treatment of venereal diseases for an excellent example. Penicillin was hailed as a cure for gonorrhoea and syphillis, and the "one shot" method was started in the United States. The. pereentage of relapses was noted in some thousands of cases, and short intensive courses were introduced, and more figures were obtained. Later methods produced still more figures and the success or failure of them was noted ; comparison of the figures will eventually demonstrate what technique of treatment is likely to produce the best results. When a certain technique shows the lowest percentage of relapses over the longest period, that can be accepted as the treatment of choice until later and newer statistics claim a greater percentage of success. This is scientific progress.

In 1915 I challenged the Faculty to produce figures to support Hahnemann's claim to cure gonorrhoea with one dose of *Mercury* : statistics alone can prove whether this remarkable statement is true or false, and until il is proved or refuted it remains open to critism.

A well-known doctor said to me last month that the Homœopaths, in refusing to quote figures, were admitting that there were no figures to produce, and were thus condemning their own speciality. In "statistics and Homœopathy" (Bowman Behram, *Health through Homœopathy*, July, 1919), the author attempts to refute the value of figures with an argument that is hard to believe. The whole foundation of any mode of treatment must depend on statistical evidence. If a substance is given to twenty drug provers and, for example, nineteen of them vomit at 3 a.m. in the morning and one of them does not,

It is incomprehensible to deduct from these figures anything other than what is obvious. If five of them are especially sensitive and manifest some other outstanding peculiarity, that also could be accepted as evidence. If, however, one of them shows some strong sign or symptom, it would be totally illogical to accept it until figures have shown toat it is actually a drug effect and not a completely unassociated manifestation.

I had always thought that the statistical evidence of the success in treating cholera by homœopathic methods in Hahnemann's day had been onc of the greatest factors in establishing homœopathy in Europe : yet statistics are now discredited.

Surely the only way in which a truth can be accepted is that in practice it remains a truth a greater number of times than any alternative.

I suppose it is difficult for most of us to concede a point on which we feel to be positive, but I am quite unable to understand why the homœopaths steedfastly neglect the only means of proving categorically their claims.

In my own speciality, if a new operative teehnique is introduced it is only gensrlly adopted when the figures of operative success and functional result prove that it is superior to an old method, and treatment is being improved constantly by the same means.

When statistics showed that gonococcal ophthalmia neonatorum responded more readily to the sulpha drugs than to the older methods of therapy, the drug was adopted. When figures showed that penicillin results were better a new drug was needed. Later figures proved that almost continuous penicillin drops cured the disease in a matter of hours and a new techniquc became routine. Surely this is progress.

In Bœricke's *Materia Medica* (1927 Eyes, page 722), fifteen remedies are given for this condition. How would the opponents of statistics decide which drug to use in the case of a baby which has a relatively great risk of going blind ? Norton states, in his Diseases of the Eye (1904) "Statistics have shown that in former years from 20 to 79 per cent. of all cases of blindness have resulted from this disease", but he recommends the orthodox routine treatment of his day.

I am sorry to labour my point ; the homœopaths, must produce their figures.

Drug Provings

The Materia Medica of Homœopathy is built upon drug provings and occnpational accidental, and intentional poisonings.

I am still convinced that the interpretations of the symptoms and signs produced in the provers in terms of modren medicine is sorely needed. If every medical man, without drugs, systematically charted every day all his emotional and physical feelings, of the end of a year he would produce a wealth of detail that would shame many a prover.

It seems unreasonable to suppose that any revolution in homœopathic thought or a revolutionary advance in homœopathic knowledge is going to come from the proving of an almost unknown substance. The various repertories would seem to indicate that we have already enough remedies (Clarke 1071, Kœricke 1419) and what we need first is an up-to-date account of those that are in the most common use, and a weeding out of the archaie terms and contradictory symptoms far too common in our present books.

Conclusions

From the Faculty point of view, one would imagine that all goes will from private talks to a great many of the members, there is little doubt that the sad state of affairs is all too well known. From my present back of the gallery seat if there is little fight left and only a group of well-contented homœopaths occupy the ring.

Is it to be that, as far as this country is concerned, we are destined to become the willing spectators of the demise of that viride of Hahnemann's brain.

May, 1951.

I caunot pass these proofs for publication wihout adding a final paragrɐph, especially as the MSS was written so long ago

thar I am unable to trace the article that stimulated it ; it is no longer topical or necessarily expressive of up-to-date opinion. This delay serves as an excellent illustration of my point. There must he a definite editorial policy, but a delay running into years does not encourage those who write, and two of my larger efforts have never been submitted ; the never will. The attempt to make Homœopathy modernize itself proved abortive, and my energies have now been directed elsewhere ; one outcome, at least, is certain ; homœopaths may well remain truly coutented with things as they are but some of us will still continue to dream of things as they might have been.

The British Homœopathic Journal, July, 1951.

HOMŒOPATHY AND GENERAL PRACTICE

By Otto Edward Manasse, L.R.C.P. & S. (Edin.), M.D. (Wurzburg)

(Continued from pege 173)

The question of a Health Centre for homœopathic practitioners had been referred to and was, of course, a most excellent idea. The great drawback was that homœopathic prsctitioners were so widely dispersed and would therefore be working in areas which, from a National Health Service point of view, were not their own, and this might give rise to practical administrative difficulties ; but of course these difficulties would disappear if the number of homœopathic practitioners increased. and that was what all would like to see.

In reply to questions Dr. McChae, Dr. Manasse said that in general practice he found the 3rd and 6th potencies useful. In some cases he would give 9 or 12, for instance in *Phosphorus* and *Silicea*. When giving the 3 and 6, he prescribed them three times a day for a period of about five days or a week.

Dr. Boyd fully agreed with the view that Homœopathy and the spread of it was going to depend very largely on general practitioners and their work. He felt that there were quite a number of general practitioners at present experimenting with and to some exteut practising homœopathic methods with

whom homœopaths, as a Faculty, were not in touch, and he thought it very desirable that some method might be evolved, perhaps by circular ietter, of trying to contact those people who, at the moment, did not feel that they would become Associates of the Faculty.

Dr. Boyd thought it might be of interest to members to hear about an arrangement which was being tried in Glasgow. Although the question of a Health Centre had not materialized there, a group of about eight doctors who were taking National Health Service patients had formed a kind of part partnership, under a gəntleman's agreement, whereby they attended at the out patieuts' department of the hospital, each doctor taking one morning and one night when he would see people from the group's panel patients aleng with other patients as ordinary out-patient physician. The result was that these eight practitioners only needed to be on duty about one evening in eight, and they took the other men's work. The old insurance body were agreeable to this and they hope it may be allowed to continue. Certainly it was relieving men of a good deal of extra wor0, and the patients were quite willing. If they specially wanted to see their own doctor, they attended on the night on which he was on duty ; if the case was acute, they attended whoever was on duty. It might be a good thing if similar groups of doctors could be scattered more through the city, and members in other cities might be interested in the idea.

Dr. Burness Clark put two questions :

It one of Dr. Manasse's patients had a left sided headache and after X-ray, sinus indications were found, would Dr. Manasse still stick to the left-sided remedy ?

Had Dr. Manasse ever done allergic tests before prescribing penicillin ? Dr. Burness-Clark had seen a case of penicillln dermatitis which was extremely severe, lasting for over two years.

Dr. Catherine Mackie said she was a visitor and did a great deal about Homœopathy, but she would be interested to know more about the place of penicillin and sulphonamides in homœopathic practice. Dr. Manasse had said that he used

these drugs, for instance, in pneumonia. She would like to know, roughly, the percentage of such cases where it was necessy to use penicillin and sulphonamides and whether, when they were used, they were used to bring about a quicker result, and if, when they were not used, Homœopathy brought abont the same result.

In Manasse had also mentioned that he used sulphonamides in meningitis ; but could meningitis ever be cured by homœopathic means alone ?

Also, could an idea be given of the number of cases of Graves's disease in which Homœopathy had been found successful ?

Dr. Octavia Lewin said that she had recently known a good many cases of allergy to penicillin, producing severe reactions, and she wondered if many people had found the same thing. Although homœopaths did not use penicillin to any extent, hearing of such cases put one on one's guard against submitting patients to that treatment.

Dr. Fergie Woods, following up the remarks of the two previous speakers. recalled that Dr. Monasse had speken of succes by allopathy with penicillin and sulphonamides. He would suggest however, that the homœopathic conception of cure was different from that of the allopathic practitioner; what the latter would consider a successful cure was really the abolition of the symptoms of the disease. The homœopathic conception was the curing of the patient as a whole. Dr. Fergie Woods had seen some of the "successful cures" resulting from sulphonemides, and those patients had taken weeks and months to recover their health, having been depressed mentally and physically by those strong drugs.

As to the grouping, for quickness, of certain drugs according to the disease, in acute cases all homœopaths often tended to do that ; all had their particular sets of drugs which they had found successful in certain acute conditions. Dr. Manasse had not, however, alluded to the mental indications which, in acute conditions, did sometimes ehange very much and might, even with one or two such changes, give the clue to the remedy straight away.

Dr. Mason said she was doing a very small general practice at present. The establishment of homœopathic Health Centres, although very difficult because of people being scattered would be desirable, since it was difficult to get any pathological investigations done. Patients had to go to a general hospital, and then the practitioner might lose them as regards treatment. It would be interesting sometimes to be able to find out the exact pathological condition, in ascertain how much the medicines affected the patient, and that was a thing which it was to be hoped might be provided by the Service in time.

Dr. Mason was particularly interested to the question of high and low potencies. She had had a case of psoriasis for some time and had tried the patient with one or two things in about 30th without much effect. He was now giving reme-4ies in 6x of abont four different thinge over a longer period, and the patient was improving uery much, mainly in her general health, although the skin had not yet completely cleared. It would be helpful to know if other people had had experience of mixing remedies in lower potencies.

Dr. Seymour said he would like to suggest to the President and the Board that Dr. Manass's practice would appear to be a very good example of one with a large list of patients from which statistics could be derived. Dr. Seymour had mentioned in a previous meeting, the question of measles ; he, himself, had only had about half a dosen cases during the present year, having only recently started in practice on his own account. but probably Dr. Manasse would have had a considerable number, and those cases could be tabulated and the position could be tabulated and the position could be compared with that of a eorresponding number of one of his allopathic colleagues.

Dr. Benjamin said he felt particularly grnteful for Dr. Manasse's paper because, as most members were aware, he had been a strong advocate of the National Health Service ever since it was mooted, and when he had said that a homœopathic general practice could be carried on under the Scheme he had been met with the objection : "You are no lunger in general practice. What right have you to say that it can be done ?" Dr. Manasse would seem to have proved that there was a way ;

he had a good-sized panel practice, and if he could do it, why could other people not do the same ? Possibly some people would not attempt it because they had a prejudice against the Natural Health Servicc and were unwilling to make the effort. Dr. Manasse had set a very fine example.

Dr. Templeton said it had always struck him how strange it was that it was always those who had left general practice who claimed that homœopathic general practice was so easy. Certainly Homœopathy was easy when one had the symptoms ; the difficulty was how to find the time, in general practice, to ascertain the symptoms. When one had to dig the symptoms out it was not so simple, though well worth while, but time wes the most difficult factor.

For his own part, Dr. Templeton preferred the acute cases to the chronics, probably becausc he was one of those impatient individuals who liked to see things quickly done. It certainly satisfied his soul to see a thing done in twenty-four hours rather than in twenty-four months.

The particular and outstanding symptom if present was a great help, of course, but not as often obtained as one would wish. In Baptisia, for instance, everyone knew the symptom of the patient who thought his arms and legs were wandering round the bed. It was easy when one had this sort of thing.

In the case of acutes, Dr. Templeton's own preference was for high potencies. He liked to hit hard. If he gave low potencies because he was doubtful, then he did not deserve much result, just because he was doubtful, and in such cases it would be fair to say that good Alloyathy might give a better result. Bad Homœopashy given simply because it was Homœopathy, was inferior, he believed, to good Allopathy.

Dr. Msnasse had spoken of his drugs in chronic cases going from one to six days. That was not quite in accordance with the teaching practice of this hospital, repetition in a routine fashion did not quite correrpond to the homœopathy philosophy. It was difficut to see the value of leaving the patient with nothing at all, for it was against human psychology. If, as Dr. Manasse mentioned, a practitioner did not see his patient for a month, why should that patient need to take aspirin

or cough mixture if the drug wes doiug its work ? Not many patients do this, for, of the drug was not doing its work, they would simply come back sooner than they had been told. Dr. Templeton frequently raid to his own patients : "If you are improving, go on if not improving say in seven to fourteen days, come back at once."

On the question of taking diseases first and looking up the drugs for them, Dr. Templeton had rather changed his views during the present year from his experience with a fresh lot of students. Apparently, after nine months work, they had not even heard of Clarke'c Prescriber, with its basic knowledge of materia medica. Now they were able to differentiate between the drugs quoted for disease in Clarke's Prescriber. So it would seem better to keep this rort of textbook to the end of the course, and not use if at the beginning. Now Clarke's Prescriber was of the greatest value to them.

Beginning chemists, of course chemists were bound by law to obtain any drug required, just as the practitioners were allowed to prescribe any medicament.

Pneumococcal meningitis had been mentioned ; Dr. Templeton only knew of one success which had got well under homœopathic treatment. One should be very careful abour saying "We never use this" and "We never use that." It was surprising to learn that during a certain period in one hospital cases of meningitis were not admitted because it was known that penicillin would not be used. Homœopathic practitioners were physicians first and homœopaths second, and the use of the variout drugs must be judged on a higher standard than that of Homœopathy or Allopathy. It was a case of life and death, and it was better to have a live patient with Allopathy and even with sequelae than a dead patient with Homœopathy. If the homœopath could but satisfactorily treat the case, it must be done somehow. The patient's life must not be at stake. And the figurs available at this hospital did not justify any claim for curing 'pneumococcal meningitis by Homœopathy.

The question of the use of penicillin and sulphonamides must always come up in general practice. The patient knew too much about it, and there was always that vague sort of fear in one's mind that one might lose a case and be blamed because those drugs had not been used. A cure must be attempted by the best means possible, but the facts must be faced, and, although Dr. Templeton honestly believed that, even when the last germ had become resistant or even activated in penicillin and sulphonamides, Homœopathy would still be in action and still be curing case, yet too much must not be claimed. Homœopaths had the right to claim a lot, but they must not claim too much. Even where one had obtained a certain degree of cure by the use of massive doses, is was rarely that one did nor have to use Homœopathy to complete it or even to antidote the side effects.

Dr. Mitchell supported the view of Templeton—that good Allopathy was better than bad Homœopathy. He gave some details as to the working of his practice from the point of view of the amount of time which could be given to patienrs. He and his partner had a combined private and National Health Service practice. Twenty visits per day for each, his partner and himself, would be considered quite a small list. One surgery was held every day, three days a week there were three surgeries, and sometimes a surgery lasted for three hours. In these circumstances there simply was not time to give everybody homœopathic treatment. He wished there were, and hoped that, as time went on, using as much Homœopathy as possible, the work would get lighter and correspondingly there would be more time available so that more Homæopathy could be used. While thoroughly agreeing that there must be no qustion of Homœopath for the private patient and Allopathy for the panel patient at the present time he and his partner had to select which cases should have the one treatment or the other. If they could get the symptoms quickly from the patient and felt they could prescribe with a moderate degree of confidence, they prescribed homœopathically. If they could not, the only alternative was to tide the patient over with

Allopathic alleviation until some symptoms showed on which they could prescribe.

Dr. mitchell disagreed with the statement that the allopath visited more than the homœopath. Taking influenza as an example, many allopaths, once they had diagnosed and given a routine prescription, merely said : "Let me know if you are any worse" and did not see the patient again. Similarly witb all except the more serious acute conditions. But surely the conscientious homœopath, having made his prescription, would go back the next day to see how the patient was reacting ; so even if he found the simillimum on the first occasion, he had at least two visits, and if not three or more visito before the patient could be put off the list.

With regard to chronic cases, it was the practice for Dr. Mitchell and his partner to arrange for those they thought could be helped, both panel patients as well as private, to come outside surgery hours when time could be given to go properly into the case. They did not make spot prescriptions in every case and did not think it would be rights to do so, for the worst thing one could do in chronic or sub-acute csses would be to give a wrong homoeopathic remedy. They would do more than good Allopathy !

(To be Continued.

DISEASES OF CHILDREN

DR. ABHOYPADA CHATTERJEE

Inflammation of the Ears—Otitis.

Description of Ear. The ear, as in well known, is of the nature of a drum.

There is an external curved tubular opening, which is termed by a tense thin membrane, from the back of the throat comes the Eustachian tube, which admits air to the other side of the membrane. The first of these divisions is termed the External Ear, which conveys the sound to the drum and causes it to vibrate, and the second, for our purposes, may be called the Internal Ear, which is also supplied with the machinery by which the sound is conveyed to the brain. When the internal ear is closed by the enlarged tonsils of a sore throat, temporary deafness results, because the air. Confined in the space will bulge the drum out and prevent its free vibration.

Inflammation of the External ear—May be occasioned by cold, accumulated wax, by the presence of foreign bodies, or it may sueceed measles.

Symptoms—Are simple, a throbbing heat and itching. pain when the point in front of the external opening is pressed upon ; increased pain at night, feverishness and restlessness. Moving the saw, crying, and sneezing increase the pain.

The interior of the ear will appear red and swollen, and from it after a short times, a thick discharge is secreted. The pain greatly diminishes with the appearance of the discharge which after a time becomes watery.

The most common cause of Earache is some foreign substances or wax in the ear, pain may come on so suddenly that the parent may think there is some foreign matter present.

In these cases, a few drops of Glycerine and olive oil or Mullen oil placed in a spoon and warmed should be instilled into the ear.

If *the discharges lasts for a long time* or *become chronic*, it calls for very serious attention, if it be allowed to run on inde-

finitr period the bones inside the ear may be denuded of their covering and become diseased, thus carrying danger in the brain, never allow an ear discharge to continue. After such an inflammation has lasted for a time, a feetid discharee from the ear sets in, of a serous, mucous, bloody, purulent, bright-green or ichorous consistence. Larger children complain of a ringing and buzzing in the ears, which seems to be very troublesome and impairs the hearing. In most cases there are lancinating pains striking to the inner ear and the teeth. Sometimes a number purulent vesicles are seen in the meatus auditorius. There is no fever except when the inflammation is high, and in such cases the patient complains of headache and sleeplessness. If the inflammation should penitrate to the tympanum or if the inner ear should be affected from the beginning, the children keep up a constant moaning thcy have no rest, and even if they should seem to slumber now and then, they start from their sleep with a violent cry and it is almost impossible to pacify them. The pains seem to be worse by rocking the children on an uneven floor, balancing them on the hand etc. and then the little patients cry continually. Lying on the sick ear seems to afford more relief than anything else.

Infants suffer pain from drawing the breast, larger children from chewing ; coughing sneezing and blowing the nose increase or excite the pain. In this inflammation the pain is more deep-seated and extends to the adjoining parts ; the children complain for instance, of sore throat. and the tonsils are swollen. If suppuration should set in, the pain becomes intense and dull, untill the tympanum is pierced by the pus, and this is discharged in considerable quantity, which affords great relief, if the suppurating process should continue for a long time, the ossicula become carious and pus is discharged into the cells of the mastoid process, which becomes painful in consequence, and still more so when pressure ls made upon it. The consequence of this destruction is not only deafness but a cerebral affection likewise develops itself. A charcteristic sign of internal suppuration is the discharge of a thick, blood streaked matter, which takes place suddenly as soon as

the tympanum is torn. This inflammation, and indeed all inflammations, is accompanied by fever from the commencement of the disease, but it has an erethic character. As a general rule it is accompanied by cerebral symptoms, sametimes by general and partial convulsions of the facial muscles, eyes, wifh flushed face, the pulse becomes small, extremely rapid and intermittent, the voices becomes more and more feeble; finally coma sets in, the extremities and face become cold and death ensues, with convulsions or apoplexy. Such a fatal termination is an extrame case, and probably only takes place, when and affection of the brain supervence; otherwise otitisis not likely to terminate fatally, for it is generally a slow disease, with marked evening exacerbations. After a shorter or longer period the ears discharge a faetid substance and the pain is then much less. Whenever the inflammation has this termination, the sense of hearing generally remains impaired, and the inner ear is partially destroyed.

Causes—In infants an inflammation of the ear is sometimes caused by the cheesy mucus which collects out of the amniotic fluid, and which, having collected in the ears, was allowed to remain there and to produce an irritation of the mucous membrane which terminated in inflammation. The most frequent cause is exposurs to sharp winds and draught of air, or washing with very cold water in a very hot room. Harises from various condititions of the nose and naso-pharynx by extension. In children, adenoids, enlarged and diseased tonsils are frequently the primary cause of acute middle ear involvement. During the course of scarlet fever and measles it is one of the frequent and dreaded complications. It occurs also from typhoid fever pneumonia and in inffuenza or grippe. Otitis not unfrequently occurs by metastasis after an injudictous suppression of habitual discarges and eruptions, and this is one of the most dangerous forms, on account of the encephalitic symptoms which earsily supervene. During the period of teething, these inflammations occurquite frequently by insects getting into the ear. The psoric and syphilitic miasma belong to the most frequent causes of otitis.

Complication—Due to the close relation of the middle ear cavity to the middle cerebral fossa, the mastoid process, the internal ear and the facial nerve, cases occur in which extention to those surrounding structures has taken place, so that it is possible during the course of an acute middle ear condition to have produced a mast otitis a meningitis, a brain abscess, a labyrinthitis or a facial paralysis.

Prognosis—The prognosis depends upon the age and constitution of the patient, upon the exciting causes, the intensity of the inflammation upon existing complication which may occur during the course of this disease, a guarded prognosis is at all times advisable. The otitis occurring with certain epidemic of Influenza is also frequently of a very virulent characters, white those occuring from simple colds ; exposure and nasal obstruction are less severe in character and less destructive. In general the prognosis of acute otitis as regards its effect upon the hearing function and tendency to chronicity, is good, if the case is properly treated. The average case returns to normal usually within a period of three weeks. Cases in which the ear drum is allowed to rupture spontaneously after a varying period of suffering, are more apt either to be delayed in returning to the normal, or to pass over into a condition of chronic suppurative otitis media.

(To be Continued)

THE EVOLUTION OF IDEAS ON CONSTITUTION AND TEMPERAMENT FROM THE HOMŒOPATHIC STANDPOINT

By Roland Zissu

Introduction—the problem is stated

The illusion of neo-Pasteurism, supported by the brilliant successes of chemotherapy, tends to outshine the renewed interest in the constirutional basis of morbidity which also is a feature of modern orthodox medicine. The latter is

hampered by the fact that a subject which is essentially individual must be studied by means of impersonal mass methods belonging to the previous era.

Homœopathy has always taken an interest in this matter of constitutional predisposition, and is capable of realizing the pregnant possibilities that lie in this field.

The subject, call it morbid dredisposition, constitution, temperament, diathesis, or intoxication, must always be studied from the triple point of view—past, present, and tuture. It must be traced from its empirical origins in antiquity; through a long mystical and occult evolution in the Middle Ages, a period of which homœopaths and morpho-physiologists seem to be the sole heirs.

Hahnemann and his followers have not only revived the ancient "humours", but, searching in the past, they have created a rational theory of disease in which Hahnemann's miasms prefigure Pasteur's germs. They have also, and this may be of even greater importance, invented a method of proving remedies in the healthy man, from which, by way of the brilliant concept of the simillimum, the therapeutic world of the infinitesimal could be explored.

The study of constitution and temperament necessitates the classification of the multitude of diseases into large groups, for purposes of prophylaxis and treatment. These groups can never correspond exactly to clinical reality, since individual differences are not sufficiently taken into account. Homœopathy, on the other hand, by its very nature avoids this result, which explains the fertile preoccupation of homœopaths with this field.

The great homœopathic triptych—Similitude, Infinitesmal doses, Miasms—has given rise to two main streams of thought: first, those who, abiding by the first two principles, remain strictly faithful to the Materia Medica, and secondly, those who, regarding the miasms as of prime importance, endeavour to fit the remedies into nosological groups. In our view these currents must join, not only because they are

complementary, but because each only reflects part of the truth. It seems as inappropriate to sick too rigorousiy and slavishly to thc Materia Medica as to abandon it is favour of nosological categories which whilst they may be convenient are much too wide, and cause us to run the risk of forgetting our Materia Medica altogether. The union of these two currents of opinion can only be brought about by a careful study of Hahnemann's three great Laws.

In our day partisans of the two views still continue their struggles. It is not only a question of whether or not there should be a homœopathic typology. Even those in favour of typology are far from being in agreement as to lts structure, and their personal views overlap or run counter to one another.

Without wishing to unify these different theories (the extremes of which would indeed cancel one another out), we propose in this paper to study and to point out where they are in agreement. In this way perhaps a common denominaror may be found, and the foundations laid of a true scientific homœopathic biotypology. Two obligations devolve upon us : that of finding a common language, and removing the misunderstandings due to conflicting terminologies ; and that of submitting the basic concepts of typology to the laws of Homœopathy and their final arbitretor : the Materia Medica.

To be continued

VERTIGO

Dr. N. C. Das.

(Continued from page 192)

Vertigo in the morning. Staggering while walking, as if from drunkenness. *Quickly-passing vertigo in the morning.* Vertigo increased by stooping. Vertigo even to falling over while walking ; she had to hold herself up by the wall. The whole day giddiness, even to falling down ; to moderate the giddiness she has to *wipe her eyes.* Giddiness almost continuous for several days. The head is always giddy, as soon as she *opens her eyes.* Reeling vertigo, as if he would fall over, with a faint feeling

or nausea early in the morning, *disappearing after breakfast. Vertigo with white stars before the eyes.*

Ammonium corb.

After sitting a while (evening) dizziness as from intoxication. When turning the body, everything turns with him and his head is dizzy. Vertigo and staggering of the feet he must hold himself to avoid falling (several days). Vertigo at night and in the morning. In the morning, vertigo with glimmering before his eyes, he has to sit down. Frequent vertigo, early on rising and lasting the whole day, worse in the evening, he feels as if the objects whirled around with him, also at night when he moves his head. Morning, dizzy, sick at stomach, vertigo with sickness at the stomach in the morning, soon passing off in walking. *Giddiness, esp. in the marning, when sitting and reading ; better when walking.* Vertigo when sitting and reading.

After sitting a while, toward evening, dizziness as from intoxication. When turning the body, everything turns with him and his head is dizzy. Vertigo, and staggering of the feet, he must hold himself to avoid falling. Vertigo at night and in the morning. In the morning, vertigo with glimmering before his eyes, he has to sit down. Frequent vertigo, early on arising and lasting the whole day, worse in the evening, he feels as if the objects whirled around with him, also at night when he moves his head. At once in the morning, dizzy, sick at stomach and without appetite. Vertigo, with sickness at the stomach in the morning, soon passing off in walking.

Ammonium Mur.

Dizzy and numbed in the head, in the room ; this passes off when in the air, in the morning. Vertigo, as if about to fall to one side ; worse on motion, passing away when in the air. Vertigo and fullness in the head, so that it seems too heavy.

Anacardium

Dizzy in the head, as after drinking liquor. It whirls about in his head. Vertigo on stooping, like turning around in a circle. Vertigo, everything becomes black before the eyes. After a walk in the afternoon, violent vertigo. While walking, vertigo, with sensation as if all objects were far distant. Vertigo, as if all objects, or he himself, were staggering; he had to hold on to something. Vertigo, so that he almost fell down.

Arsenic Alb.

Dizzy in the head when walking in the open air, aggravated on re-entering the room. Vertigo, when sitting, vertigo only when walking, as if he would fall to the right side. *Vertigo every evening*; she has to hold on to the something when she shuts her eyes. Vertigo, with obscuration of vision. Vertigo, with loss of thoughts when rising. Violent vertigo, with nausea, when lying down; he has to sit up to diminish it. Vertigo, with headache.

Aurum Foliatum

Vertigo, on stooping, as if everything turned around with him; it went off on raising himself. Vertigo when standing, compelling him to sit down. Vertigo when taking a walk, as if he were intoxicated and as if he would fall to the left side; it obliged him to lie down, and returned even then for some time at the slightest motion.

Baryta carb.

Vertigo, early after rising, everything turns around with her, with fainting nausea in the stomach. Vertigo, with nausea, from stooping. Vertigo, with headache, from stooping. Vertigo on raising up the head from stooping. Vertigo, so that he knew not where he was from walking over a liitle bridge. Vertigo on moving the body. Vertigo, so that everything seemed to turn around, suddenly on raising the arm.

Borax

Fits of vertigo w'th loss of presence of mind ; vertigo, in morning, in bed Vertigo, in the evening, while walking, as if some one pushed him from the right side to the left. Vertigo and fullness in the head on ascending a mountain or the stairs.

Calcarea carb.

Dizziness in the head, in the morning on rising, with qualmishness and roaring before the ear, and a sensation as if he would fall down unconscious. A dizziness in the forenoon, so that everything seems to him as if in a half dream. Dizzy staggering in the evening, when walking out, so that he reels to and fro. Feeling of vertigo, as if he was lifted high up and thrust forward. Vertigo, as if about to fall down, with exhaustion. Vertigo, as if the body did not stand firm. Slight passing vertigo. Fit of stupefying vertigo, the body bent forward to the left side, both when at rest and in motion. Vertigo from vexation. Vertigo on quickly turning the head, and also when at rest. Quickly passing vertigo mostly when sitting, less when standing, and still less when walking. Violent vertigo in stooping, then nausea and headache. Vertigo, as if about to fall over, after stooping, while walking and standing ; she has to hold to something. Vertigo after walking. while standing and looking around, as if everything turned with her. Vertigo on walking out, as if about to stagger, *especially in quickly turning the head.* Vertigo, on taking a walk in the open air. Vertigo, on taking a walk in the open air, as if about to fall to the right. Vertigo and painful whirling in the head as if in a circle, in the morning on rising ; especially very dizzy when walking and standing.

Vertigo when going up stairs. Vertigo when mounting high, e.g., on the roof.

(Continued)

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