The Homœopathic Treatment of Gastric and Duodenal Ulceration.

(Continued from page 125)

By R. M. Le Hunte Cooper, M. D., B. S. Durh.

Discussion on Gastric and Duodenal Ulceration. *

Dr. Henderson Patrick (Glasgow) said : Mr. President, Ladies and Gentlemen,—I am sure we have all listened with very great pleasure and interest to our President's Address, and the very excellent papers by Mr. Hugh Reid, Dr. Howell Evans, and Dr. Le Hunte Cooper. The subject we have under discussion at the Congress is, I think, a most difficult one. The ætiology is difficult. The diagnosis is very difficult. The treatment is difficult, and it is even difficult to know, sometimes, when the patient may be considered well and out of danger. Whatever view we take as to the immediate cause of the ulcer, whether excessive acidity of the gastric juice or the presence of septic foci, we must, as homœopaths, realize that the real ætiological factor is something which precedes the abnormal gastric juice, or something which interferes with the forces (whatever they may be) which ought to keep the mucosa healthy and, in consequence, unsuitable soil for the growth of pathogenic organisms. I was pleased to note that Dr. Le Hunte Cooper put emphasis on nerve strain. Among the ætiological factors I am sure worry must take a prominent place. Digestion can be stopped very easily by fright or annoyance. Worry does the same thing, only in a chronic rather than an acute way. If then the original disturbance is a general, rather than a local one, it follows, naturally, that treatment should, in all cases, be aimed at the general constitution, as local treatment alone can never effect

* In this discussion the Editors have been able to include only the speeches which were afterwards sent them in MS.

a cure. Diagnosis, especially in duodenal cases, is always difficult. We are all, of course, familiar with the symptoms typically present in cases of duodenal ulcer. The difficulty arises from the fact that duodenal ulcer may be present and give rise to practically no symptoms. In one case which comes to my mind the patient had no idea he had anything wrong with his stomach until he collapsed with a fairly large hæmorrhage. In another of my cases, although the patient complained of flatulence and waterbrash, and was found to have a markedly dilated stomach, he had no pain at all until his duodenal ulcer perforated. Cases like these make me wonder whether we are justified in concluding that the disappearance of the symptoms synchronizes with the disappearance of the ulcer, and hence the difficulty of knowing exactly when we may consider the patient well. To revert to the diagnostic difficulty, not only do we get, occasionally, the presence of ulcer with no symptoms, but we find, much more frequently, the presence of suggestive symptoms with no ulcer. The most common cause of this is hyperchlorhydria, but gall-stones may also produce a syndrome practically identical with that usually associated with duodenal ulcer. I have tried to get help from radiography in some of these doubtful cases, but have always found it disappointing. Partly for that reason and partly because I think it a risky procedure, where there is any possibility of malignancy, I rarely have my stomach cases X-rayed now. I am quite satisfied that X-rays, not infrequently, stimulate the activity of malignant conditions.

Mr. Beid spoke of the use of X-rays in showing us how long the stomach took to empty its contents. In cases of organic obstruction at the pylorus, I have no doubt that X-ray photographs will demonstrate the fact, but those cases are not, as a rule, difficult to diagnose without X-rays. In cases where there is an organic obstruction, X-ray photographs do not help in determining how long the stomach takes to empty its contents under normal conditions. On more than

one occasion I have been told by the radiologist that the stomach emptied itself too quickly in a patient who was in the habit of vomiting food taken six hours, or even longer previously. The only conclusion I can come to is that the stomach does not act on a barium X-ray meal in the same way as it does on an ordinary meal, or else the taking of the photograph must, in some cases, stimulate the contractions of the stomach wall. With regard to treatment, my chief difficulty is to make up my mind when to advise operation and when to oppose it. If we could get all our cases early, I would be inclined to agree with Dr. Le Hunte Cooper, when he says that to resort to operation is a confession of failure. The patients however, which we, as homoeopaths, get to treat, are practically all cases which have been going on for some time, usually years, and come to homoeopathy as the last resort. The cases which worry me most are those occurring in commercial travellers, whose business takes them into parts remote from surgical aid. One such case of mine ruptured a few days after I had seen him for the first time. Fortunately the rupture occurred while he was at home. I feel sure that the risk of perforation or severe haemorrhage is definitely less after gastro-enterostomy. I have not, as a matter of fact, seen either occurrence after gastro-enterostomy and homoeopathic treatment. In cases of immediate operation for perforation, gastro-enterostomy should always be done at the same time if the patient's condition will permit. With regard to the selection of the remedy in any given case, our President and Dr. Le Hunte Cooper have emphasized the fact, that the essence of good homoeopathy is individualization. Good results connot be obtained by routine prescribing. Hahnemann taught us that the prescription must rest on the totality of the symptoms, emphasis being placed on those which are peculiar. In duodenal ulcer the only disease symptom which is almost a constant factor is the pain relieved by eating, this then is the only symptom to which we need give a low therapeutic value, although in the great majority of cases the indicated

remedy will have this symptom also. If the patient presents symptoms apart from the stomach condition, the simillimum is usually not difficult to find, but even on stomach symptoms alone indications of value are often found, as in the following case : J. J., aged 64, a Railway employee, came to see me last November. His story was that he had had stomach trouble for two years, and had been getting steadily worse for nine months. He had consulted three orthodox physicians but had received no benefit. He had lost 22 lb. weight in the previous four months. His symptoms were pain behind the lower end of the sternum coming on about twenty minutes after food, continuing and becoming more severe until he vomited, after which he got relief. The vomit consisted of the food taken. Never any blood. The pain was relieved by a cold drink and by lying down. Apart from a general relief from heat the rest of the case was negative. Physical examination revealed nothing beyond epigastric tenderness to palpation. On the pain > cold drink, > lying down, he was given Caust., 200 three doses, four-hourly. After three weeks he reported feeling very much better. No vomiting since the day following the Caust. The pain had decreased steadily and had been quite gone for two days. He had gained 3 lb. in weight. I did not see him again until a few days ago, when he reported that he had been quite well until August (that was nine months after his doses of Caust.). He had gained 18 lb. in weight. During the past month he had had some return in a very mild form of his old symptoms. The Caust., was repeated and I have no doubt the result will be satisfactory. Sometimes the stomach symptoms are wanting and the generals guide, as in the following case : G. M., aged 52, came to see me on January of this year. He complained of severe pain under the sternum extending to the back between the scapulæ. Pain was worse while lying, but did not seem to be much affected by taking food. The condition had persisted for over a year. He had been X-rayed and diagnosed as perforating ulcer of the lesser curvature of the

stomach. Under orthodox treatment the X-ray appearances had improved to the satisfaction of the radiologist, but as the pain continued as before, the satisfaction was not shared by the patient. Interrogation gave the following symptoms on which the prescription was based : General agg., heat agg., forenoon. Agg., on anticipation. Easily startled by noise. Slightly abnormal desire for salt. Nat. Mur. 200. The pain was completely gone after a week and remained away for three and a half months, after which time there was a slight recurrence. The Nat. Mur., was repeated and there has been no trouble since. It is not often that a time modality leads to the remedy in a duodenal case, but it did so in the case of G. R., aged 29, who consulted me some yeas ago on account of epigastric pain of over four years' duration. During the most of that time, the pain had been typically duodenal, coming on two hours after food, and lasting till the next meal. He had had melæna on two occasions. There was very marked tenderness in the duodenal region. For some time before I saw him he had had comparatively little pain throughout the day, but every night between 1 and 4 a.m. it became very acute, extending through to the back. The pain was relieved by a hot drink, by taking food and by moving about. Kali carb. 200 removed all the symptoms completely within three months.

Dr. Le Hunte Cooper has given us some cures with rather uncommon remedies, illustrating the breadth of our armamentarium. The remedy which I have found most commonly indicated in duodenal cases, as one might expect from the symptoms, relief from eating, relief from hot drink, and relief from lying down, is Graphites.

Dr. Julian in his address said that after the patient is out of the surgeon's hands he should return to the physician. I should like to go a little further and say that the patient should never be out of the physician's hands, except from the time he goes on to the operating table until the time he comes off again. To get the best results there must be a mutual

confidence between the physician and surgeon. It is surely to the surgeon's advantage, as well as the patient's, that chloroform sickness, especially after operations on the stomach, should be reduced to a minimum. Phos. 30 given four hourly the day preceding the operation will prevent about 90 per cent. of the sickness which usually follows. We will not get the best results, however, if the patient is, at the same time dosed with purgatives, or hypodermics of atropine or novocain. Rhus., Bryonia or Arnica as indicated, will make the patient comfortable in a wonderfully short time after the operation, but they must be given a chance to work without interference. It is useless prescribing homœopathically after spinal anæsthesia. No medicine will have any effect at all for some days.

In continuation of the discussion Dr. BORLAND (London) cited some cases in which single doses of remedies had proved curative and stressed the point that in each case a different medicine had been given: (1) R. T. G., aged 28, in whom the pain was better p.m., and much better after food. The bowels were always constipated. X-ray showed the ducdenal cap, a distorted duodenum, a residual show, and the organ dropped deeply underneath the colon. Graphites 1 m., one dose was given on March 2, 1925, with complete relief. On June 2 1927, he was complaining of oppression in the epigastrium with no pain, and received another dose with a like result. (2) R. R., a male, aged 58, on February 27, had been suffering from duodenal ulcer three years, diagnosed by X-ray, was relieved by Graphites. On November 27 the X-ray finding was better. On April 28 much worse. He became a hospital patient for three weeks, and kept on full diet, with relief from Carbo veg. (3) A woman, aged 45, had ducdenal ulcer diagnosed by X-ray. No operation was advised and she received Anacardium with benefit. She relapsed in four weeks, however, had acute pain > hot drinks and after food, flatulence < p.m. causing a boring sense of weight, and faintness. Relieved by Lycopodium 200.

Dr. WEIR said that, after the addresses of Dr. Julian and Dr. Reid, it was much easier to discuss the treatment of gastric and duodenal ulceration. One had not to stress the fact that these diseases were really medical ones, and it was pleasing to find that even surgeons recognized the fact that operation was only an incident in the treatmant. In recent literature many have emphasized this point, and even openly declared that, as long as treatments was directed merely towards the ulcer itself, no progress could be expected. R. Balint suggests that the chronic nature of gastric ulcers (and also of varicose ulcers of the leg) is due to an abnormally acid reaction of the body tissues, and that alkalization of the whole body, and not only of the contents of the stomach, is necessary to bring about a cure. In animal experiments, he found that the daily injection of an acid mixture retarded the healing of a wound. The treatment of an acute ulcer was nearly always medical, and surgery ought only to be a last resort, or where there was evidence of obstruction. One wonders how often a homœopathic physician cuts short pre-pathological changes which must take place before the ulcer declares itself. When the patient's resistance is increased by remedies given for other general constitutional disturbances, it is more than possible that some gastric changes which are not great enough to cause marked discomfort are cleared away, changss which if not corrected would ultimately come to a pathological state. In the treatment of gastric ulcers there can, of course, be no routine measures, as it is the patient's own resistance which is brought into play, and, as this constitutional response is individual, the selection of the remedy must necessarily be equally selective. This makes the homœopathic treatment very difficult, and sometimes bewildering to medical inquirers. The usual thing is to label a disease and then get a drug to correspond. In homœopathy this is impossible as there are always some variations in the symptoms of the patients. The diet in these chronic cases must necessarily be varied because everyone has their own idiosyncrasies.

What is useful for one person might disgust and upset the next, who would not get much help. Dr. Weir said that he, as a rule, rarely dieted this type of patient for this reason. It is related that a patient whose pains still persisted after the most delicate diet, found relief after partaking of Scotch haggis. Such a patient ought to be relieved by Ignatia as Dr. Cooper has mentioned. In hospital, if milk was not well tolerated, raw meat sandwiches were often found useful. Many have ascribed symptoms in duodenal ulcer as dependent upon interference with the motor functions. This may be the reason why Ornithogalum has proved so useful in the treatment of this disease. In his Dictionary of Materia Medica, Clarke states: "It (Ornithogalum) goes at once to the pylorus, causes painful, spasmodic contraction of it, its pains being invariably increased when the food attempts to pass the pyloric outlet of the stomach." This point will be interesting to Dr. Cooper because it is an extract from one of his father's cases. Dr. Weir then gave a series of cases, in sequence, of gastric and duodenal ulcer treated at the London Homœopathic Hospital, where the symptoms both constitutional and local were definite for any one drug, that medicine was prescribed. The following drugs were required for the various cases, some got Sepia, others Sulphur, Bryonia, Phosphorus, Digitalis. Where the symptoms were less definite Ornithogalum ϴ one minim dose was prescribed with benefit. Dr. Weir mentioned that he could not enter into details of all these various cases, but the Bryonia was prescribed on the peculiar symptom, copious epistaxis before the menstrual period, with several other Bryonia symptoms. Digitalis is not a drug generally associated with gastric disturbance, but in its provings it has nausea and sinking relieved by eating, and also marked pyrosis. This parient had a very slow pulse (40 per minute). Digitalis ϴ 2 min. was given, when the gastric symptoms quickly cleared up. All these patient were typical of gastric or duodenal ulceration with hæmatemesis, &c. Dr. Weir then gave the case

of a patient who had duodenal hæmorrhage in 1918 and had been severely dieted for the following three years. After a second hæmorrhage he had to be operated on, and, although he has since been quite free from pain, he never has been really well—anæmic and lethargic. His other symptoms were typically Sulphur, and a dose of this medicine of the 200th potency about every six months keeps him quite well. This case showed that as Mr. Reid had already mentioned there must be after-care treatment. The next case Dr. Weir presented was that of a physician, aged 39, who first consulted him in June, 1921, giving a history of duodenal ulceration for the past four years (diagnosed and treated by a well-known stomach specialist). He had the usual pain two to three hours after food, relieved by eating, &c. Petroleum 200, one dose was given, as it fitted his general and local symptoms. Patient very sensitive, easily offended, changeable in mood, aversion to fats, upset by thunder, pain relieved by eating. He even had psoriasis, typical of this remedy. Six weeks later he reportod that he was feeling very much better and had no pain, even able to smoke cigarettes without acidity and could take a greater variety in food. On the following November he reported that he hardly had any bother at all with his stomach. No medicine was given, and the Petroleum had not to be repeated till the following June for a slight return of discomfort. One dose of the 1,000th potency was given. This patient was seen quite recently, and had remained quite well for the last six years. The last case Dr. Weir recited was that of a man, aged 50, first seen in June, 1916 giving the usual symptoms of pain relieved by eating, &c. Graphites 30 gave immediate relief, the effect of which lasted for seven months. When this remedy was again repeated it entirely failed to give relief. Natrum carb. 200 was given in February, 1917, and the patient remained absolutely well, eating everything and anything, for five years, when for a return of pain Natrum carb. 200, single dose, was again, given, and he kept free for another five years till January,

1927. Unfortunately Natrum carb. gave no relief, nor did Atropin Sulph. 3 or Arsenic alb. 30 ; Robinia 3x was tried with varying result, and it was not till he got Lycopodium 30, chosen on constitutional lines, that he found benefit. He was thereafter able to eat the usual Yorkshireman's diet, "everything and anything," but in August, 1928, he took a sudden abdominal pain denoting duodenal perforation. At the operation a large indurated ulcer on the anterior surface of the duodenum was found with a perforation the size of a goose quill. A gastro-jejunostomy was performed. Dr. Weir said this case made one wonder what really happens when patients have complete cessation of pain, even for five years, and he did not know whether to be pleased or otherwise with the result.

Dr. FRANK BODMAN (Clifton, Bristol) had prepared his contribution to the discussion under the heading "The Rubrics of the Duodenal Syndrome" : Sir Berkeley Moynihan has laid down two cardinal symptoms, characteristic of duodenal ulcer : "Pain two hours after food" ; "Hunger pain relieved temporarily by eating." Pylorospasm without ulcer can also bring about these symptoms ; pylorospasm may occur in biliary tract diseases, chronic appendicitis, renal calculus, tabes dorsalis, solar plexus irritability. On the other hand, duodenal ulcer may be present without these characteristic symptoms. It is rather noticeable on working out these two cardinal rubrics from the Repertory that very few drugs come through ; this may be due to a lack of precision about the time relations to food on the part of the provers. The remedies are : Agaricus, Anacardium, Graphites, Ignatia, Iodium, Lachesis, Magnesia mur., Natrum carb., Petroleum, Phosphorus. The causation of duodenal ulcer depends on a constellation of factors. Lately our attention has been focused on one : the acid gastric juice. There is no record of a true hyperacidity ; the gastric secretions investigated in cases of duodenal ulceration provide figures within the limits of those recorded in normals. Hurst suggests

that there are families whose members are equipped with stomachs secreting a strongly acid juice; this has been criticized. Pritchard has pointed out that a diet of cow's milk in infancy with its very high buffer content stimulates a flow of highly acid juice, which may persist in later life. The Natrum carb. stomach is disordered after milk. As the conditioned reflex of a strong appetite the juice may be too easily excited, either as a result of repeated over-stimulation, or from a generally irritable state of the central nervous system. We should think of Ignatia or Anacardium in such circumstances. But the gastric juice cannot digest healthy mucous membrane. There must be some previous damage to the mucosa or submucosa. It is from this point of view that homœopathy has a wider scope than the orthodox school genarally. The view commonly held is that a microbic embolus or a thrombosis occurs in the end arteries of the submucosa; this leads to an altered nutrition of the cells around and renders them vulnerable by the hydrochloric acid. Probably this is an uncommon cause and occurs only in conditions of general septicæmia: umbilical sepsis in infants, septic infection of extensive burns, splenic infarcts, acute appendicitis with pylephlebitis, malignant endocarditis; such patients already have a grave prognosis but Lachesis in our group might prove valuable. I consider that duodenal ulcer more commonly occurs as an end result of a generalized infection of the lymphoid tissue of the alimentary tract. The researches of Scott Williamson and Lansdown, unfortunately interrupted by the war, indicated that there is a type of individual whose alimentary mucous membrane never loses the diffusely cellular adenoid tissue of childhood. A considerable percentage of individuals have a general hyperplasia of this tissue. These simple tubular glands of mucus, secreting epithelium, occur in the stomach, the first part of the duodenum in the appendix and the rectum. Normally this tissue has disappeared at the age of 40. Williamson and Lansdown found that a great proportion of their cases of appendicitis

occurred in persons of this type in which this hypertrophied tissue had become enfected. Necrosis and ulceration of these simple tubular glands were a constant finding. This no doubt explains the coincidence of gastric and duodenal ulcer with appendicitis. One does not cause the other ; they are both the results of a common infection. This theory of a general infection is borne out by the observations of Gêrman investigators who noted persistent mild pyrexia and local lymphadenitis in cases of duodenal ulceration. Adriance reports a case of duodenal ulcer associated with follicular colitis. Nicolaysen asserts that all septic ulcers are accompanied by a chronic infection of the gastric mucosa. This diffuse gastritis may give rise to pylorospasm. Sections examined under the microscope show a chronic inflammation of the simple tubular glands. Multiple follicular erosions may be a cause of the gastrostaxis of Hale White. This is confirmed by the remarkable specimens of "leopad's skin" stomach, in whch Dr. Pickworth has demonstrated all stages from hæmorrhage to necrosis and ulcreration of the follicles of the gastric mucous membrane. To sum up, a type of individual succumbs to an infection which becomes disseminated throughout the persistent and hypertrophied adenoid tissue of the alimentary canal. The result may be a gastritis, a peptic ulcer, appendicitis, colitis, separately or in combination. Naturally in such a case neither gastro-enterostomy or alkalies will effect a radical cure. But such drugs as Phosphorus and Natrum phos. may be expected to go to the root of the matter. To look at the subject from another angle. Carlson has shown that the musculature of the stomach has an inherent rhythm, modified by the vagus which accelerates and by the sympathetic which inhibits. In subjects with an overactive vagus, the irritable stomach contracts powerfully and frequently and squirts a very acid juice through the pylorus. This is likely to provoke a duodenal ulcer. I have shown elsewhere that of the present list of drugs Agaricus and Anacardium are

vagotonics. Tyrell Gray has pointed out the relation of smoking to duodenal ulcer and has shown that the most intractable ulcers occur in fat smokers; the stout pyknic types are generally sympathicotonics but the nicotine paralyses the inhibitory control of the sympathetic and converts the stomach into an organ dominated by the vagus. Of our list, Ignatia, climacteric, there is a disturbance between the vagus and the sympathetic in the balance of power, due to the alterations in the endocrine system. At this time, duodenal ulcer is often troublesome in women. Here Graphites and Lachesis should prove useful. Looking over our list, we have found indications for all except Iodium; Iodium probably represents the hunger of exopthalmic goitre and has no relation to peptic ulceration.

Dr. BLUNT remarked that the President had said that he depended more on the simillimum of a patient for curing gastric and duodenal ulcers than on any routine specific. Dr. Blunt concurred with that statement, and had cured several gastric ulcers and a few duodenal ones with the patient's simillimum. As an example of the latter, Dr. Blunt produced three cards of Field's Symptom-Index, which pointed to the simillimum, which were confirmed later by other cards. The three cards which gave the peculiar symptoms were: (1) Warm stuffy room aggravates. (2) Fear of darkness. (3) Pain in the stomach ameliorated by eating. Now there are no remedies that have all those symptoms except Phosphorus. Hence, when those three cards were superimposed, only one hole (260), which was Phos., ran through all three cards. Keeping Phos. in mind, Dr. Blunt asked several questions relating to the chief symptoms of Phos., and found the patient had them all, so that hole 260 which ran through about 30 cards proved to be the simillimum. It not only cured the gastric trouble, but even a large cystic tumour on the back of twenty years standing. This patient started Phos. on October 15, 1927, and was given Phos. 15th every second day at first and later every fourth day. During

the first week in February, 1928, he suddenly got severe aggravation, which Dr. Blunt took to be accessory symptoms, according to para. 191, Sixth Edition of the "Organon." Since then he has had no more doses. Very soon after he felt quiet well, and when he was seen last a few weeks ago he said he had not had any symptom to complain of for six months.

Dr. GOLDSBROUGH remarked in regard to the cases quoted from his paper in the July number of the BRITISH HOMOEOPATHIC JOURNAL, by Mr. Reid, that he regarded the first case as an acute one and the second as chronic. The latter patient had suffered more or less from indigestion for two or three years until the onset of the hæmorrhage which rendered the diagnosis of ulcer complete. Her recovery has been well sustained to Dr. Goldsbrough's knowledge for twenty-five years. He was interested in Mr. Reid's remark that cases of chronic ulcer were physician's failures. Not always, Dr. Goldsbrough thought, because so few really came up to the physician for adequate treatment until they were obliged to give in from their occupation, and the surgeon nearly always received them when that had happened. But more than that unless both medical and surgical cases were all and both followed up for a considerable time after the treatment was finished, statistics from the point of view of cure were valueless. For a comparative estimation of the value of treatment homœopathically this consideration was of immense importance, as were also the clear indications for treatment in regard to severity, urgency, duration, &c.

Dr. JOHN PATERSON, Glasgow, said: He was at present engaged in research work relating to the bacteriology of the intestinal canal and disease. He had been interested in this subject since the publicatiou of "Chronic Diseases," by Drs. Wheeler and Bach. After the papers given by the authors at the last Congress, and thanks to the courtesy of Dr. Bach, he had been able to study the actual technique in the laboratory in London, and there after in his own laboratory in Glasgow. In Hospital and private practice he had made at

least 2,000 cultures from fæces of patients, and the frequency with which one found these non-lactose fermenting organisms might interest a bacteriologist. When it was added that he and his colleagues had found the nosodes of these bacteria of great service in treating many intestinal conditions, and in clearing up many more skin eruptions which had so far resisted all treament (even homœopathic), then it was time all homœopaths took more than an interest in this research. The President had emphasized the duty of the physician to prevent the development of the ulcerative stage, and to do so one must understand the signs and symptoms which preceded this. How far back in the history of a patient must one go to discover the initial symptoms? He suggested going back to infancy or early life, for how often did one find gastric and intestinal conditions present at that stage, and how often was this associated with a skin eruption. The homœopath might classify such cases under "psora", a term used by Hahnemann to include certain groups of symptoms. If one recollected the various homœopathic drugs mentioned that day as having proved useful in the treatment of definite ulceration, one would find that all of them had in their proving skin eruption. Was this not of some significance in the study of the ætiology of ulceration? It seemed to him that the recognition of these "psoric" symptoms in early life and their treatment with homœopathic remedies would prevent the development of ulceration in after life, and bear out the testimony of the physicians who had declared that under consistent homœopathic treatment patients do not develop gastric or duodenal ulcer. What of the patient who had not such treatment and who developed an ulcer? Did bacteriology or homœopathy offer any help? The relationship between the skin and the pyloro-duodenal region had been mentioned by Dr. Le Hunte Cooper. Dr. John Weir, in one of his cases, called attention to the terrible skin eruption which had followed the use of a remedy given with relief to the duodenal ulcer symptoms. He had not stated

that the ekin eruption afterwards was also relieved, but we could be sure that any true homœopath would continue the remedy and expect the skin to clear. If the developed duodenal ulcer is related to "psora," then homœopathy should, and it had been proved at this Congress that it did, offer a remedy. Since Dr. Goldsbrough had called for team work, it might interest them to know that in Glasgow some attempt at team work was in operation in the proving of nosodes from the bowel organisms. In these provings not only did the skin eruptions come out markedly, but also certain symptoms of a nervous character. the dysentery group (Bach) so far proved certain symptoms relating to the heart were noted. These were more of what might be termed "functional" rather than "organic," and no doubt had been psesent in many of Dr. Le Hunte Cooper's cases of neurasthenia with ulceratiod. Ulceration of the duodenum was also an outstanding symptom of this nosode. Did the presence of these organisms in the bowel lower the nerve tone and so interfere with the nerve mechanism of the heart, or did the mental worry and anxiety observed by Dr. Henderson Patrick lower the nerve tone and allow invasion of bowel by these organisms? Personally he had found many homœopathic remedies of value in treating duodenal ulcers, but none to equal the nosodes, particularly dysentery co. (Bach), 30. One case after long experience of allopathic treatment had received one powder of this nosode and had remained clear of all symptoms for twelve months and was still free from all the distressing symptoms previously endured. He did not suggests this nosode as the only remedy or the only nosode for all duodenal ulcers, but wished to indicate the deep and prolonged action of a nosode, where a culture had been made from the fæces and the organism found and identified, or where the symptoms alone suggested a nosode from the imperfect provings, so far known. He thought that homœopathy had a clear case to put before the profession, in that ulceration was never found in a

patient who had received consistent homœopathic treatment. Was the explanation not due to the fact that as followers of the teaching of Samuel Hahnemann, they had learned to recognize and treat the underlying constitutional condition. What part did "psora" play in the ætiology of the gastric and duodenal ulcer? Was the child with the intestinal disturbance and the skin eruption, if left untreated or under allopathic treatment, the future victim of a gastric or duodenal ulcer? Alkali treatment favoured the growth of bacteria in the bowel. As to the treatment of the developed ulcer, in the light of this research, he suggested that the allopath consider the use of a vaccine, using the non-fermenting organisms found in the bowel—and added a word of warning as to the absolute necessity of following the Bach technique before passing opinion on the results. He was glad the President had mentionod the fact that vaccine therapy was truly homœopathic in principle. The surgeon might with profit include this test along with his X-ray photograph and test meal. To the homœopath he strongly suggested a closer study of the "psora" of Hahnemann in relation to ætiology, and the inclusion of Dr. Bach's nosodes among the list of potent remedies in the treatment of gastric and duodenal ulcers.

Dr. WYNNE THOMAS asked whether there were many more cases than usual during the War, for if worry and anxiety were causes one would expect a great increase of cases during that period. He mentioned a case he was called to see of sudden death in a servant, in which he found a hole in the stomach large enough to put his little finger, and yet the girl had not consulted a doctor for month and had scrubbed out the hall that same morning. Another case of a girl, aged 18, who vomited a quantity of blood in the garden, was taken into the Phillips Hospital, and brought up more blood, and passed some by the bowel. She died from suppression of urine fourteen days later and the ulcer had completely healed. A lady patient while cycling in the

country vomited a quantity of blood and was very faint, but after resting rode home ten miles, did not send for a doctor, did not lie up, and had no recurrence. A man, aged 60, had a swelling in the pyloric region and gave a history of vomiting blood ten years previously, which was diagnosed by his doctor as due to varicose veins in the æsophagus; as he was losing flesh and suffering severe attacks of pain, it was thought to be malignant and the surgeon refused to operate. As his pain became almost unbearable Dr. Thomas insisted on exploration; a gastro-enterostomy was done, the patient gained 23 lb. in weight in three weeks, and lived in comfort for ten years, dying after an operation for stone.

The British Homœopathic Journal.

Calcarea is one of the most frequently indicated remedies to prevent phthisis, and in the earliest stages of that trouble its tendency is to cause the tubercular deposit to become calcareous. The tubercular deposits will shrivel and become cramped and remain in that state to the end of his life. In the many thousands of post-mortems made by Rokistansky, one of the old pathologists, he describes a very large number of encysted tubercles, which had gone through a process of development somewhat resembling the *Calcarea* condition. This shows that the process was one of natural progression under favorable circumstances, that this calcareous deposit is one of the methods of cure, instituted by Nature; and it is highly probable that they who go to climates favorable to recovery, recover somewhat after this fashion. It is the very highest aim of the physician to bring about this state of affairs rather than to introduce such remedies as will cause suppuration about every little nidus and deposit that takes place. *Just so sure as you live, if you should use* Calcarea *and cause one of these deposits to take place in your patient, and then turn about and give a dose of* Sulphur, *you will kill your patient. Silicea* will do the same thing.—KENT, 1895.