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Mexico City.

THE
HOMOEOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., JAN. 15, 1929. No. 1.

HOMŒOPATHY BRIEFLY OUTLINED*

JOAQUIN SEGURA Y PESADO, M.D.

Homœopathy is the most important medical doctrine that has appeared in the stadium of medicine. Its value consists in the concept which it has of life, which it considers as a cause and not as an effect and in adjusting its practice to this concept. Everything in the organism is subject to the action of an agent that is distinct from it, such as some call life and others vital force. Nothing takes place in the organism in which life does not participate, as absolutely everything is subordinate to it. Life is the cause of the formation of the organism and of its functions. Life constructs the residence wherein it dwells and under its direction all the organs carry on their functions. It is a physicist and a chemist of the first order and all the physico-chemical phenomena which occur in the organism are under its government. For example, it produces the liquids that are indispensable for the digestive process; under its influence both uric acid and urea are formed, which are products of elimination; it provides for the combination of the carbon of organic substances with the oxygen, thus creating the carbonic gas, which is also a product of elimination, etc. Life is the maintainer of the vital harmony existing between all the organs of our body, without which the organism cannot function and death comes on, followed by a series of physico-chemical phenomena entirely different from those such as take place in the live organism. This vital force has two states: one normal, whereupon the organism is healthy, and there is health; the other abnormal, in which the organism is sickly, and there is disease. Thus we see that health constitutes the normal life, and disease the abnormal life. For this very

*Translated by Roger G. Hershberger.

reason diseases are not entities, are not substances, but only modes of being, modalities. It should here be understood that we have eliminated those maladies which are produced by penetration into the bosom of the organism of substances of whatsoever nature, such as act as extraneous bodies in a physico-chemical manner. These maladies compared with those that are purely and exclusively vital ones form a separate group, and we will not consider them in this paper which is dedicated solely to the second ones such as constitute the great majority.

This concept of man as constituted by the organism, which impresses our senses, and by an agent that governs it, which is not accessible to observation, is the highest conception of science concerning the nature of man, and he who does not admit it, has to treat or consider the vital phenomena as if these were physico-chemical phenomena and constitute medicine on this basis, instituting an organicistic pathology and therapeutics of the same order. Admitting that vitality is the principal element of man, the organicist pathology disappears from science and presents in all cases of disease, life as being the first affected, and the organs as consecutively altered.

By fixing our attention on the diseases which are exclusively vital ones, we can represent them by means of the expression C. M. S. which denotes that there are to be considered in all of them, only three factors.

Letter C indicates that every disease must have a cause, whether it be a simple or a complex one, which is very evident; because as the ailment or derangement is a phenomenon the same as any other one, it necessarily has to have a cause, that is to say, a motive or motives which produce it.

Letter M indicates that the living organism, to be sick, has to undergo a modification, because if this were not the case, it would remain without alteration and there would be no abnormality, no disease.

Letter S indicates that the modification as experienced by the living organism, under the influence of the divers causes of disease, has to reveal itself by perturbations of the structural and functional mode of being of the organism, with these perturbations being denominated as symptoms. This "symptoms" factor

is a necessary constituent of every disease, because if the modification which the organism undergoes on account of the causes of the malady should not be revealed by perturbations, it would then be a modification without manifestations, that is, nonexistent —or, in other words, a modification without a modification, a condition that cannot be conceived.

Having explained the expression of the disease, we will now proceed to examine each one of the three mentioned factors: *Cause, Modification, Symptoms.*

By *cause* of a disease is to be understood that which produces it—that is to say, the circumstance or combination of circumstances such as have determined it. Pathological works, special as well as general, reveal the causes of diseases known up to the present time, and the physician should be perfectly familiar with everything relating to the etiology, or knowledge of the causes of disease.

Here I will limit myself to saying that the causes of diseases are divided into two large groups, to wit: *causes of a psychic order* and, *causes of a non-psychic order,* and that these last mentioned ones are subdivided into infective causes and noninfective causes.

In these categories are comprised all the causes of disease. The modification which the living organism undergoes owing to the influence of the causes of disease, is of three classes: physical, chemical and vital. As an example of *physical modification* I will cite a fracture, a luxation, an extraneous body which penetrates into the organism.

As a cause of *chemical order* I will give as an example the action of sulphuric acid on the tissues.

As an example of the *type of vital action,* or as it was called by HAHNEMANN, the dynamic, we have that which acts on the vitality, such as a fit of wrath, a sorrow, a fright, etc. It is very clear that an intense emotion cannot exercise over man anything but a dynamic action and not one of a physical or chemical order. Now, the larger portion of the causes of disease even when they are not of a psychic order, act dynamically, and in this manner of considering the action of the causes of disease, consists the fundamental difference which exists between the traditional

school of medicine and the modern or Hahnemannian school of medicine.

Thus, diseases being of a dynamic and not of a physico-chemical nature, it follows that of the three factors of the expression C. M. S. the letter M should be eliminated, or say the modification, because as life itself is inaccessible to observation, the same thing occurs with the modification of it resulting from the causes of disease, and for this very reason the disease becomes reduced to the two factors C. S., that is, to the generating cause and to the symptoms which are the accessible representations to the observer of the inaccessible modification, such as is suffered by the vitality under the influence of the causes of disease. The whole of medical knowledge becomes reduced in the majority of cases to the labor of investigating as far as possible, just what it was that produced the disease being examined, and what perturbations are being shown by the living organism, both in its anatomical mode as well as in its functional or physiological one, prescinding completely from taking cognizance of the modification which life has undergone and which in reality is the disease, because the perturbations or symptoms are nothing but the result of that modification.

There are not known now nor can there ever be known more than those two factors of diseases, the cause and the symptoms, and it therefore behooves us to forever abandon the pretension of studying the letter M of the formula of the disease. Occupying this position, as homœopathy does, the practice of medicine is a positive science and infinitely perfectible and not a rationalism having a purely subjective basis, as it has been in the past; and is so at the present time and will be so in the future just as long as the activities of the physicians are concentrated on the impossible undertaking of trying to find out in general and in each particular case what the factor M is.

This has been the secular error committed from the time of the great Hippocrates to that of HAHNEMANN and after him by the medical profession which has refused to adopt the doctrine of the great reformer.

The Montpellier school has a concept of disease that is analogous and even identical to that of HAHNEMANN, but it has

not obtained the therapeutic results that he has, because it has not known how, like the German physician, to pass from the doctrine to the healing art; so that although with an exact *modus operandi* in theory, its practice does not differ from the practices of the traditional school of medicine, something which is veritably extraordinary.

It is thus established that the positive formula of disease is C. S., which means to say that the only data that we have at hand, in order to be able to heal, are the occasional causes of the maladies being examined by us, and the perturbations, both functional as well as anatomical, which we can observe. This is a simplification of medical science and art, because the expression C. S. is simpler than C. M. S. which is the formula of the traditional school, which invariably has to base its treatment on an interpretation of the M factor such as has been eliminated from the practice of homœopathy. Let us consider the expression C. S. as constituting for the observer the whole disease, and we shall then see that in order to solve the therapeutic problem, that is, in order to heal, the first thing to do is to eliminate the C factor, through which is accomplished many times the disappearance of the S factor, or say, the healing of the ailment. If after the cessation of the C factor, the S factor continues, then in order to cure, it is necessary to employ a medium which, acting upon the organism, will cause the disappearance of the S factor. This medium is a medicament that will eliminate the symptoms and bring on the cessation of the modification on which they depend. The principal problem to be solved is, therefore, to ascertain just what remedy is the proper one to prescribe in each particular case of disease.

This problem has been satisfactorily solved by HAHNEMANN, who discovered that the medicament most adapted to a given morbid case is that which has in its symptomatology characteristic symptoms which are analogous to the characteristic symptoms of the malady that it is desired to cure. This mode of procedure is based on the fact that all the medicaments have the property of being able to modify the living organism and produce by virtue of the modification in question, a number more or less large of functional and anatomical perturbations such as are known by the name of medicamentous symptoms.

The totality of symptoms which each medicament produces constitutes its pathogenesy.

Now, outside of their symptomatology, nothing more can be known from the medicaments, because their manner of acting is, and will always be, unknown; their action is dynamic and not physical nor chemical, in view of which that action is and will always be impenetrable. No one, for example, can explain the whole pathogenesy of *Arsenicum album*, showing that it all depends on this or that, or such and such reactions of a chemical order which are produced by that substance when acting upon the human organism, and what is said about *Arsenicum* holds good in connection with all the medicaments.

It therefore becomes established that all that can be positively known in regard to the medicaments is their symptomatology, and consequently, we should proceed on such a basis in order to apply same to the healing of diseases.

We therefore have diseases reduced to their symptoms and nothing more, and the medicaments reduced to their symptoms and nothing more.

Consequently, it is necessary that in order to apply the medicaments there should be a relation existing between the symptomatology of the diseases, which is all that can be known of them, on one hand, and the symptomatology of the medicaments, which is all that can be known of them, on the other hand.

If this relation does not exist, it becomes necessary to abandon the idea of being able to apply the medicaments with effect.

By making a comparison of the two classes of symptoms, pathological and medicamentous, we find that there are only three possible relations:

1. The medicamentous symptoms *are different* from the pathological symptoms.

2. The medicamentous symptoms *are opposed* to the pathological symptoms.

3. The medicamentous symptoms *are similar* or identical to the pathological symptoms.

In one of these three relations should be found the solution of the problem of the cure, or that problem is unsolvable and the

idea of constituting medicine under a scientific plan must be renounced.

The 1st relation is to reject the first examination, because if the condition necessary for a particular case of disease to be cured, consists in selecting a medicament whose symptomatology is different from that presented by the case in question without precisely determining just what the difference consists of, then a numberless line of medicaments will be indicated and it becomes impossible to choose the exact one.

The 2nd relation cannot exist if it is considered that it is not possible to find a picture opposed to that of any disease which presents various symptoms; there is no symptomatic picture opposed to that of measles, to that of smallpox, to that of scarlet fever, to that of pneumonia, etc. The opposite of some symptoms can be found, for example, of diarrhœa, constipation, somnolency, insomnia, excitation, depression, etc., but if the medicines are selected in accordance with this relation it is necessary to take only one symptom and prescribe a remedy that has the opposite symptom; but as there is not only one remedy but many that have that opposite symptom it will not be possible to make a precise selection; and in case the selected medicament helps the patient, notwithstanding that lack of precision, the benefit obtained will be an ephemeral one and not permanent; only soothing the opposite symptom for a time of more or less duration, and appearing later in an aggravated form. Therefore, this method of procedure is not the proper one in connection with diseases of long duration, and at the most its application can only be sustained in the pathological processes of rapid evolution, with the inconvenience of having to administer large doses such as expose the patients to accidents of more or less importance.

With the two relations of difference and opposition being excluded, there only remains the *relation of similitude* in which is given a medicament that has in its symptomatology the greatest possible similarity to the symptomatology of the case in question. That is to say, that if the patient shows symptoms which only pertain to *Ars. alb.*, this substance will be given him; if he has symptoms peculiar to *Belladonna*, this will be prescribed; if of *Nux vomica*, this will be selected, and so on in all cases. This

method of procedure, which is arrived at by exclusion, is confirmed by the observations that have been made on a large scale, and no doubts whatever can be entertained in regard to its efficacy, with the advantage also of its not requiring anything but infinitesimal quantities of the substances to be given; preparing them by means of the processes of trituration and dilution as designed by HAHNEMANN, which are the *ne plus ultra* of the manner of preparing the medicaments in order to obtain the maximum of efficacy and the minimum of inconveniences; and making medicine an art invariably beneficial and never detrimental, in view of which we harbor the conviction that *homœopathic medicine*, after a time, will have the largest number of adepts.

The circumstance of employing for healing, doses which the imagination cannot conceive of, is a matter of observation and experience, and consequently, all the objections launched against it are null and void, because as a famous man has said: *"Whenever a thing, whatever it may be, demonstrates its actual value after having been subjected to the corresponding proofs or tests, nothing can invalidate it"*; and as infinitesimal doses have demonstrated their efficacy, after having been correspondingly subjected to rigorous observation and tests, it is necessary to accept and not reject them; with the realization that their comprehension is above and beyond our intelligence, the facts of creation not being subject to our intellectual capacity but instead, as they are, to an infinitely intelligent and superior power.

MEXICO CITY, MEXICO.

SOME OPHTHALMOLOGICAL CASES TREATED WITH HIGH HOMŒOPATHIC POTENCIES.*

PIERRE SCHMIDT, M.D., F.I.H.L.

First Case. *Ocular Trauma.* *Arnica* 10M.

A student of twenty-one had been struck full in the left eye with a tennis ball. He came to me an hour after the accident. I found ecchymosis extending to the peri-orbital region, which was tumid and painful. One drop of 2% cocaine made it possible to examine the eye, which was photophobic and lachrymating abundantly. The upper and lower lids were swollen and painful. The lower palpebral conjunctiva had been torn and there was widespread ecchymosis. There was much circumcorneal injection and the superficial layer of the cornea had been torn. The corneal wound involved the whole of the pupillary area, forming flakes which could easily be detached. The patient felt smarting pain and a very unpleasant sensation of scratching under the eyelids. The anterior chamber was normal, tension good, pupil reacting well; examination of the fundus showed nothing in particular. Sight normal.

TREATMENT: Bathing with sterilized water and a few drops of *Calendula* (mother tincture); then a damp, aseptic, occlusive bandage with a few drops of mother tincture of *Arnica;* and to be taken internally, *Arnica* 10M (Skinner), one dose.

Twenty-four hours later the cornea was glossy and the epithelium had already healed. The patient had slept perfectly well, and after four days of occlusive, sterilized, daily bandages soaked in a little *Arnica,* all the symptoms disappeared and the patient was completely cured.

It is needless to insist on the reasons for the prescription. The etiology, hæmorrhage, lesions, all called loudly for *Arnica.*

Second Case. Hordeolum (Stye, Compere-Loriot, Gestern-Korn)

A little girl of six, obstinate and bad-tempered, with hypertrophy of the tonsils, slight goitre, snoring at night, constipated, came to me because of repeated styes on the upper eyelids, which

*Read at the Quinquennial Homœopathic Congress, London, July, 1927.

for three years had been almost continual. When one was cured another began. Treatment with grape yeast, frequent purging, and other remedies had had no result, and her parents wished to know whether homœopathy could act in such a case.

The symptoms pointed essentially to *Sulphur, Pulsatilla, Silicea, Hepar, Mercurius,* and after consideration of these various remedies, I decided to give:

April 19th, 1925, *Sulphur* 10M, (Skinner), one dose, the subject being eminently psoric.

June 2nd, 1925. The patient returned. There was no change. She was a difficult child; nothing pleased her, she complained and cried for nothing, teased and annoyed the other children; and she was sullen in the evening.

Sulphur having given no result, my prescription probably being incorrect, I administered, being guided by the mental symptoms, *Pulsatilla* 10M (Skinner), one dose, in spite of the fact that she was a brunette with dark eyes.

August 2nd, 1925, she came back with a slight improvement, having had only eight styes since the last visit, which she considered wonderful, but styes were forming again.

August 4th, 1925, I repeated the *Pulsatilla* 10M (Skinner), one dose.

October 8th, 1925. The patient came back discouraged. The styes had started again in full force, though the constipation was much better.

The child was still very obstinate, and had become very cowardly. *Pulsatilla* did not seem to have gone deep enough, and that suggested the chronic of *Pulsatilla, Silicea* 10M (Skinner), which I then gave.

In November she was taken with a hard, dry cough; then developed double otitis, which was rapidly cut short with the help of *Belladonna* 200, one dose.

In December the constipation reappeared and the styes as well. This time they definitely developed from right to left. The child now became very dictatorial. When playing with the other children she must always be the most important. These valuable indications enabled me to prescribe, on the 13th December, 1925, *Lycopodium* 1M, Skinner, (which is both the chronic of *Pulsatilla* and the complementary of *Silicea*).

In February the mother returned, very glad to say that a wonderful change had taken place. The styes did not develop as formerly. After a slight inflammatory redness, instead of suppurating, in three or four days absorption took place and the stye dried up. I have seen the patient since and this good result has been maintained. It seems more than probable that *Lycopodium was "the similimum* of the case" and that it should have been found at the first visit. But it is also possible that the previously administered remedies had prepared for the rapid curative action of *Lycopodium.*

Third Case. *Stye.* *Pulsatilla 200*

A lady, thirty-nine years of age, came with a stye in the left lower eyelid. Her eyes watered when she was out of doors. The lids were stuck together in the morning and she felt a violent irritation. She was a hepato-renal arthritic, with blue eyes and red hair. She had previously been treated with *Sulphur* in increasing doses. I should have been able to give her *Sulphur* because this was her basic remedy, but here there was question of an acute condition, the symptoms being new and not an exacerbation of her chronic state. This was why I gave *Pulsatilla* 200 (Kent), one dose.

In twenty-four hours the stye came to a head, broke and discharged a small quantity of muco-purulent matter, relieving the patient, who had no recurrence of the trouble.

Fourth Case. *Chalazion.* *Thuja.*

Madame N., 38 years of age, living on the Swiss frontier, came to me on the 20th of February, 1922, very discouraged because she had had two operations for chalazions, which were very troublesome, and which she believed to be the cause of persistent migraine.

The two chalazions which had been operated upon were in the left upper eyelid, and the operations had been performed in a private nursing home with the following result:

Ten days in the nursing home each time.

Operation each time $50.

Persistent headaches.

Appearance of fresh chalazions.

A very discouraging balance sheet, which made her ask for homœopathic treatment.

When I questioned her, she told me that she could remember that these chalazions dated from 1916, and that a few months before their appearance she had been obliged, because of the arrival of Swiss troops in the village where she lived, to be vaccinated against smallpox, this being compulsory for all the inhabitants.

The development had been slow, but the eyelid had become so heavy and the difficulty in opening it so marked that she had consented to a first operation.

Two months later a new chalazion developed in the same place, and she had had a second operation six weeks before coming to me. Now a third chalazion appeared, this time in the right lid.

The swelling was bluish, fairly prominent, on the middle of the free margin of the upper eyelid. She felt a pricking sensation, nervous palpitation in the morning when waking, and sudden waves of heat without apparent cause. The patient suffered a great deal from headaches, etc., in wet weather, on account of her general rheumatic condition.

She was hasty tempered, impatient and restless, suffering from constrictive migraine. All her symptoms, and above all this etiology of vaccination, pointed so clearly to *Thuja* that no hesitation was possible.

On February 20th, 1922, I gave *Thuja* 1M (Jenichen), one dose.

March 26th, 1922. No change, but the chalazion, which previously had developed steadily, seemed to have remained stationary. There were less frequent waves of heat, but otherwise all the symptoms were the same. I then gave *Thuja* 10M (Skinner), one dose, to act more deeply.

A fortnight later the chalazion opened spontaneously, contrary to experience of the habitual development of these tumours,

and emptied itself of a greenish-yellow substance. The palpitation had disappeared and the patient was delighted.

April 28th, 1922. The patient returned wholly discouraged, for she had thought herself cured, and now there was a fresh chalazion forming just beside the one cured.

The eyelid was again heavy, but apart from that the general condition was excellent. I then gave *Thuja* 50M (Skinner), one dose.

June 10th, 1922. She came back delighted, for she had had no more headaches and the chalazion had grown smaller and absorbed spontaneously. Locally there was no thickening of the tarsus and the patient was perfectly well.

In the last five years no fresh chalazion has appeared.

This case shows that, even when the remedy is well chosen, it is sometimes necessary to get to the bottom of the trouble by following the series of degrees according to Kent, for it was only after taking this last dilution that she was freed from the affection.

Fifth Case. *Chalazion.* *Alumina* 10M.

Madame P., 30 years of age, had been complaining for some little time of a small tarsal cyst on the free margin of the right upper eyelid. Her lashes were falling out and she had a painful feeling of drying of the eyeball in the evening. There was slight granulation of the lower palpebral conjunctiva. Nothing noticeable in the general condition.

In accordance with the indications several remedies were given. *Thuja* 200, *Thuja* 1M, *Thuja* 10M, then *Psorinum* 200, then *Staph.* 10M, one dose only, of each of these remedies, at intervals of several weeks, in order to give each an opportunity to develop its action. But, alas! no result crowned my efforts. Each time she came, my patient mischievously and silently pointed to that disconcerting chalazion.

July 5th, 1926. After having weighed her symptoms, compared them with those in the works of Berridge and of Norton on the eye, I administered *Alumina* 10M (Skinner), one dose.

September 10th. When I arrived the same half sceptical, half mocking look greeted me as usual. But the patient confessed that

she felt as if something was going on inside of her, though she could not define it. I repeated *Alumina* 10M, one dose, and the 1st of October the patient suddenly felt a violent irritation in the tumour, which disappeared in twenty-four hours.

This cure has been maintained.

Sixth Case. *Chalazion.* *Staphysagria* 10M.

Mr. S., 61 years of age, suffered from tense pain of the tarsal edge of the right upper eyelid. Formerly he was subject to styes, which had not recurred, but which had given place now to painful indurations which formed little irritating and annoying nodules. There was no characteristic general symptom.

I gave *Staph.* 10M, one dose, and three weeks later the two nodules had entirely disappeared.

These different cases of chalazia express in a very interesting way one of the main principles of homœopathic therapeutics, "the individualization of each case". As you can see here, each case was labelled with the same nosological name, *viz.*, chalazion, but each case was treated and *cured* with a different remedy! This is why we repeat and repeat that *we do not have remedies for chalazia but that we have many remedies for patients suffering from chalazia.* This simple sentence contains one of the greatest truths of *homœopathy.*

Seventh Case. *Vernal Conjunctivitis.* *Aconitum* 10M.

Miss M., 22 years of age, suffered each year from spring conjunctivitis.

The inflammation was essentially in the limbus and conjunctival fornix. The conjunctiva was a little thickened here and there, the surface a little uneven, slightly spotty, pinkish yellow, of gelatinous appearance, slight pink conjunctival injection. The upper tarsal conjunctiva presented flattened papillæ and there was acute irritation and photophobia.

The patient had suffered from the affection for five years and was very discouraged, for she had had various lotions prescribed without any effect on the conjunctivitis, which developed from April to July and then disappeared of itself.

She remembered that it had appeared for the first time after a mountain walk in spring; on reaching the summit she was uncomfortably conscious of the cold air, while still very hot, but neglected to put on extra wraps. Suddenly her eyes began pricking. It was since then that the inflammation had recurred each year. In view of such an etiology I at once gave *Aconite* 10M (Skinner), one dose.

The patient came back a fortnight later very much better and by the twenty-first day the conjunctivitis was cured.

This result was interesting because we were then at the beginning of May, and usually the trouble continued well into July.

Unfortunately I was not able to follow the patient's history and do not know how she has been in later years.

Eighth Case. *Arthritic Conjunctivitis.* *Sulphur* 10M

One very disagreeable form of conjunctivitis, from which many patients suffer who are treated for their general condition, is arthritic conjunctivitis with its subjective sensation of *dryness of the eyeball,* so hard to bear.

The patients rub their eyes and continually wipe and blink them without any relief. Many arthritics suffer from it, and the typical nocturnal exacerbation of this affection may even prevent sleep.

I have seen among others, three cases in which several remedies were given in accordance with the general symptoms, and have the strong impression that in these cases it was not the last remedy which wrought the cure, but the series of several remedies given successively. It is like some complicated locks which need several keys!

There were three patients of the *Phosphorus* type; two of 77 and 72 years, and one younger, of 37. They took successively, and in accordance with general indications, *Sulph., Calc-p., Zinc, Nat-m.,* in doses varying from 10M to CM, which improved the condition, but only gave a cure when *Sulphur* 10M was given at the end of the series.

It was curious that the same remedy, given at the outset, and with good indications, seemed not to bring about any improvement, while its action was extraordinary at the end of this series of medicaments.

Ninth Case. *Epiphora.* *Medorrhinum* IOM.

Usually one considers tearing as the inseparable sign of an obstruction or some serious narrowing of the lachrymal passages. I have, however, found several cases where the lachrymal canals were entirely open and the lachrymal puncta normal, and yet this symptom was present and very disagreeable.

Should the cause be sought in a hypersecretion from the lachrymal glands, or perhaps, in a lack of fluidity which prevents easy flow?

I have now, among others, two typical arthritic patients, who have chronic epiphora which no remedy has yet been able to modify.

The following case is of doctrinal interest. It concerns a little girl of 14 months, fair, with blue eyes, and fairly strong.

Ever since her birth the left eye watered as soon as she went out of doors. The eye was sometimes very red. The child continually rubbed the inner canthus. She cried very easily. She also suffered from offensive perspiration of the feet. It was difficult to get her to sleep in the evening.

In the repertory the remedies which seemed to be indicated were:

Bell.	*Sanic.*
Calc.	*Sil.*
Nat-m.	*Sulph.*
Puls.	*Tub.*

Taking account first of all of the mental symptoms I gave on December 31st, 1923, *Puls.* 200, one dose.

January 20th, 1924. The eye still watered and the other symptoms were the same. I gave *Sulphur* 200, (Kent), one dose, as a reactional remedy according to Hahnemann.

February 18th, 1924. No change. The eyelids were stuck together on waking. The lower lid was red in the morning, with a little yellowish "eye-gum" at the interior canthus.

The mother said that the child wet her bed at night and that for some time she had had an exaggerated fear of motors and dogs, whereas formerly she had not been at all afraid.

I then gave *Bell.* 200 (Kent), one dose.

On June 7th, 1924, the patient was brought back, and now

the tears were flowing abundantly from both eyes and burning the skin of the cheeks. The lids were stuck together in the morning. The fear of dogs and motors was less and the child no longer wet her bed.

The mother wished to consult an oculist and he examined the child. He violently compressed the lachrymal sac and made her cry, with the intention of getting out any lump of muco-pus which might be present. No result, except that the child was afraid of doctors afterwards!

Fortunately the specialist considered it useless to catheterize the lachrymal passages, and sent the child back to me, telling me that he could not explain the cause of the epiphora.

July 21st, 1924. It was the child's father who brought her this time. The eyes had not stopped watering and he was obviously discouraged. He asked me whether it was worth the trouble of continuing any treatment.

Remembering the importance, especially in children, of the symptoms of sleep and the position during sleep, upon which Dr. Schlegel, Sr., of Tubingen, much insists, I questioned the father, who said that for a long time the child had been sleeping on her knees, her head buried in the pillow, and that she was very nervous and impatient. The sexual parts were very red and inflamed.

At once I questioned the father further, and he confessed that three years before his marriage he had contracted gonorrhœa, which had been so admirably treated with injections of argyrol that he had been cured of his discharge in a few weeks!!!

The diagnosis was now clear. The child was suffering from heredo-sycosis. The indicated remedies not having acted I gave on July 24th, 1924, *Medorrhinum* IOM (Skinner), one dose.

The *very next day* the eyes stopped watering and the child slept on her back. The other symptoms gradually disappeared, and during the last two and a half years the child has enjoyed good health, none of the old symptoms having reappeared.

This case illustrates the necessity, when the remedy which seems to be indicated does not act, for the doctor to question the patient, or, to obtain with tact and circumspection from those around him, precise information as to his own and his parents' former condition of health, in order to know what venereal disease, cutaneous or otherwise, may have been suppressed by un-

timely treatment, always referring to paragraphs 84 and 93 of the Organon.

Tenth Case. *Keratitis Ulcerosa.* *Pulsatilla* 200.

On February 25th, 1927, Madame L., 55 years of age, came to me with an ulceration of the cornea of the right eye, situated towards the edge of the cornea, at four o'clock. She was sent to me by her oculist, who had diagnosed *gouty keratitis ulcerosa,* and who, being careful about the general treatment of his patients, sent her to me, not wishing to interfere with the general homœopathic treatment by local measures. He hoped that the localized affection in the eye might be cured by treating her general condition, seeing that it arose from arthritism.

As a precaution he instilled one drop of 1% homatropine.

There was in fact a superficial corneal ulcer of rectangular shape, presenting the classic signs of peri-corneal injection, epiphora and photophobia. The patient also complained of pricking pain, which was always worse at night.

Pressure on the eyeball relieved the pain. She suffered from headache with a disagreeable sensation of weight above the eyes towards the right.

She felt much better out of doors.

Cold water relieved her for the moment.

She woke in the morning with a very dry, nasty taste in her mouth.

The repertory indicated:

Asaf.
Cinnb.
Merc-nitros.
Pulsatilla.

I gave *Puls.* 200, (Kent), one dose, which especially corresponded with the patient's general symptoms, while the other remedies corresponded more exactly with the localized symptoms.

I ordered a detoxifying diet free from acidity, fatty matter and sugar—vegetarian diet.

Three days later the patient was much better; epithelialization was going on. The area of the ulceration was still visible, a little opaque on the nasal side, while the temporal side, that nearest the pupil, was already transparent.

The mouth was no longer dry in the morning.

Eyelids much less heavy.

No more pricking pain in the night.

The injection was still perceptible, but was much less marked than at the onset.

Three days later the patient no longer showed any sign of the lesion. The eye was normal.

This interesting case showed that, even in manifestly objective troubles, the minuteness of the homœopathic dynamization is not an empty formula, since the cure of a corneal ulcer was complete in six days.

Eleventh Case. *Rheumatic Iritis.* *Aconite* 200. *Sulph.* 200.

A lady, 54 years of age, whom I had treated two years before for rheumatism, and who, 20 years before, had rheumatic iritis which had been treated with mercurial ointment, resulting in two fine examples of synechia in the right eye, came to consult me on May 2nd, 1924, on account of acute pain in her right eye, pain that she already knew too well! She at once gave me her diagnosis and hoped that the treatment would not be so lengthy as the allopathic treatment which was previously given, and which continued for weeks and weeks.

One evening when it was cold she had lingered on her doorstep talking to a neighbor and the cold draught from the half open door had struck upon her eyes.

The pulse was tense and full. No fever.

General malaise.

Depression and fatigue.

All these symptoms had appeared suddenly when she had been feeling perfectly well.

Objective examination showed:

Normal eyelids.

Circumcorneal injection, violet tinted, delicate, well marked; no chemosis.

Iris a little dull and infiltrated, having lost its brilliancy.

Contraction slow.

Two posterior synechiæ in the right eye.

It was impossible to judge of the tension because of the acute

pain, caused by the least touch, which pointed to slight ciliary participation. Diagnosis of irido-cyclitis.

Subjectively, there was intense pain in the right eye, acute and very trying, with a feeling as if the eye were being pushed out. The whole eyeball felt extremely hot and the symptoms grew worse at night. The pain involved the face and the head. Very marked photophobia and epiphora. The fundus showed nothing in particular. Vision disturbed.

There seemed to me to be imminent danger of fresh synechiæ, so I instilled two drops of atropine 1% to act mechanically and provoke a prophylactic mydriasis.

I administered *Aconite* 200, (Kent), one dose; then *Cubana*[1] every two hours, this corresponding exactly to the etiology and the symptoms.

The next day the patient said she had slept very well. She no longer had any pain.

But she felt that the remedies were "working" in her, for she was painfully conscious of all her joints, beginning with the shoulders, then the pains went down the arms and were now in the lower limbs. Her headache, however, disappeared entirely—the third day of her illness.

The peri-corneal injection was much reduced and one of the old synechiæ was free, the other still remaining.

The seventh day, no pain in the limbs, no ocular symptoms. Pressure on the eyeball no longer caused pain. The iris had regained its brilliancy, one synechia still persisted. But a moist eczema had appeared on both arms and on the backs of the hands with a terrible itching. This was an old symptom which the patient knew, alas, too well. Having heard her account I could not help saying: "Bravo! Thank heaven, the symptoms are going exactly in the right direction." And I went on giving her *Cubana.*

The seventeenth day the eczema was stationary. The patient felt weary and lost courage. It was then that I thought it the right moment to give her her chronic remedy, *Sulph.* 200, (Kent), one dose, (the chronic of *Aconite*).

The 29th of June the patient came back satisfied. There had been no reaction in the eye and it was completely cured. Her

[1] *Cubana* is sac-lac. puriss.

rheumatism had disappeared and the eczema was much improved.

A fresh dose of *Sulph.* 10M, then later *Mezereum* 10M completed the cure and entirely got rid of her cutaneous affection.

This last eminently instructive case illustrates the truth of the wonderful "law of cure" formularized by Hering and Kent, *viz.*:

The evolution of symptoms:

1. From above down, (eyes, upper limbs, then lower limbs).
2. From within out, (iris, internal organs, joints, then cutaneous apparatus).
3. In the reverse order of their coming, (eruptions, rheumatism, iritis).

In order not to lengthen the history of all these cases I will add before closing that every one of the patients was told *the corrective regime and appropriate rules of health.*

Homœopathy is not content to give remedies mechanically, but aims at repairing the errors made, and correcting dietary faults when they exist.

The eye is not an organ apart requiring *local* therapeutics. It pertains to one whole; the organism being irrigated by the same blood, bathed by the same lymph, and innervated by the same nervous current.

Local diseases do not exist, but solely localized morbid affections are to be found.

In these various cases chosen from among the ocular affections, beginning with the external traumatism, the affections of the lids, of the lachrymal ducts, of the conjunctiva, of the cornea, and lastly, the iris, I demonstrate and prove by facts, the truth of the above assertions—and it is accumulated facts which little by little constitute positive science.

My object has been to demonstrate that pure homœopathy, the unique remedy, and even very often the unique dose in the infinitesimal state (high dynamization or potency), are able to cure ocular affections, although they are wrongly believed to belong to the specialist only. The eye, as all the other organs of the economy, can take the benefice of this bountiful and liberating therapeutic action.

GENEVA, SWITZERLAND.

DAMMING THE STREAM OR KEEPING THE CHANNEL OPEN.

GEORGE ROYAL, M.D.

That "the tide of homœopathy is rising", and that "homœopathy is at present facing the rising sun", are two statements confidently made and strongly believed by the friends of homœopathy.

The statements being accepted, it should be a clear and cheerful duty of every graduate of a college of homœopathic medicine to do all in his power to take advantage of the favorable public sentiment so expressed, and to assist in every way and in no wise hinder the flow of the rising tide.

To be eminently successful in any enterprise one must have as complete knowledge as possible of every detail of the undertaking, in other words, one must view the picture from every angle and under all lights.

Let us take up the factors which may, by being thrown into the stream, check for the time being its flow. Let us consider any extraneous matter thrown in as a very important factor. To be more specific, take by way of illustration the 1928 program of the American Institute of Homœopathy at Pittsburgh. In the program were included the following bureaus: Homœopathy; Clinical Medicine; Drug Pathogenesy; Medical Economics; Public Health; Dietetics; Psychotherapy; Kinesitherapy; Phototherapy; Electricity; Hydrotherapy and Radiotherapy. In addition to the above we had meetings of the societies of Surgery and Gynæcology, Ophthalmology Otology and Laryngology (which was treated under three bureaus), Obstetrics, and Physical Therapeutics.

The three subjects vital to our art *viz.*, Homœopathy, Clinical Medicine and Drug Pathogenesy, were discussed by thirty-four writers. The remaining subjects by seventy writers. A closer examination shows that the papers under the three homœopathic bureaus were not all confined to homœopathic therapeutics but included several of the other therapies.

It should not be understood from the above that all the

papers that were read and discussed in the other bureaus and societies bore *no* relation to homœopathic therapeutics. The point to be considered is that they were as relevant to, and as important for, the treatment of patients by the old school as by our own. In other words they were not strictly homœopathic.

A graduate of a homœopathic college who is a member of the American Medical Association, and who had let his membership in the American Institute of Homœopathy lapse, when asked to rejoin the latter organization replied as follows: "What for? I can go to the A. M. A. Convention and get what is said on these *allied* subjects, and get it better than at the meetings of the A. I. H. Take Pittsburgh, how much homœopathic therapy did you get at that meeting? I mean real, practical therapeutics."

This brings us back to our subject, would not the tide, on which homœopathy is rising, flood not only the entire shore but run up the larger streams even into their branches and thus advance the system of homœopathy, *if* all this material, which is common to all schools of medicine, were minimized in the meetings of our homœopathic societies?

To our mind the two chief obstructions to homœopathic progress, are the misplaced emphasis in our minds, as well as our meetings, on matter common to all schools of medicine (in commercial parlance, that the salesmen of homœopathy carry too many side lines!) and the pernicious habit of many in our ranks of prescribing all kinds of serum, toxins and unproven combination tablets.

Among many letters recently received in regard to the status of homœopathy we would quote from two by professors in a homœopathic college. One wrote: "There has been so much added to medicine in your lifetime that to have a profession such as ours, confining itself exclusively to homœopathic therapeutics as such, would find a very restricted opportunity for its application". The other said: "We are teaching up-to-date *scientific* homœopathy in our college".

We cannot agree with the writer of the first quotation. Surely the same objection made to the division of time given the two classes of subjects at our society meetings applies even more to the college curriculum. Even doctors do not realize what a

tremendous aid, as well as preventive, the homœopathic remedy can be in each of the specialties, as well as in general practice. As to the teaching of scientific homœopathy in our colleges, is there not a confusion as to what is scientific medicine and what is homœopathy? Scientific we must be in the usual sense, as must all first-class medical colleges, but the inculcation of true homœopathy is not at odds with science but rather its most valuable aid and complement.

In this connection let us consider some of the things which would hasten the flow of the tide and keep the channels open. We feel that they are: First, to compel every student in our colleges to *major* in the principles of homœopathy and homœopathic therapeutics, making the four subjects anatomy, physiology, pathology and chemistry the four corners upon which the dome should rest. Second, to compel every student to prove at least two drugs sufficiently to convince him that our drugs *will produce* the symptoms which they have been claimed to produce. (We would suggest that *Glonoin* be given until it produces its headache and *Bell.* until it dries the mucous membrane and dilates the pupils.) Third, to have the colleges hire a group of provers to thoroughly prove at least one drug yearly, and have the students examine the provers daily, not only their physical and mental condition but their day-books of symptoms. (As drugs for these provings we would suggest the glandular extracts, the vaccines, and the unproven combination tablets of our own pharmacists, as it has been clearly demonstrated that all of these have produced results in regular medicine and should produce much better results if they could be proven and prescribed according to our law. The proving made by the Drug Proving Committee of *Thyroidin* fully confirmed the above opinion. As a member of that committee we would favor putting all our funds at the disposal of a proving committee of our colleges, for we feel that now is a very auspicious time to resume drug proving).

Let us now go back and spend a few moments on the corners of our suggested building. It is unnecessary to say that the greater one's practical knowledge of anatomy, physiology and pathology, the easier it is to tell what tissue or organ of our patient is involved, and how it is involved. Regarding chemistry, Professor

T. F. Allen told me as a student that he had never taught the part chemistry plays in the action of drugs in his materia medica course but rather taught symptomatology and the grouping and ranking of the symptoms. He considered the *fact* that certain drugs have produced certain symptoms of prime importance, and the *method* by which the symptom was produced of comparatively little value for therapeutics, and advised the study of the origin and reliability of symptoms, the latter by verification in practice. But the twentieth century student and the modern laboratory man are not content with empirical facts even such as are based on consistent philosophy. They want to know why drugs act. On reading recently Prof. Garth W. Boericke's article on "Physical, Chemical Attributes of Some Homœopathic Drugs" I find promise, in that report of the work done at the Hering laboratory, that chemistry will give us a clearer and more useful knowledge of the *modus operandi* of our drugs. To feel "sure that we start with a potent preparation" will afford great comfort and added confidence to all of us who use potencies, even the highest, and what is more Dr. Boericke's work will tend to a uniform standard for preparing our tinctures.

In summing up, we suggest that we throw no more obstacles into the stream, and that we remove from the river bed everything thrown in during the past quarter century which impedes the flow of the tide of true homœopathy, in this way opening new channels through which water from the main stream may flow, till all dry and arid territory has been moistened and made to bloom.

DES MOINES, IOWA.

Don't forget the FIFTIETH ANNUAL MEETING OF THE I. H. A. in Montreal, June 22nd to 25th inclusive. Motoring to Montreal through the White Mountains makes a superb vacation. The city is quaint and full of flavor. There are no amendments, eighteenth or otherwise. And the medical material presented will be the most searching, solid, and novel of any of our conventions. PLAN TO COME.

Ac. Phen - 3
Kali Bichrom - 3 in gastric ulcer
Verat. Vir - 3
Paeonia - 3.

THE HOMŒOPATHIC TREATMENT OF GASTRIC AND DUODENAL ULCERATION*

R. M. LE HUNTE COOPER, M.D., B.S. (DURH.)

Mr. President and Gentlemen:

I think that no more important subject could have been chosen for discussion at this Congress than this one of gastric and duodenal ulceration, not only because these conditions are far more prevalent than the lay mind has any conception of, but because their treatment by the two medical schools shows such marked contrast both in method and results.

There has been of late an increased desire on the part of our body as a whole, stimulated by Dr. Weir, to attract the attention of those who practise on the old lines, with a view to convincing them of the undoubted superiority of our methods, and so compelling them by sheer weight of facts to join our ranks, even though this more often than not involves considerable difficulties to them, owing to the complete upheaval such a change necessarily causes in an allopathic practice, the *clientele* of which is accustomed to heavy dosing with full-flavored, bright-colored mixtures, administered in maximum quantities.

In the case of threatened and developed gastric and intestinal ulceration, overwhelming evidence in our favor may be found by anyone who likes to prove for himself the efficacy of the homœopathic prescription.

The old methods, based as they are on prolonged rest, and the most careful dieting, helped or hindered, as the case may be, by the old "sheet anchor," bismuth in various forms, are tedious in the extreme, and involve very great waste of time, and considerable dissatisfaction from those who, after a prolonged course on those lines, are told that, in spite of the "sheet anchor," the ship will have to be unloaded of its cargo; in other words, that they will have to be opened up, and the ulcer or ulcers removed.

Every physician living, to whatever school of thought he may belong, cannot but regard the resort to operation in these cases as a most regrettable confession of failure.

*Repr. from *The British Homœopathic Journal* (Oct. 1928), XVIII, 317-335.

I do not, of course, refer to those cases in which through long neglect or too late resort to treatment, scar tissue has formed permanent constrictions or adhesions, occluding the orifices of the stomach. In these we have an invaluable ally in the knife, without which ultimate recovery would be impossible, and we must all give our unstinted praise to those responsible for the great advances which have been made in this line of surgery. Loops of intestine can be joined together, and resected portions of intestine united with a certainty of success, banishing almost entirely the former dangers from this particular type of operation. Surgeons have full reason for pride on this score, but they cannot remove an ulcer from the gastro-intestinal tract without a secret feeling that, if the physician had done his work properly in the first place, their help would not have been needed, and a realization that they are only removing a manifestation of the disease and not the disease itself.

The question that naturally arises is, why did ulceration take place in the first instance? It is rare for any purely local irritative or abrasive cause to be found, as is the case in ulcerations affecting the surface of the body.

The individuals who suffer in this way have eaten the same foods as their friends and relations, yet they alone have been attacked. This points unerringly to something deeper at work, and the surgeon must admit that his mechanical removal of the ulcer or short-circuiting leaves untouched the original factors responsible for the derangement of the nutritive and salutary forces, without which ulceration would have been impossible.

The only scientific way of dealing with these factors is by stimulating the recuperative powers of the system, and for this purpose we all know from experience, over and over again confirmed, that we have an ally of enormous potential value in homœopathy. We must not fail to give recognition to "rest" and "dieting" as valuable adjuvants, but the body reacts to the correct homœopathic remedy so effectively that we can justifiably give them a secondary place, and our doing so is significant of the faith we have in our remedies, which long use has shown to rest on the solid rock of proved results.

I have been asked to read this paper with a view to record-

ing some of my own experiences, but I feel its chief value will lie in inducing a discussion which will bring to light the collective experiences of others, resulting in a mass of irrefutable testimony of the efficacy of Hahnemann's teachings when applied to those diseases.

I will begin with two cases of simple gastric ulceration in its acute form.

On January 27, 1918, I was called, at 4 a. m., to see Mrs. B., a lady of 48, who had suddenly vomited blood that morning without any warning, except some previous sore, dragging feeling in the stomach. Her family were in the greatest state of alarm and consternation, as they said she was bleeding to death, and emphasized their remarks by pointing to a large pool of dark clotted blood on the floor, which to all appearances amounted to not less than two pints.

I say "to all appearances," for when hæmorrhage is spread over a fairly wide area like this, one's impression of the amount tends to be somewhat exaggerated. The blood was undoubtedly of gastric origin, having been vomited, and with no evidence, past or present, of lung trouble or cough.

Beyond some slight gastric tenderness, local symptoms were absent, and there was a complete freedom from pain.

As treatment I adopted complete rest with abstinence from food for some hours, and gave *Hamamelis* 3 in liquid form, two-hourly.

When I saw her *nine hours later* I found her very much better, with but little of the faintness previously experienced. She had ventured to take a little Benger's food and had suffered no ill-effects. The temperature was normal and there had been no further signs of bleeding.

Next day, i. e., within as brief a period as thirty hours after the hæmorrhage, she was well enough to get up and wash, and beyond some natural weakness, and a somewhat coated tongue, she showed astonishingly little sign of the past storm.

I am well aware it may be said that I was risking too much in allowing her out of bed so soon, with the ulceration obviously still present, and I admit that in spite of the potency of our remedies, this censure would have been justified, but I can plead "not guilty," as she got up against my orders.

I was none the less pleased to find no ill-effects resulting, and that she showed astonishingly little evidence of her attack, except some very natural weakness. *Ac. phen.* 3, three-hourly, was now prescribed.

The following day (January 29) she greeted me with the information that she had been "bombed out of bed" in the night, meaning by this that she had risen from bed when awoke by an air raid, but beyond some evidence of nerve strain no ill-effects had resulted, and no return of the bleeding could be detected then, or subsequently, by the appearance of the evacuations.

She had taken *Chamomilla* previously provided for these emergencies, and she again thanked me then, as on former occasions, for the great relief it gave her.

I may here digress to record the fact that I found this remedy of the greatest use during the air raids, and was able to lessen the anticipation of coming raids and the deleterious effects of those present with it.

In the latter part of the following day (January 30) she awoke with palpitations and shivering "in the knees and all over," which she said reminded her of her attack of hæmorrhage, but no evidence was forthcoming confirming her fears, and no change was made in *Ac. phen.*, which she continued to take three-hourly.

After a few more days of liquid nourishment, light solid was commenced with no ill-effects, and she left town for a change to the country a fortnight later.

I am in touch with this patient from time to time, and she has never shown any sign of a return of the trouble, i. e., for the last ten years.

My giving of *Ac. phen.* in this case may call for a little explanation. I had for many years been specially interested in the action of this remedy, the more so from a case of chronic poisoning which I traced to a carbolic nasal spray prescribed by a well-known consultant for a lady, without any word of caution, and which she had used daily over a period of years, together with a carbolic tooth powder, which case I published in the *Homœopathic World*.

It showed gastro-enteritic symptoms associated with neurasthenia in an intensely aggravated form, and I considered it doubly indicated in this case in consequence of the nervous strain the patient had been subjected to during the air raids.

On April 14, 1913, I was consulted on behalf of a Mrs. A. D., a lady, aged 28, two and a half months pregnant, who had suffered from some form of shock a week previously. Gastric pains and dyspeptic symptoms had existed for some time, but they had latterly assumed an acute form, and she was now presenting alarming symptoms, diagnosed by her local medical attendant as due to gastric ulceration, and which treatment on the old lines had failed to relieve.

On visiting her I found that the pain experienced was of an intensely "screwing" character, spreading outward from a point the size of a shilling below the ensiform cartilage, but not felt through to the back. Food of any kind even though liquid and peptonized, excited this pain within five minutes of its ingestion, though temporary relief was felt during the actual meal.

Relief was also experienced when lying on the back, but this posture induced a sensation of a hard lump dropping backward in the stomach region.

< of the pain was produced by lying on the side, as well as in prone and upright position. Great distress was felt from distension of the stomach which it was difficult to relieve by eructating flatulence, and of course epigastric tenderness was marked.

Though there was no vomiting to reveal hæmatemesis, and the evidence of any actual passage of blood by the bowel was indefinite, the symptoms, by their intensity and duration, pointed to rapidly advancing acute gastritis, on the point of, if not actually, ulcerating, and it was clear from the increasing severity of the symptoms that unless medical help of a scientific and specific character could be applied without delay, intensive hæmorrhagic ulceration was only a matter of a few hours.

It cannot be denied that a continuance of the old methods, with their attendant delay and very probable ultimate resort to operation, would have been fraught with great danger in this case, in view of the co-existing pregnancy. Thanks, however, to homœopathy applied in the form of a solution of *Kali bichrom.*

30, given every three hours, relief to the main symptoms followed in a few hours, and the patient's existence became bearable. The intensity of the pain became rapidly relieved, and in the course of a day or two it changed to a more "drawing" character, with a tendency now to pass through to the back.

It entirely ceased in five days, and the digestion became to all intents and purposes perfect, the slight nausea which was present from time to time being obviously due to the pregnancy.

She went to term and successfully delivered, and, as I am closely in touch with her family to this day, I can vouch for the fact that she has never had any recurrence of the trouble; that is to say, for fifteen years.

The foregoing very ordinary cases, treated in a more or less ordinary way, can have little interest for you gentlemen, but I record them as part testimony of the power we have in immediately quenching the fire of acute ulcerative gastric inflammation. It would be of little value if I confined my remarks to what might be described as "routine practice," if it could be allowed that the homœopath could ever descend to anything so sordid as routine.

The delightful fascination of our art, lies, to my mind, mainly in its untrammelled freedom, and our complete independence of former teaching, except of course of our great founder, who, in his very pronouncement of the homœopathic law, gave us a boundless freedom, full to overflowing with infinite possibilities.

Some special value attaches to some of the following chronic cases, in that I had opportunities for observing them over periods of very many years and can show clearly the effects of treatment, as to duration and permanence of results.

My advice was sought in December, 1915, on account of a Mr. M., an old gentleman, aged 80, living in Hampshire, with a history of past gastric trouble, and now diagnosed to be suffering from gastric ulcer, which old school methods, with strict dieting, had failed to relieve. He was passing blood in the stools, definitely shown by melæna, and was suffering from considerable pain in the stomach. Pending my visiting him, and to relieve the immediate symptoms, I prescribed *Kali bichromicum* 3 ter die i. c., and gave directions for the food to be peptonized, but otherwise

made no alteration in the diet. I visited him a few days later, on December 24, 1915, and found the hæmorrhage had ceased since taking the *Kali bichromicum*. His long white beard and somewhat wasted body made him look more than 80, though his face was not sunken at all. He was lying half over on the left side groaning with pain and complaining bitterly, and described the pains as coming in spasms "gripping him like claws", with a good deal of flatulence passed downward. Occasionally the flatulence would burst upward from the stomach, as though from sudden patency of the previously tightly closed œsophageal opening. The area of pain extended all over the epigastrium, with ill-defined resistance and tenderness on palpation, but without any evidence of tumour formation. I prescribed *Ver. vir.* 3 for the immediate and subsequent relief of pain, and as a specific constitutional remedy, *Pæonia of.* 3, one powder daily, to be commenced the following day.

On December 27, 1915 (three days later) I received a report to the effect that his condition had improved, and that the pain was less severe.

On December 29 (two days later) he vomited some bile, but without any trace of blood, and the motions were no longer black. I made no change in the remedy except to reduce the frequency of the doses to one every other day, and successive reports recorded steady improvement, but as the tendency to bilious vomiting continued, I prescribed on January 6, 1916, *Bryonia* 3 every day.

Progressive improvement followed, without any change of remedy, though I lengthened the frequency of the doses, and *he had so far recovered that I was able to cease treatment on February 3, 1916, i. e., six weeks after I visited him on December 24, 1915. He was free then from pain, his digestion was good, and he was able to resume his work of teaching painting. Eight months later* I learnt that he was in wonderful trim, walking two to three miles easily, and eating solid food, including ham, chicken, scones, etc.

Considering his age, I think you will agree that six weeks represented a very rapid recovery, especially when prolonged treatment based on other principles had so signally failed previously. His health continued very good after this, and he continued his work, only occasionally requiring medicinal help for minor gastric disturbance, and he finally passed away peacefully from old age in 1919, *without any sign whatever of a return of gastric ulceration.*

The remedy mainly responsible for the cure of this case was *Pæonia officinalis*, and a few remarks on this drug will not come amiss. Prior to treating this case I had been investigating the action of this remedy on the gastric sphere when administered in arborivital doses of the Tr. This case served to convince me that it acted well in the repeated potentized form, though perhaps not so dramatically.

I will now give a case illustrating its action when given in unit arborivital doses.

A Mrs. J., a caretaker, aged 42, of medium dark complexion, spare habit, and cheerful disposition, came to me on March 7, 1905, with a history of "stomach trouble" seven years before, and occasional indigestion since, this having become more intense for the last three weeks. Burning and constricting pains had developed and vomiting had occurred on several occasions the previous week. Recently also she had brought up bright blood, often as much as a teacupful at a time. Motions very dark, at times black. She had been subject to diarrhœa in the past, and for the last three to four days she had had as many as five or six actions in the day. The pains had latterly tended to "jump through her laterally from right to left", and considerable flatulent distension had existed for sometime. Hot flushes and faintness accompanied the pains, and she had actually fainted on occasions. Last week her hands had turned black and cold, and she was dyspnœic on ascending the stairs. Tongue white coated with clammy taste. Examination elicited marked tenderness over the epigastrium, especially to the left of the median line, but the stomach was not dilated, and there was no evidence of tumour formation. I restricted her to liquid diet and gave *Pæonia of.* Tr. A.

March 14, 1905 (a week later), *better in every way. Retching had stopped, diarrhœa not nearly so marked*, though not quite stopped. Melæna had been present on three occasions, but not for the past three days. *Has retained her food much better* (e. g.,

two new laid eggs yesterday); before this, retching had invariably followed the taking of food. The anorexia continued till yesterday, when a distinct inclination for food returned. She had only vomited blood two or three times, and then very little, and only what she described as "the colour of it". Has felt very faint at times, and actually fainted the day after she saw me. *The former pain has now diminished to a mere discomfort in the pit of the stomach, and the flatulence is less.* There was obviously no need for more remedies, so I contented myself with directing her to come in a week's time, on March 21. She then declared herself stronger, and especially better the previous two days, though she had had some bad indigestion towards evening, with pain in front of the chest and epigastrium at times "like so many knives", at others of a dull character. She had vomited twice, *but without blood and the motions had been lighter in colour,* though still loose. The tendency is for the bowels to act after taking food. *There is now no pain after food,* which she still takes in liquid form. There had been no fainting that week. *Pæonia of.* Tr. A.

March 28 (a week later), an interesting reaction followed this dose; she said she had been bad all the week. The night she took the dose she felt very hot, then very cold, then very hot again, everything became soaked with perspiration, and she added forcefulness to the picture by saying that "steam came out of her fingers", at the time asserting that she had never experienced anything like it before. She had vomited, but without blood, twice, and not for the last five days. Bowels now acted daily, *the motions being formed and normal in colour and never black.* For three days after the dose there had been more stomach pains, but these had now quite gone. At first after the dose the urine was very thick and dark, but it is now quite clear and light in colour. *Following the dose she also felt giddy with an inclination to fall forward,* till two days ago, but not now, and there is now no discomfort at all after food. When I repeated the dose on April 4 (a fortnight after the last one), it is an interesting fact that *for the three ensuing days she noticed that the motions were very black,* "as black as they had ever been", but since then they had been normal, and there had been no other evidence of hæmorrhage, and no recurrence of vomiting.

I need not weary you with further details, except to note that I varied the next dose, given a fortnight later, by giving *Pæonia tenuifolia* Tr. A. and that the report following this was *that the periods had returned after an absence of three years.* This was especially interesting in view of the pæonies belonging to the "ranunculaceæ", the same order as the pulsatilla, and the strong resemblance which I noted between the leaves of this particular pæony and those of the pulsatilla, and which had led me to wonder whether there might not be a similarity of remedial action between them. This resemblance will be seen in the lantern slides.

After this she never looked back, *she never had any return of the trouble, and she is in excellent health today, no less than twenty-three years after the above illness.*

I had intended to introduce here a most important case illustrating the action of *Orn. um. pæonia,* and *Anacardium,* which I observed from 1908 to 1921, but reluctantly abandoned this owing to lack of time, and contented myself with giving you another which even more forcibly brings into contrast the treatment of the two schools.

On October 18, 1927, Mrs. H., aged 32, whose circumstances necessitated her doing a good deal of household work, came to me in great distress, owing to the number of ineffective operations she had had on the stomach and duodenum for recurrent ulcers, and the necessity for yet another one, without which she was informed her life would be in danger. Digestive trouble had commenced five years before with general debility and lassitude, and the diagnosis of peptic ulcer was made with the help of the x-rays. Gastro-enterostomy was performed and a suspicious appendix removed at the same time, the other organs being found to be healthy. Though she made a fairly quick recovery, she said she obtained little ultimate benefit, and as she felt very ill, a year later a second x-ray examination was carried out by another surgeon, who arrived at the conclusion that the first operation had been faulty in making the "stoma" in a position which allowed of too quick emptying of the stomach. This same surgeon then operated, and was said to have found "grave adhesions and ulcerations" which he respectively freed and removed. The patient, however, felt no better after this operation than after the first, so

a gastro-enterectomy was performed, at which an ulcerated portion of the intestine, the length of a finger, was removed, but alas! with no better results so far as the patient's general health was concerned, as she felt no better in any way.

It is not to be wondered at that she had an acute dread of the now proposed fourth operation, and that she took a very despairing view of her future. Her symptoms were those of flatulent dyspepsia, with violent attacks of burning pain, suggestive of the presence of "boiling lead" in the stomach, and which lukewarm tea had a peculiar power of <. A gnawing pain was experienced in the back, < on waking, going off on dressing, but returning later in the day, with extreme lassitude, rendering it impossible for her to carry on any household duties, and at times a ravenous appetite, which it was difficult to appease. The bowels acted daily, cascara being taken only once a month or so, and the motions were formed, except when milk was taken. This had the extraordinary effect of causing a bright-red diarrhœa. One can realize from this what a great difficulty she had with her diet, which had to consist of light solids. I would like it to be specially noted that in the subsequent treatment *I made no change in this dict, and at no time put her on to liquid nourishment.* You will see by the lantern slide the appearance of the abdomen, and the scars of the operations. I found general tenderness over the pyloric end of the stomach, rising to acute tenderness about two inches below the ensiform cartilage, near the upper extremity of the main operation scar. The stomach was not unduly dilated, and there was no evidence of proptosis. It was surprising that in spite of the disorganization of the gastric apparatus, the system was able to assimilate at any rate some of the food passed on, as shown by there being no marked emaciation.

I prescribed *Ac. phen.* 30 in doses given every third day, and saw her a fortnight later, on November 1, 1927, when I found that an interesting development had taken place; all the "boiling lead" had left the stomach, burning at the outlets of the bowel and bladder having replaced that felt in the stomach, it being obvious that the system had been ridding itself of acid in this way. The bowels had now become more constipated, only acting every third day without a laxative, and she had again felt a peculiar sensation of "wriggling under the right shoulder blade" which she had experienced prior to the second operation. However, the main fact was that *she had had no attacks of any kind since our last interview*, which, considering that they had been of almost daily recurrence before, was sufficiently significant. The same remedy was continued, and a fortnight later, on November 15, she expressed herself as *very much better.* Occasionally flatulence is present, but some days she is quite free from this. She has felt "splendid" the last two days. Backache is less, though it became severe after breakfast on the 9th inst., with an attack as though the stomach was "torn open and protruding from a wound". There was now, however, no burning in the stomach, and *she had actually been able to wash some clothes;* an unthinkable thing before. The wriggling under the right shoulder blade is only felt occasionally now, and she has more energy, and is less irritated by her children. She said also that if, before she came to me, she had had an attack like that on the 9th, it would have lasted ten to fourteen days, whereas she got over this one in two days.

There is no time for further detailed description of this case, except to say that the constipation, which seemed to be an initial aggravation of the remedy, soon passed off, and that the remedy was continued with progressive improvement. Later on, some retroversion and dysmenia was rectified by *Sepia,* which also helped the general neurasthenic symptoms. When I saw her in July, 1928, her condition was as follows: *Except for an occasional slight sore feeling across the epigastrium, all gastric symptoms had vanished. It was difficult to feel any tenderness over the pyloric area now, even with deep pressure. She could do a whole day's work at home without fatigue, and had lost all the constant weary feeling she had before.* A peculiar, though significant, sign of improvement was that though formerly she could not walk in slippers, i. e., in low heels, without pains in the back necessitating her sitting down, this now no longer affected the muscles of her back, and her hair which had become grey during her illness was now regaining its natural colour at the roots. Finally, she declared that *"she did not remember ever feeling so well in her whole life as she did now"* (these were her actual words taken down at the time).

Surely, gentlemen, this one case alone, without any others, is sufficient evidence of the incomparable superiority of homœopathic treatment in these cases. The patient, though previously suffering from constantly recurring pyloric, duodenal and jejunal ulceration, associated with severe derangement of the vital powers, was *during the whole treatment enabled to continue with her household duties, and to take solid food, unpeptonized or otherwise specially treated, without operations, stomach washings, repeated bismuth x-ray photographs, gastric or duodenal feeding tubes, prolonged rest in bed with massage, and all the hundred and one irksome measures, without many, or most, of which it is generally thought impossible to effect a cure, or even relief.* Added to this, think of the enormous collective saving of time to the community, on these cases alone, which would be effected by a universal adoption by the whole profession of Hahnemann's philosophy.

DUODENAL ULCERATION.

The above brief notes must suffice for ulceration of the stomach, and I will now turn to what I consider the far more important condition of duodenal ulceration.

My special interest in this subject dates from an autopsy I made on a soldier in the army who died suddenly from a perforating duodenal ulcer, without, I was informed, any premonitory symptoms. I am fairly convinced now that he *had* such symptoms, but that they were so slight that he attributed them to ordinary indigestion, and being loath to appear before a medical officer predisposed to regard every man subjectively indisposed as a malingerer, he had carried on with his work, quite likely aggravating the trouble by wearing his belt too tight when marching and at drill.

I do not believe that ulceration, or even pre-ulcerative inflammation can occur in this part of the intestines without the presence of symptoms constituting a danger signal, but they are often so slight that they may be disregarded by an individual working at high pressure and with his mind occupied by matters of weight and importance. And it is just this type that is so prone to the disease.

Although we physicians have an important sphere in curing disease when it has become manifest in a severe form, I consider we have a far greater and more important field in preventing disease from reaching this stage, by so countering the earliest premonitory symptoms of deranged health that the graver and more lethal forms of nameable disease have no possibility of developing. In this, again, homœopathy far transcends the older methods, which are inclined to overlook these slight derangements, regarded by us as all-important, till something big has appeared on the scene which may be dignified by a diagnosis of one of the many named diseases.

The earliest stage of the disease with which we are now dealing is one of congestion and simple inflammation in the neighbourhood of the outlet of the stomach, which for convenience I would call *"pyloro-duodenitis"*, as more closely indicating the area usually involved than "duodenitis".

I have for very many years been greatly impressed by the close association between this condition and neurasthenia, though I am unaware of anyone else calling attention to this. It is not so very surprising, considering the nerves supplying this area are derived from the neighbouring solar plexus of the sympathetic, that conditions of shock and nerve strain should manifest themselves by derangement of this region.

We are familiar with the extraordinary, and at first sight inexplicable, association of ulceration in this region with burns involving extensive areas of the skin, but if one regards as a reasonable explanation of this *"nervous shock reflected to this area resulting in trophic derangement and ulceration"*, it will not be a matter of much surprise if other forms of nerve derangement, though more slow in action, have a similar resulting influence.

I have found pyloro-duodenitis far more closely associated with neurasthenia than is gastritis, and it is interesting to note in this connection that it is just this area which is the seat of election in the gastro-enteritic sphere for ulceration following burns. The actual area involved is that lying between the pylorus and Vater's ampulla; which, as you know, is the depression in the inner posterior wall of the descending portion of the duodenum into which the ductus communis choledochus and pancreatic duct enter. For-

tunately for everyone concerned, and especially for us as homœopaths, the symptoms of inflammation attacking this area are remarkably definite and clear-cut, and constitute a danger signal which should always be watched for and immediately acted upon when present. The all-important and most vital of these symptoms is < before food and > after food. I think the cause of this symptom is dependent on the patency of the pyloric opening, which tightly closes when food is introduced into the stomach, thus preventing irritating excretions from trickling on to the inflamed area, but the symptom is all-important to us, apart from its cause, by reason of its indicative value. I have found this symptom so uniformly present in all cases I have dealt with, that I am convinced that it is impossible for this condition to exist without this symptom, though it may be less marked in some cases than others, and consequently in an early stage may easily be overlooked by the patient himself. It is impossible to doubt that the soldier whose case I have mentioned had this symptom some time before actual ulceration took place, and that all trouble could have been averted and his life saved, if he had then had a few doses of the indicated homœopathic remedy, even with little or no alteration in his diet. I make this latter statement as to diet from having myself so often trusted to the indicated remedy, unassisted by altered diet, in order to prove conclusively, to my own satisfaction, that it was the remedy alone and not the adjuvant dietetic and other measures which was responsible for the cure.

When one realizes that we have at our command remedies of such potency, is it to be wondered at that their combination with dietetic and other measures results in such rapidly curative results? Taking this symptom of "> by food" as our keynote, two remedies stand out as supreme in both provings and results; I refer to *Anacardium* and *Ignatia*. It is interesting that these two are so notably nerve remedies, and one could dilate at some length on the neurasthenic and neurotic symptoms to which they specially relate, but it will suffice here if I give some cases in which one or both of them have established such close affinity for the conditions under discussion that they may well be termed "specific".

On November 2, 1922, a retired officer, aged 38, who had suffered from mild fever and dysentery in the east during the war, followed by a nervous breakdown, necessitating six months' rest in 1918, came to me complaining that for a year or more he had been much troubled by a sore, tender condition of the stomach which had baffled his family doctor. It affected the region below the ensiform cartilage, was < when the stomach was empty, especially the first thing in the morning, but was > after food. There was no acidity, nausea or vomiting, and the bowels were regular, but the tongue was coated every morning, and he had noticed mucus passing from the bowel for some time. I found marked tenderness in the region complained of, over an area of about half-a-crown, and some tendency to puffiness, but no tenderness over the cæcum. I made no alteration in his diet, which was reasonably light, and prescribed *Anac.* 3 in daily powders, medicated in thirds.

When I saw him a fortnight later, on November 17, 1922, he was able to report that the discomfort and soreness were much less; they no longer awoke him at 5 a. m. as formerly. The motions, previously semi-solid, were becoming formed, and he had seen no mucus from the bowel. He was still better a fortnight later, with a continuance of the same remedy, the former flatulence was becoming much less, and he stated that *"he had had less discomfort in the stomach than for the past year"*. The tenderness had greatly decreased, and the bowel mucus had not returned. It was not long after this that he was able to report complete freedom from his trouble, and I could find practically no trace of the former tenderness over the duodenal area. I saw him occasionally for some time after this, and verified the fact that the bowel mucus never returned, so that the slight associated colon irritability cleared up with the other symptoms.

This case serves to illustrate the type I am referring to, it being one of "early inflammation affecting the pyloro-duodenal area following on nerve strain and neurasthenia". It exemplifies the "danger signals" which I have referred to, and which, if neglected, tend to lead to ulceration, with possible disastrous results to the individual. No advantage would be gained by my multiplying cases of this sort, as they so closely resemble one another, so I will now pass on to one in which the disease had reached a more advanced stage.

On July 7, 1924, a lady of fair complexion, aged 30, was

sent to me with stomach symptoms which I was told had caused much controversy and diversity of opinion amongst the several stomach specialists and gastro-enterologists she had seen, and which had resisted collective and individual treatment based on methods as ordinarily practised. It was significant that there was a past history of a very great mental shock in 1918, which she said had subsequently affected her nervous system for a considerable time. Pain had existed in the stomach region for two years, extending across the epigastrium to both hypochondria and resembling "toothache" wtih a squeezing sensation; it would come and go without any apparent reason, though she had noticed that it was specially marked one and a half to two hours after food, and would last any time from ten minutes to three hours. This condition of things would often exist for three weeks, working up to a climax, and then, presumably from stringent dieting, would give her a rest for a week or more from the acute pain, though persistent discomfort would nevertheless continue. The ingestion of food relieved, but only temporarily, and accumulated flatus often caused pain, which eructation relieved. Though no bad taste was complained of, the tongue was always dirty, and had a thick white coat in the morning. Acidity was seldom experienced, and the bowels acted daily, a laxative being seldom required. She said she had consulted everyone she could think of, and her own doctor had finally, emphatically, and euphemistically, declared himself as "completely stumped". I found her to be moderately well nourished, in spite of the stomach disability, her disposition being sensitive and highly strung, with great nervousness in motors; yet she was eminently sensible, and not given to hysteria or hypochondriasis. Neurasthenic symptoms were evident in the complete inability to lead a social life consequent on undue fatigue on the slightest exertion, the heart's action was too readily accelerated, and she was incapacitated from facing the petty irritations inseparable from modern domestic life.

Needless to say, she had had plenty of "x-ray, barium-meal, photography", the conclusion arrived at from this being that ulceration of the stomach was present, owing to "kinking" near the middle of the organ, and it was finally decided that the only hope of obtaining relief lay in operation.

In No. 1 lantern slide, taken in the recumbent position, you

will see the stomach "kinking" above referred to, and in Slide 2, taken in the erect position, the proptosis of this organ. Slide 3 shows food still remaining in the upper part of the stomach six hours later, the lower part having emptied rapidly, while the remainder of the meal lies in the terminal coils of the ileum, cæcum, and ascending colon. Slides 4 and 5, at twenty-four hours, when some of the food had reached the rectum, were taken respectively in the upright and recumbent positions, and show proptosis of the colon and the delay in the passage of food through this part of the bowel, the latter being possibly partly a result of the former, while slide 6, at forty-eight hours, emphasizes the colon stagnation.

The diagram now thrown on the screen is a *fractional test report* of a three-hour digestive cycle, undertaken to ascertain the acidity following a starch meal. Briefly, the shaded area represents the limit of free HCl in 80 per cent. of healthy males, the black line shows this patient's free HCl and the dotted line her total acidity. There are three vertical lines to each hour, and the second of these indicates where the meal commenced. The high degree of acidity shown prior to this is of little account as representing the fasting fluid, which varies greatly in normal individuals. It was concluded from this test that as in 67 per cent. of pyloric ulcers the curves appeared above the shaded area, it gave "indirect evidence against the presence of ulcer, though not ruling it out".

I personally was quite satisfied from the symptoms that, kink or no kink, there was no gastric ulcer, and it mattered not one tittle or jot whether actual ulceration of the duodenum was, or was not, present, it being abundantly clear that the case was one of pyloro-duodenitis on the point of, if not actually, ulcerating, with concomitant pyloro-spasm to explain the pain. I prescribed *Anacardium* 3 ter die, half hour a. c., and allowed her to take light solid food.

On July 14, 1924 (a week later), she said *the stomach pains were better* though still there, and the tongue continued thickly coated in the morning.

July 21 (a week later), a good deal of flatus was being generated still, but *she felt very well on the whole* and had had *no*

stomach pain that week. Nux 3 was now interposed in intermittent doses, with little benefit, and it was changed again for *Anac.* 30, also in intermittent doses.

On September 12 (a fortnight later), she said she had improved very much, and that her sleep was much better, with much less tendency to wake with flatulence. *She had had no pain and but slight discomfort in the stomach.* It was now two months since the commencement of the treatment, *and during the whole of this time she had not had a single one of her acute attacks of pain.* It can hardly be expected that a case of such severity as this would have an absolutely uninterrupted recovery, especially when, owing to improved strength, the patient began undertaking more and more, and venturing to try foods she would not have dared to take before.

One set-back occurred early in 1926, when I was called to see her owing to a severe attack brought on by over-fatigue and worry. It was a recurrence of the characteristic pain, still obviously < when the stomach was empty, and it is a noticeable fact that it yielded at once to *Ignatia* in the third potency, when other remedies proved ineffective. This remedy was of decided service subsequently, especially under conditions of great strain and shock. She had slight upsets from time to time, and occasional attacks of colds and influenza, but nevertheless she steadily progressed beyond the wildest hopes of herself and family, finally reaching the pinnacle of good health she now enjoys. *She can now eat anything her friends put before her, she spends much time with her children, joining in their games, and organizing her household, which is a very large one involving much strain owing to the necessity for entertaining a large circle of acquaintances on her husband's behalf. She accompanies him frequently to late meetings and entertainments, sometimes not returning until three and four in the morning. She can easily play two rounds of golf without fatigue, and her nerves have improved to such an extent that she can now actually drive her own car through London traffic.*

I ask you, gentlemen, is it possible for anyone, with the testimony of a case like this before him, to be so inconceivably obtuse as to still maintain there is no truth in homœopathy?

LONDON, ENGLAND.

THE INTERCURRENT REMEDY.*

F. E. GLADWIN, M.D.

If anyone should ask me by chance, "What is an intercurrent remedy?" I should quote the old southern colored mammy and say it's a "hant". A "hant" that appears in the most unexpected places and shouts at you—"When the indicated remedy doesn't act" in more tones and with more inflections than the world dreams possible! This "hant" is a demon—a ghost that will not down.

When in college, I learned that the intercurrent remedy was a remedy that should be given to prepare the way for the second inimical when the first inimical had been given and the second was indicated. It was also a remedy that was given when the indicated remedy didn't act. Let us see if this definition is correct. When a remedy is given after its inimical, instead of taking up and completing the work of its predecessor, it mixes up the case. The action of the first remedy seems to send the action of its inimical astray, therefore, the action of the first must be nullified before the second is given. The remedy which nullifies the action of another is its antidote. In the case where the antidote comes between inimicals, it must be a remedy that the second inimical will follow. Take the common illustration of this situation wherein our old friend *Hepar* is the peace-maker between *Merc.* and *Sil.* Why is *Hepar* the peace-maker? Simply because *Hep.* antidotes *Merc.* and *Sil.* follows *Hepar* without trouble. Think a bit and see if this isn't always true. If then the peace-maker is an antidote why call it an intercurrent? This disposes of the first half of the definition but the second half still confronts us.

"When the indicated remedy doesn't act!" I feel like grinding my teeth every time I hear that phrase now but there was a time when I had full faith in it and when my "indicated remedy" didn't act I gave the "intercurrent" and expected the miracle but the "intercurrent" didn't act either. When this had happened not once but many times, I called a halt and began to think about it. Memory came as first aid to help in the solution of the problem. A professor in the medical school which I attended, I don't remember his name and I don't remember what he taught me excepting

*Read before the I. H. A., Bureau of Philosophy, June, 1928.

one day he remarked in an aside, "Don't leave your intercurrent too soon. It may be the curative remedy." Here was a ray of light—the intercurrent might be the curative remedy. Could it be possible that the indicated remedy was not the indicated remedy? I took a case to Dr. Kent for help and in discussing the case he used the phrase, "When the indicated remedy doesn't act." It was at the time when I was puzzling over the subject so I questioned, "When the indicated remedy doesn't act, Dr. Kent?" He paused in thought a moment and then said: "When the seemingly indicated remedy doesn't act. We older men have fallen into the habit of leaving the word 'seemingly' out of that phrase but it is always meant to be there." Then I saw what the "older men" had known all the time—that the so-called "indicated remedy" was not the indicated remedy at all but the so-called "intercurrent remedy" was the "indicated remedy". The antidote and the indicated remedy had been masquerading under the name of "intercurrent remedy" therefore, the last half of the definition of "intercurrent remedy" is gone. We are back now where we started.

Poor old "Intercurrent"! Much as we have loved him, he is in truth nothing but a "ghost", a "hant" and we are not even able to bury him; for in spite of the fact that we may prove that he does not exist, he is always hovering around somewhere. He'll come peeping in here pretty soon and he'll wave his red flag and cry: "When the indicated remedy doesn't act."

Samuel Hahnemann gave us our slogan, *"Similia similibus curentur"* making it just as emphatic as he could. Where would homœopathy be today if he had said *"similia similibus curentur* excepting when similia doesn't act"? The "indicated remedy" is the similia and it does act. In curable cases it acts curatively and in incurable cases it brings peace and produces euthanasia. When a remedy doesn't act we have no right to call it or even to suggest that it is the "indicated remedy". When we do so we open wide the door for Doubt when he wishes to attack the truth of *similia similibus curentur*. Let us then forget the word intercurrent for there is no such remedy. Let us describe the situation in a way that will leave no room for doubt in the minds of the uninitiated.

PHILADELPHIA.

POINTERS.

Looking back at more than a quarter of a century of homœopathic practice, most of it executed without unpleasant effort, we'll confess, we can see our estimation of this vito-physical and spiritual truth from the first trickling of a small but potent beginning to the present conception of something larger than we would dare attempt to tell, at least just now. We can now see that even before the actual knowledge of any homœopathic medicine came, the foundation had been laid in a youthful but first-hand conception of things fully as important as any visions that were to be opened later.

In the beginning came the perception that schools, studies and confinements were unnatural, apparently almost inhuman inventions; brooks, birds, flowers, meadows, pastures, heights and the lovely mundane panorama of activity refreshing, entrancing. In the processes of these affairs by day and night and the necessities engendered therein were developed observation, deduction, and the more expansive induction, also a constitutional saturation or ingrowing spiritual influence not to be diluted or displaced.

As mind awakened it was seen that law and certain indivisible principles such as order, balance and others were the determinants and denominators of existence and life; then renewed respect for the natural with its inevitable concomitant of scepticism of human motives and artifices, a self-responsible estimation of things, grew with each period of age. But there was to be a fall.

Three prominent features are recalled from the first two years of materialistic practice, the horrible fatalities in pneumonia and typhoid fever, vigorous young people going swiftly to their death in a few days; the inability to accomplish anything with the chronics who came to try the new doctor; and the constant thought of trying to simplify medicine so as to make it more direct and effective. The therapeutic nihilist of today, if any remains, may content himself with a choice of many avenues of constructive efforts for health but seen in relation to an enlightened instinct to cure, the former times were certainly times of professional and spiritual desolation.

Finally, in response to a perverse or liberal tendency of mind,

an investigation of "homœopathy" was made by way of that curious book *The Medical Genius*, by Dr. Stacy Jones. A native fascination for the exotic was catered to by trying out new medicines and this interest was sharpened by the mysticism of little doses though sandwiched between cabbage leaves, mutton tallow, steamed nails and what-not.

Finally an incapacitated chronic case and a realization of utter inability to accomplish anything suggested a homœopathic consultation. This resulted in the astonishing phenomena of a swift and marvelous precision in determining a medicine and an equally astonishing and effective recovery. What a revelation in just this! A white, emaciated young woman worn by lack of sleep and nervous irritation had been invalided many months and for several weeks had been lying partly on the side with the left thigh partly flexed, becoming each week more sensitive and helpless in body and will. With his usual preciseness Dr. Case walked up and placed his finger lightly over the left ovary with the result that students of *Lachesis* know. A brief story, a few pertinent questions, a powder on the tongue and plenty of s.l. for the writer's benefit as well as the patient's—a never-failing determination to learn the marvelous method—so we are still at it.

As we became more proficient with individual selection and abbreviated dosage and realized the clean method of the masters we sold *The Medical Genius* with disgust to a second-hand store along with some other medical cast-outs. But looking backward we have acquired a more thoughtful affection for that book, for was it not full of pointers, valuable when one knows how to make circumspect use of them? And it was the stepping-stone to directness of medical thought, the use of principles and that self-sustaining spiritual and mental integrity in the art of healing which homœopathic knowledge bestows.

Therefore, hear ye, one and all! We will give a price for a copy of that book. We will not mind the hellgramite poultice, the mustard tampon or the arthritic firecrackers, etc. Just let us see the pages of that book once more!—R. E. S. HAYES.

In cases of failing right heart where the patients are warm study *Ammonium carbonicum*.—G. BOERICKE.

Veronica follows *Chelidonium* well.—G. E. DIENST.

As a diphtheria prophylactic think of *Carbolicum acidum*, 30x night and morning for three days or tincture, one drop in one-half glass of water and take one teaspoonful night and morning for three days.—G. E. DIENST.

In obstinate cases of sterility study *Natrum carb*.—E. WRIGHT.

Among the antidotes of mercury, especially where the mercurialization has taken an excitable form, consider *Nitricum acidum*.—C. M. BOGER.

After serums *Anthracinum, Psorinum* or *Sulphur* are often indicated.—C. M. BOGER.

In hardening of the coronary arteries as well as in general decompensation where pathology overshadows symptoms, try *Crætagus*, one drop of tincture night and morning.—C. M. BOGER.

In my experience *Phosphorus* is more often indicated for the after effects of serums than any other remedy.—R. HAYES.

Don't put your remedy bottles where they are exposed to sunlight. Ordinary heat does not affect them as the sun's rays do. Try to get amber bottles for them.—C. M. BOGER.

If you give your patient insulin enough to replace the body deficiency, you discourage the vital force. Give the indicated remedy.—E. UNDERHILL, JR.

Think of *Arnica* for recurrent boils.—H. B. BLUNT.

Where the tenderness in a perforated wound is worse than the appearance would suggest, think of *Hyper.* rather than *Led.* J. H. CLARKE.

Fago. is useful in congestive headache as well as *Bell., Glon., Nux,* or *Sep.* It also has a yellow leucorrhœa < at rest.—E. ANSCHUTZ.

It is useful to remember that *Æth. ant.* is a combination of antimony, mercury, and sulphur.—A. STIEGELE.

Kerosene will take out calendula cerate stains.—E. WRIGHT.

Try practicing for a week sometimes without using your twenty pet remedies.—R. E. S. HAYES.

In organic diseases where there is much pathology, use the lower potencies.—C. M. BOGER.

It is suggested that sulphur is the active principle of insulin.—C. M. BOGER.

COMMUNICATIONS.*

SIMILLIMUM.

To the Editor of The Homœopathic Recorder:

In your issue for October, on page 643, Dr. Alfred Pulford asks where the authority is to be found for placing the second "l" in similimum? I think the information might be supplied by any good Latin grammar. I quote from Kennedy's: "Six adjectives with stems in ili- form the superlative by doubling the last consonant of the stem, and adding -imus:

facilis, easy.	similis, like.	humilis, lowly.	
difficilis, difficult.	dissimilis, unlike.	gracilis, slender.	
facili-	facilis	facilior	faci*ll*imus".
simili-	similis	similior	simi*ll*imus.)

(So also, simili- similis similior simi*ll*imus.)

Hence SIMI*LL*IMUM with two L's is the correct spelling.

Before seeing Dr. Pulford's query, I had already sent a letter on the same subject to the Editor of *The Homœopathic World*.—HENRY B. BLUNT, M.D., Wakefield, England.

CORDIAL INVITATION.

As the International Homœopathic Congress meets in Mexico City this year August 10-16, the Liga Homeopatica Mexicana, the Sociedad Medico-Homeopatica de Yucatan and the Editor of the *Revista Homeopatica Internacional,* heartily invite all the national and foreign homœopathic associations, physicians and journals, to assist at its sessions and submit to the Congress papers on matters especially concerning any branch of homœopathic scientific medicine.

Information cheerfully furnished.

Address:

Liga Homeopatica Mexicana
la. calle de Santa Lucia, 8 y 10. Mexico, D. F.
or
Sociedad Medico-Homeopatica de Yucatan and Revista
Homeopatica Internacional.
Calle 66 num. 521c.-Merida, Yucatan, Mexico.

RAFAEL ROMERO, M.D.

To the Editor of *The Homœopathic Recorder*:

The preparation of *Viscum album* to which the article in the Allgemeine Homoopatische Zeitung, CLXXVI (1928) No. 2, by Dr. Hugo Hartung of Berlin refers, is called *Viscysat,* and is manufactured by Johannes Buerger, Ysatfabrik, Wernigerode a. Harz, Germany.

Viscysat is prepared from the mistletoe which grows on oaks only. It differs from the mistletoe growing on other trees and is named *Viscum quercinum* and *Loranthus.*

Paracelsus praised the mistletoe as the most efficient remedy in epilepsy. Dose: 12-15 drops of *Viscysat* three times daily. *Viscysat* is also indicated in high blood-pressure, arteriosclerosis, interstitial nephritis, cardiac insufficiency and angina pectoris. It is very efficient in climacteric flushes. Dose: 10-12 drops of the tincture 3-4 times a day, to the third potency.

Other indications for the prescribing of *Viscum album* are rheumatism, gouty conditions, sciatica and uterine hæmorrhage with pain especially during menstruation. In sciatica the pain extends from the sacrum

*The Editors assume no responsibility for the opinions expressed in this department.

to the toes and is worse nights. The blood of the menstrual hæmorrhages is bright red, also clotted and there are pains from the sacrum into the pelvis and down the legs.

Retained placenta is expelled by 10 drops of *Viscysat* given repeatedly. It seems to stimulate uterine contractions after labor.

By its action upon the sympathetic nerve *Viscysat* relieves cramps and whooping cough in children. Dose: 7-8 drops of the tincture 4-8 times a day; for small children the 1st-3rd dil.

Asthmatics who fail to find relief from smoking asthma powders find amelioration by taking 7-10 drops *Viscysat* in frequent doses.

Constipation due to intestinal atony will yield to 10-12 drops of the tincture 3-4 times a day.—K. GREINER, M.D., Sparta, Mich.

CASE OF CHOREA*

DR. BOUDARD

CASE I: *Ign., Nat. mur.*

Miss G. A., 15 years old. Chorea of one month's duration.

Antecedents: One sister died of rheumatic heart disease at 12 years of age.

Paratyphoid at 7 years.

Menses at 12 years, grippe in January 1920.

History of the disease: Patient anæmic, had pains in arms and wrists, stretching in character with sore throat. She received salicylate of soda, had violent nightmares and would not sleep in the room alone. In October, following a reprimand, choreic symptoms appeared, aggravated by emotion.

In November, when I saw her, she was in incessant motion, crossing and uncrossing the legs which trembled and jerked, gesticulating, clenching her fists, scratching her nose, grimacing, walking jerkily and dropping things. She was blonde, timid, averse to company and to consolation. She cried out in sleep, saw snakes, and had a tendency to somnambulism. She desired salty food and could not digest eggs. At 11 a. m. and 4 p. m. she had pain in the heart with slight vertigo, intestinal and urinary functions normal. Periods late, scanty and dark with yellowish leucorrhœa in the intervals. Cold, violet hands and feet with tendency to chilblains. Normal heart and lungs.

Treatment: I prescribed *Ign.* 200, two doses at fortnight intervals, then *Ign.* 12 and *Nat. mur.* 12 on alternate days.

The mother reported three weeks later that for several days after the first dose the choreic movements were more pronounced, then improvement set in. On Dec. 2nd I gave *Ign.* 500 followed by *Ign.* 30 and *Nat. mur.* 30. Two weeks after this second prescription the chorea was entirely gone.

Three years later I gave this girl *Puls., Calc. phos.* and *Thyroidin* at intervals for her chronic state. She has had no return of chorea or rheumatism.

In deciding between *Ign.* and *Puls.* the emotional cause influenced me, as also the fact that *Ign.* belongs to the spasmodic group of remedies. MARSEILLE.

*Condensed and translated by Ed. from article on *"The Choreas"*, in *L'Homœopathie Francaise* viii, 493.

EDITORIAL.

INFLUENZA.

With the very widespread publicity of the approaching epidemic of influenza that has been heralded abroad throughout the United States by all the health officers, we feel a deal of resentment that sanitary engineers and epidemiologists should use such poor psychology. We know that it is done with the best of intentions; but fear is one of the most depressing factors and makes human beings susceptible to a great variety of diseases. The human mind should be kept as placid and normal in its outlook on life and the life-giving impulses as possible. When an epidemic actually does take place under such strain and apprehension the whole vital system is depressed and one is much more susceptible to disease and much more apt to contract the prevailing ailment than would otherwise be the case.

On the other hand, if the principle *Similia similibus curentur* were better understood, and its very great value in the healing art could be spread among the laity as industriously as this poison of fear, health and vigor would be the common lot and epidemics influenced by fear would become things of the past. If we could teach and spread abroad the fact that in the 1918 epidemic the homœopathic physicians had the record of over 16,000 cases treated by Hahnemannian homœopaths with a mortality of only one-quarter of one per cent, the fear of epidemics would be removed.

We earnestly hope that all true homœopaths will become teachers of facts to the people with whom they come in contact, and thus spread the healing law instead of the poison of fear.—H. A. R.

* * * *

MILLING IN THE POND.

The more one reads homœopathic journals the more one is surprised at the paucity of original material. A large number of the journals especially in certain countries are mainly devoted to reprinting the work of others. This has its value in spreading useful information, but in any science and indeed in any art the

human mind must be dynamic, ingenious, provocative. The greatest and simplest truths must not only be reiterated but constantly refashioned and illuminated from different angles and presented in striking and varied lights so as to evoke from other minds new channels of thought, new vistas for investigation. Many of the most devoted and industrious in our ranks are content to expound and to try to practise the principles of our great leader Hahnemann. This should be done and more fully. For, like Christianity, homœopathy has never been tried save by a few rare and brilliant souls. This vivifying of the original concept of homœopathy is, however, only half the story. The living seed must be nurtured on varying soils. The ingenuity of homœopathic minds must be turned to the development and correlation of homœopathic theory and to the statistical enrichment of its practice. Original research whether by individuals or in laboratories or by institutions must be fostered for the sake of vitality in our own ranks let alone respect in the eyes of the world at large. We have milled around in the pond until it is muddy. *The Homœopathic Recorder* hereby sends a clarion call to its readers to enrich homœopathy by original research. Give us statistical studies of your cures, well supported with scientific data. Give us cumulative records of the effect of our remedies on certified pathology. Give us deeper knowledge of the constituents and powers of our remedies, give us more complete hypotheses to guide us. Give us your most brilliant and concentrated thoughts and effort. Only so can homœopathy keep in training for the great fight against disease.—E. W.

* * * *

SIMILLIMUM.

The first prerogative and indeed duty of a true scientist is to change his mind when the facts require it; such has been our experience with the word *simillimum*. In the Communication Department appears a letter from one of our English confreres, quoting Latin grammar as authority for the double "l" in simillimum. We have checked this in Allen and Grenough's *Latin Grammar* (rev. ed., Boston: Ginn & Co., 1902) p. 55, and gladly acknowledge our error. Hereafter we shall mend our editorial ways and give the *simillimum* its due.—E. W.

The civil calendar marks off the milestones of each succeeding year. It is well that it should be so, for it gives us the opportunity as an organization to look back over the way we have come and gauge our progress from year to year.

On January 1, 1928 the International Hahnemannian Association, incorporated, went into the business of erecting new milestones, and throughout the year we have been preparing this milestone which we set up January 1, 1929. This marks the end of a year which has seen many changes in *The Homœopathic Recorder*, and judging from the correspondence coming in to the business office the journal has been greatly improved in its character and helpfulness in the homœopathic field.

The editors have worked faithfully and have done very constructive work. Our reviews, particularly, make the *Recorder* almost indispensable to the student of world homœopathy. The Bureau of Homœopathic Philosophy has been of very great help in demonstrating homœopathic principles. The Pointers department has given a wide scope of suggestions that will help each of us on the way to a better use of our art.

Since taking over *The Recorder* we have received and welcomed a steadily growing number of contributors. Many of them have expressed the desire to have their articles published where they would be the most far-reaching in their effect. Because of lack of space we have had to exercise the right of choice, selecting only those articles having the widest field of usefulness and suggestion.

In the matter of circulation we are reaching every state but two in the Union. When we took over the journal the list comprised subscribers in thirty-six different countries. The last week of the year saw the forty-sixth country, other than our own, added to the list. This shows the constant recognition of the value of *The Recorder* as an international medium which ranks high in the annals of homœopathic literature.—H. A. R.

CARRIWITCHETS.

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS.

1. If the *simillimum* is given on the perfect potency plane will the patient get an aggravation and if so, will it be less or more than if the remedy were given on too high or too low a plane?—E. WRIGHT.

2. Are positive and negative symptoms equally important? For example, which is more valuable, craving salt or aversion to salt or being made sick by salt?—E. LYLE.

3. If it is good for children to have exanthemata, in order to get rid of latent psora, ought we to give them homœopathic prophylactics or to cut short the disease by a homœopathic remedy? —J. COXETER.

4. If a patient's chronic remedy is one of the great cancer remedies such as *Kreos.*, or *Con.*, would you expect that patient, if untreated, to tend to develop cancer more than one whose chronic was, say, *Natrum muriatricum?* Would the constitutional remedy tend to ward off the cancer or would an aggravation cause the real appearance of a cancer?—E. WRIGHT.

5. Under what rubrics in the *Repertory* can you find "Pregnancy disagrees", "Crave sweets before menses", "Fear of snakes", "Excessive modesty"? In this latter instance will the remedies under "Shamelessness" be excluded or will the *simillimum* be among them according to the hypothesis of contradictory action? —H. HOOPER.

6. Where can I find a proving of *Coqueluchin?*—E. LYLE.

ANSWERS TO QUESTIONS IN DECEMBER ISSUE.

How do you account for certain drugs being used by allopaths and homœopaths on the same symptoms?

—The almost entirely empirical use of a drug finally rests upon its curative power, which in turn depends upon its homœopathicity. —C. M. BOGER.

—All that is necessary to have fully seventy-five per cent of

the rank and file of the medical profession prescribe any remedy is to give a list of common symptoms under the label. There should be no common ground for the two schools to meet on the prescribing.—C. A. DIXON.

—The homœopath gives the remedy according to the law of similars. The allopath, because some one has found out that the remedy is good for that group of symptoms.—F. E. GLADWIN.

Will someone suggest a substitute for the phrase "taking the case"?

—Whether we prefer case history to case taking is of small moment: One belongs to one school, the other to another. The mental delineation is the thing, by whatever name it may go. I cannot re-name it just now. Such new baptisms characterize every age and phase of medicine.—C. M. BOGER.

—The phrase "taking the case" seems to be nagging R. E. S. H. That is because he is a good homœopath. Anything that sounds like generalization nags a good homœopath. I have mercy but not a bit of genius, therefore I shall not suggest the phrases "recording the symptoms" or "examination of the patient", etc., in its place. They also would soon be nagging him for the same reason.—F. E. GLADWIN.

—How about "individualizing the case"?—E. WRIGHT.

If you gave a drug according to the law of contraries in high potency what effect would it have?

—It is not possible to give an exact opposite: Such a thing does not occur in nature, nor can the mind have a concept like yes or no in its objectivity. All things are relative.—C. M. BOGER.

—I don't give them that way, but have always heard that a high potency has to be at least similar or it is inert.—C. A. DIXON.

—A remedy given according to the law of contraries is about as far away from a patient as you can get. If any remedy can have no effect on the patient, that remedy should have none.—F. E. GLADWIN.

If a similar remedy in crude form works, why doesn't lime water act in marasmic babies whose symptoms call for Calc.?

—*Calc.* and lime water are not identical chemically, indeed far from it. There never was a greater delusion than that lime water has value as a tissue builder or an antacid. Modern chemistry has completely disproven this. A better understanding in philosophy and physics will make both of these questions look very elementary.—C. M. BOGER.

—Have always suspected that the crude did have a mildly beneficial result, else where did it get its reputation?—C. A. DIXON.

—We all have seen too many *Calc.* babies after the lime water diet to think that the crude lime water is too crude to work. It will work about as well as a sluggish, aged horse, the low potencies about as well as a pony, but the high and highest potencies are in the class of automobiles and aeroplanes. A marasmic baby is so sick that I'd give him at least an "automobile".—F. E. GLADWIN.

If you have given the simillimum *and during an aggravation wrongly give another remedy partially similar, will it spoil the action of the* simillimum? *And if so, dare you repeat the* simillimum?

—Every remedy given modifies the symptom picture, and must thus be met after this picture has had time to subside and show its real self.—C. M. BOGER.

—I have seen many cases utterly spoiled that way yet there seem to be times when your case will persist in getting well in spite of the doctor. Would be afraid to advise repeating the *simillimum* in the abstract, yet in the concrete case perhaps would.—C. A. DIXON.

—Who knows what a remedy wrongly given during an aggravation of a correct remedy will do? It may spoil the case and it may not. Wait and find out and when you find out, you will know what to do.—F. E. GLADWIN.

Can anyone suggest a remedy for menstrual umbilical pain relieved only by sitting on the toilet?

—This case is very badly taken. Consult the remedies in

Bœnninghausen's *Pocket Book* under umbilicus and then get your particulars more accurately. *Dioscorea* comes to mind.—C. M. BOGER.

—Think I would prescribe here on the generals and not bother about that particular.—C. A. DIXON.

For what remedy is "Farfa." the abbreviation?

—Presumably *"Farfa"* refers to *Tussilago.*—C. M. BOGER.

Can you give me a list of books on homœopathic remedies in children's diseases?

—Edwards' *Diseases of Children* and Guernsey's *Obstetrics.* But this kind of study is not for the best. Cure depends upon the symptoms, age, etc., is only incidental.—C. M. BOGER.

—Could not recommend any that I am familiar with. Advise sticking to the materia medicas.—C. A. DIXON.

—Raue's *Diseases of Children,* Hartman's *Diseases of Children,* Duncan's *Children Acid and Alkaline,* and Teste's *Diseases of Children* are very helpful.—E. WRIGHT.

BOOKS RECEIVED FOR REVIEW.

Books received for review during 1928 are as follows:

A. ZWEIG, *Nervous Diseases* (Regensburg: Sonntag, 1927) 328 pp. (In German).

P. CARTON, *The Laws of Sane Living* (Paris: Maloine, 1922) 207 pp., 10 francs. (In French).

H. W. ANDERSCHOU, *Cancer* (London: Daniel, 1924) 95 pp. 2/6 net.

E. E. SMITH, *Aluminum Compounds in Food* (New York: Hoeber, 1928), $7. 378 pp.

J. W. FYFE, *Specific Diagnosis and Specific Medication* (Cincinnati: Scudder, 1909) 784 pp.

R. L. THOMAS, *The Eclectic Practice of Medicine* (Cincinnati: Scudder, 1922) 1033 pp.

H. W. FELTER, *The Eclectic Materia Medica, Pharmacology and Therapeutics* (Cincinnati: Scudder, 1922) 743 pp.

BOOK REVIEWS.

Dr. Voorhoeve's *Homœopathy in Practice,* in an English translation, revised and edited by T. Miller Neatby, M. A., M. D., B. C., Cambridge, M. A., London, etc.; published by Homœopathic Publishing Company, 12a Warwick Lane, London, E. C. 4. Price 22/6.

This book is a translation from the Holland and German edition, of which fifty thousand copies have been sold, and is primarily written for, and adapted to the work of the laity; a book that gives lay-people some help in the intelligent understanding and use of homœopathy. In a very simple way the author has given a few of the cardinal principles of homœopathy, together with the history of its discovery and introduction into the several countries. There is put forth a table of comparative treatments and percentages of cures, which is more or less unsatisfactory because most of the percentages were taken before 1900; and while they undoubtedly would be the same or nearly the same today, they become rather unconvincing because of the passage of time.

The author gives some idea of the preparation of the remedies, using largely the directions of the method of preparing from the first to the sixth decimal potency, and looking with disparity upon the use of the higher potencies. Dr. Voorhoeve's suggestion of how to use and administer the remedies is not following out the teachings of Hahnemann, in that he repeats the remedy very often.

There is a short list of characteristic symptoms of about fifty remedies. The rest of the book is devoted to hygiene and dietetics as a layman should understand those subjects.

This book would be classed very largely as a domestic book on homœopathic practice.—H. A. ROBERTS.

A Manual of Homœopathic Therapeutics, by Edwin A. Neatby, M. D. and Thomas George Stonham, M. D. Published by John Bale Sons & Danielsson, of 83-91 Gt. Titchfield St., London, W. 1.

This is a very valuable manual wth a carefully thought out presentation of facts with therapeutic indications, designed especially for seekers after a knowledge of homœopathy. It is a most valuable book for medical missionaries or leaders among lay missionaries, and particularly for those licentiate laymen in such countries as India, where homœopathy is spreading so rapidly among the people. It was in this way that the demand for homœopathy spread over the whole of the United States through many of the clergy being equipped with a working knowledge of homœopathic therapeutics.

Very much homœopathic philosophy is worked into the introduction. Under the several remedies, of which there are many, is a description of the pathogenesis of each remedy, the therapeutic use, and the leading indications for the remedy.

The materia medica department covers a pretty general list and description of most of the remedies and is very tersely put.

In the appendix there is a glossary with current medical terms and list of drugs and abbreviations, a clinical index and a section which is quite valuable on aggravations and ameliorations.

Altogether it is a book that will find its place in the office of many a man of the dominant school of medicine, and with intelligent people in the outposts where physicians are few. This is a work of over one thousand pages, and much knowledge of value is embraced within its covers.—H. A. ROBERTS.

CURRENT HOMOEOPATHIC PERIODICALS.*

ALLGEMEINE HOMÖOPATHISCHE ZEITUNG

(In German)

(Leipzig, Germany: Oct. 1928), CLXXVI, 185-268.

Again the American Medical Schools
F. Donner, M. D., Basel 185
American Homœopathy
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A Study of *Kali Bichromicum* (after Boyd, Nast, and Rabe)
F. Donner, M. D., Basel 215
Critical Remarks on the Treatment of Diphtheria
—— Dermitzel, M. D., Stettin 225
More About Cancer
—— Dermitzel, M. D., Stettin 228
Query-Serum
—— Gaudlitz, M. D., Berthelsdorf 237
Exposition of the Relation Between Nature Cure and Homœopathy in France
H. Balzli, M. D. 240
Glimpses from the Fight Against Homœopathy
J. Aebly, M. D., Zurich 265

ANNAES DE MEDICINA HOMŒOPATHICA

(In Portuguese)

(Rio de Janeiro, Brazil: June 1928), XXX, 67-184.

The Advantage of Alternation
Prof. J. Dias da Cruz 76
Erysipelas, Editorial 84
Licinio Cardoso's Classification of the Sciences
L. L. Cardoso 86
Facial Neuralgia, Editorial 98
History of Medicine; Baglivi and His System of Medicine
A. G. 101
Arnica Montana, Antimonium Crudum
A. Gomes, M. D. 105
Infectious Diseases, Yellow Fever, Variola
Prof. U. Auletta 112
A. Gomes, M. D. 116

THE BRITISH HOMŒOPATHIC JOURNAL

(London: Oct. 1928), XVIII, 289-397.

British Homœopathic Congress Number
Standpoints in Medicine
F. B. Julian, M. B., Ch. B., Liverpool 289
The Ætiology, Diagnosis, Surgical Treatment and Its End Results of Gastric and Duodenal Ulcer
H. Reid, M. B., F. R. C. S. (Eng.) 300

Titles marked with an asterisk (*) are abstracted. Journals not otherwise specified are in English.

The Pathology and Histopathology of Gastric and Duodenal Ulcer
W. H. Evans, B. Sc., Ch. B. (Liv.) 311
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R. M. Le Hunte Cooper, M. D., B. S. (Durh.) 317
Notes on Exophthalmic Goitre
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*Repr. in *The Homœopathic Recorder*, Jan. 1929.

DE DOKTER IN HUIS

(In Dutch)

(Zwolle, Holland: Nov. 15, 1928), IX, 194-212.

The Influence of Rheumatism on the Public Health
J. C. Mom, M. D. 200
Sport, an Expression of the Requirements of the Day
H. Oosterhuis, M. D., Amsterdam 201
Education as a Weapon against Nervousness
H. A. VanDuijin, M. D. 202

HAHNEMANN

(In Bengali)

(Calcutta, India: Sept. 15, 1928), II, 225-280.

Treatment of Chronic Disease
N. M. Ghatak, M. D., Dhanbad 225
Apis Mellifica in Cholera
B. P. Biswas, M. D., Pabna 235
*Constipation and Its Treatment
S. Nundi, M. D., Calcutta 249
Forty-One Symptoms of *Cocculus*
S. S. Mittra, M. D., Calcutta 255

Constipation and Its Treatment: Dr. Nundi discusses *Azadiracta indica, Aloe, Mag. sulph., Podo., Rheum., Staph., Verat. alb.*, and four Hindu remedies new to us: *Abroma augusta* (for excessive constipation with black stool and concommitant urinary symptoms), *Eaglmar* (in a class with *Aloe, Bry., Lyc., Nux* and *Sulph.*), *Kalmagh* (for painful urging without stool, stool very hard and black), and *Rohatak* (for constipation with fever and enlarged liver and spleen). [These new substances can be obtained in Bengal pharmacies, and should be investigated as to their composition and as to whether they are merely Hindu names for remedies already in our pharmacapœia.—Ed.]

HAHNEMANN

(In Bengali)

(Calcutta, India: Oct. 15, 1928), II, 281-336.

Malaria
N. M. Ghatak, M. D., Dhanbad 281
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S. S. Mittra, M. D., Calcutta 291

Homœopathic Remedies for Different Stages of Labor
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(Calcutta, India: May 1928), I, 33-64.

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J. K. Mondal, M. D. 47
Culture of Homœopathy
A. M. Sur, M. D., Calcutta 49
A *Sepia* Case
F. R. Norton, M. D., Albion, N. Y. 52

THE HAHNEMANN REVIEW

(Calcutta, India: June 1928), I, 65-96.

Clinical Cases
A. M. Sur, M. D., Calcutta 69
Malaria Cured by *Natrum Mur.*, Pneumonia Cured by *Lycopodium*
J. K. Mondal, M. D. 70
Colocynth in Dysentery
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Menstruation from a New Viewpoint
I. G. Chatterjee, M. D. 73

THE HAHNEMANN REVIEW

(Calcutta, India: July 1928), I, 97-128.

Clinical Cases
A. M. Sur, M. D., Calcutta 102
Whooping Cough Cured by *Kali Carb.*: Rheumatism Cured by *Benzoic Acid*
J. K. Mondal, M. D. 103
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THE HAHNEMANNIAN MONTHLY

(Philadelphia: Nov. 1928), LVIII, 801-880.

Simulated Deafness in the Case of a Malingerer with Demonstration of Tests for Its Detection
G. W. MacKenzie, M. D., Philadelphia 801
Vincent's Angina
J. E. Tytler, M. D., New York City 811
Some Remarks on the Tonsils
H. Bierman, M. D., Bloomsburg, Va. 814

Periodic Physical Surveys
R. S. Leopold, M. D., Philadelphia 821
The Present Status of Focal Infection and Its Relation to Diseases of the Ear
W. G. Shemeley, Jr., M. D., Philadelphia 826
Sedimentation of the Red Cells in Clinical Medicine and Surgery
F. S. Morris, M. D., Pittsburgh 831
The Oculist *vs.* the Optometrist
J. W. Stitzel, M. D., Hollidaysburg, Pa. 837
On the Medical Aspect of Certain Tumors
S. W. Sappington, M. D., Philadelphia 846
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*International Homœopathic Review: Repertory of Female Genitalia
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Repertory of Female Genitalia:

UTERUS

BEARING DOWN (See PROLAPSE): Agar. musc., Apis, Arn., Aur. met., *Bell.*, Calc. carb., Calc. phos., Collin., Con., Ferr. iod., Kali ferrocy., Kreos., *Lil. tig.*, *Merc. sol.*, Nat. carb., *Nat. mur.*, *Nit. ac.*, *Nux vom.*, Pall., Podo., Puls. nig., Sabin., *Sep.*, Sil., *Stann.*, Sulph., Ust.

METRORRHAGIA (For color and characteristics of blood, see MENSES): *Acon. nap.*, Apis, Apoc. can., Ars. alb., Bell., Chin. off., Cinnm., Croc., Crot. hor., Erig., *Ham.*, Hyos., *Ipec.*, Mag. mur., Mill., Nit. ac., Nux vom., Op., Phos., Plat. met., Sabin., *Sec.*, Stram., Tril., *Ust.*

BLOODY DISCHARGE BETWEEN PERIODS: Ambr. gris., Bov., Iod., *Lyc.*, Nat. hypochl., *Sil.*, Ust.

BLOODY DISCHARGE AFTER COITUS: Arg. nit., Kreos.

SENSIBILITY TO PRESSURE OF THE UTERUS: Act. rac., Apis, Bell., Ferr. met.,

CERVIX: Arg. met., Arg. nit., Aur. met., Carb. an., Helon., Hydrast., Kreos., Merc. sol., Murx., Nat. carb., Nit. ac., Thuj., Ust.

INCREASE OF SEXUAL APPETITE: Canth., Croc., Hyos., Lach., Murx., Phos., Plat. met., Sabin., Stram.

DECREASE OF SEXUAL APPETITE: Bor., Caust., Ferr. met., Graph., Nat. mur.

TUMEFACTION (See INCREASE IN SIZE)

SENSATION OF COLDNESS IN THE VAGINA: Graph.

SENSATION AS IF OS OPENED AND SHUT: Nat. hypochl.

POLYPS OF THE UTERUS: Sang. can.

PROLAPSUS (See also BEARING DOWN): Æsc. hip., Ammon. mur., Arg. met., Helon., Hydrast., Kali carb.

BURNING PAINS: Carb. an., Carb. veg., Kreos.

PAIN AS IF A HAND SEIZED THE UTERUS: Cact. grand., Gels., Sep.

PAIN AS IF SOMETHING WAS BEING FORCED INTO THE UTERUS: Ferr. iod., Nat. hypochl.

PAIN AS IF A PIECE OF WOOD WERE PLACED TRANSVERSELY: Nux mosch.

ACUTE PAINS RADIATING UPWARD: Sep.

BRUISED PAINS: Helon., Murx., Puls. nig.

DRYNESS OF THE VAGINA: Lyc., Nat. mur.

INCREASE IN SIZE OF THE UTERUS (TUMEFACTION): Aur. met., Helon., Kali brom., Nat. hypochl., Plat. met., Sep., Viol. odor.

INDURATION OF THE UTERUS: Aur., Carb. an., Con., Lap. alb., Mag. mur.

SENSATION OF FULNESS OF THE UTERUS: Aloe soc., Gels., Helon.

OVARIES

SENSIBILITY TO TOUCH: Act. rac., *Staph.*

INCREASE IN SIZE: *Apis*, Aur met., Brom., Con., Iod., Lach., *Lyc.*, Pall., Plat. met.

PAINS: Act. rac., *Apis*, Arg. met., Ars. alb., Bry., Canth., Guai., *Lach.*, Lil. tig., Mosch., Pall., *Plat. met.*, Staph., Thuj., Ust., Zinc. met., Zinc. val.

PAINS RADIATING: Apis, Coloc., Lil. tig., Podo.

PULSATING PAINS: Bell., Cact. grand., Lach.

SENSATION OF NUMBNESS: Apis.

SENSATION OF INCREASE IN SIZE: Apis, Arg. met.

INDURATION: Brom., Con., Iod., Pall.

EXTERNAL GENITALIA

HYPERSENSIBILITY: Cocc., Coff., Plat. met., Staph., Zinc. met.

INFLAMMATION: Helon., Kreos., *Merc. sol.*, *Sulph.*

PRURITUS: Calad., Coff., Collin., Helon., Hydrast., Plat. met., Rhus tox., *Sulph.*, Urt. ur.

CONDYLOMATA: Lyc., *Sabin.*, Thuj.

VARICES: Carb. veg., *Lyc.*, Zinc. met.

TENDERNESS: Carb. veg., Helon., Merc. sol.

MENSES

SUPPRESSED: *Apis*, *Bry.*, Gels., Glon., Graph., *Kali carb.*, Nat. mur., *Puls. nig.*, Rubia, Sulph., Verat. vir.

DARK: Act. rac., Ammon. carb., Bov., Cact. grand., Carb. veg., *Cham.*, China, Cocc., Coff., Con., *Croc.*, Cycl., Ham., Helon., Ign., Kreos., *Mag. carb.*, Mag. mur., *Nux mosch.*, Nux vom., Plat. met., *Sec.*, Sulph., Ust.

STEADY FLOW: Carb. veg., Ham., Mill., Sec.

FLOWING IN A STREAM: *Cimm.*, Erig., *Ipec.*, Puls. nig.
HOT: *Bell.*, Sabin.
BRIGHT RED: *Bell.*, *Cimm.*, Erig., Ferr. met., Hyos., Led., *Mill.*, Sabin., Tril.
BRIGHT WITH DARK CLOTS: Ferr. met., Sabin., Sang. can.
CLOTTED: Act. rac., Ammon. carb., Bov., Cact. grand., *Cham.*, China, Coff., *Croc.*, Cycl., Kreos., Mag. mur., Nat. hypochl., *Nux mosch.*, *Plat. met.*, Sec., Stram., Zinc. met.
MORE ABUNDANT AT NIGHT: Ammon. carb., Ammon. mur., Bov., Mag. carb.
CORROSIVE: Ammon. carb., Kali carb., Kreos., *Sang. can.*, *Sulph.*
PAINFUL: Act. rac., Bor., Caul., *Cham.*, *Cocc.*, Coff., Collin., Coloc., *Cupr. met.*, Cycl., Diosc., Gels., Ham., Ign., Kali permang., Mag. mur., Mag. phos., *Nux mosch.*, Nux vom., *Plat. met.*, *Puls. nig.*, Sabin., *Verat. alb.*, Vib.
SMELLING STRONG: Stram.
FLOWING ONLY BY DAY: Caust.
BAD ODOR: Helon., Ign., Kreos., Sang. can., Sec., Sulph.
IRREGULAR: Nux mosch., Nux vom., Puls. nig., Senec., Sulph.
VISCID, SHREDDY: Croc.
FREQUENT, TOO EARLY: Act. rac., Aran., Bor., Bov., Cact. grand., *Calc. carb.*, Carb. an., Carb. veg., Caust., Cham., China, Cocc., *Ferr.*, Iod., Kali carb., Kreos., Led., Mosch., Nit. ac., Nux vom. Plat. met., *Sabin.*, Zinc. met.
PROTRACTED: Calc. carb., Carb. an., Carb. veg., Cocc., *Croc.*, *Ham.*, Kali carb., Kreos., Lyc., Mill., *Sec.*
SCANTY: Con., *Graph.*, Mang., Nat. mur., Phos., *Puls. nig.*, Sep.
LATE: Mang., Nat. mur., Puls. nig., Sep.
TOO PROFUSE: Act. rac., Agar. musc., Aran., Bor., *Calc. carb.*, Carb. veg., Caust., Cham., China, Cocc., Coff., *Croc.*, *Ferr.*, *Ham.*, Iod., Kali carb., Kreos., Led., Lyc., Mag. mur., Merc., *Mill.*, Mosch., Nit. ac., Nux mosch., Plat. met., *Sabin.*, Sanguisorba, *Sec.*, Stram., Visc., Zinc. met.
BREASTS SWOLLEN: Bry., Calc. carb., Con.
DIARRHŒA AT THE ONSET OF MENSES: Ammon. carb., Kreos.
ANGINA DURING AND BEFORE MENSES: Bar. carb., Mag. carb.
HERPES BEFORE MENSES: Dulc.
PALPITATIONS DURING THE MENSES: Bov.
CARDIAC WEAKNESS AFTER THE MENSES: Ammon. carb., Carb. an.
HEADACHE AFTER THE MENSES: Carb. an., Nat. mur.
PAINS OF VASCULAR SPASM DURING THE MENSES: Ambr. gris., Ferr. met.
CRAMPS DURING THE MENSES: *Cupr. met.*, *Plat. met.*
ULCERATIONS OF THE LIPS AND OF THE MOUTH DURING MENSES: Kreos.
URTICARIA DURING THE MENSES: Apis.
TOOTHACHE BEFORE AND DURING THE MENSES: Ars. alb., Bar. carb., Cham., Coff., Mag. carb.

LEUCORRHŒA

BLOODY: Iod., Kreos., Nit. ac.
FLUID: Ammon. carb., Ars. alb., Kali iod., LIL. TIG., NAT. MUR.
PURULENT: Æsc. hip., Calc. carb., Hydrast., Iod., Kali bich., Kali ferrocy., Merc., *Puls. nig.*, Sabin., *Sep.*
ALBUMINOUS: Bor.
IN LITTLE GIRLS: Bar. carb., *Calc. carb.*, Calc. phos., Carb. veg., Caul., *Merc.*
ABUNDANT: Alum., *Calc. carb.*, Caul., Graph., Kali ferrocy., Sil., *Stann.*
MILKY: Con., Ferr., Graph., Puls. nig.
SWEET: Ferr. met., Kali ferrocy., Puls. nig.

CORROSIVE: Æsc. hip., Alum., Ars. alb., Calc. carb., Carb. an., Carb. veg., Caul., *Con.*, Ferr. met., Fluor. ac., Graph., Iod., Kali bich., Kali carb., Kali iod., Kreos., *Lil. tig.*, Lyc., *Merc. sol.*, Nat. mur., Nit. ac., Puls. nig., Sep., Sil., *Sulph.*
DIRTY: Arg. met., Helon., Nit. ac., Sec.
AFTER THE STOOL: Mag. mur.
BAD ODOR: Arg. met., Carb. an., Carb. veg., Helon., Kreos., *Nit. ac.*, Sec., *Sep.*
VISCID: Hydrast., Kali bich.

PREGNANCY AND LABOR
(Compare UTERUS and BREASTS)

ABORTION (THREATENED): *Acon. nap.*, *Apis*, *Arn.*, Caul., Cham., Coff., Croc., Gels., Kali carb., Op., Puls. nig., Rhus tox., *Sabin.*, *Sec.*, Ust., Vib.
ABORTION HABITUAL: Apis, Ferr. met., Lyc., Plb., Sil., Thuj.
DYSPNŒA: Lob. infl.
VOMITING: Anac. orient., Cerium oxal., Cocc., Con., Dig. purp., Ferr., Kreos., *Lob. infl.*, Nux mosch., *Nux vom.*, Petr.
CRAMPS: Acon. nap., Act. rac., Arn., Caul., *Cham.*, Coff., Cupr. met., Nux vom., Plat. met., *Puls. nig.*
CRAMPS DURING DELIVERY: Act. rac., *Bell.*, Canth., Cham., Cic. vir.. Cupr. met., *Gels.*, Glon., Hyos., Sec., Stram., Verat. vir.
LOCHIA LASTS TOO LONG: Lil. tig., Rhus tox.
LOCHIA SMELLS BAD: Bell., Kreos., Lach., Rhus tox., Sec.
LOCHIA SUPPRESSED: Acon. nap., *Bry.*, Cham., Dulc., *Op.*, *Puls. nig.*
LACK OF MILK: Agn., Bry., Caust., Dulc., Ricinus, Urt. ur.
BAD MILK: Bor., Calc. phos., Lach., Merc. sol., Rheum, Sil.
AFTER PAINS (See CRAMPS)
UTERINE INERTIA: *Gels.*, *Kali carb.*, Nat. mur., Nux mosch., Op., *Puls. nig.*, Sec.

THE JOURNAL OF OPHTHALMOLOGY OTOLOGY AND LARYNGOLOGY

(New York City: Oct. 1928), XXXII, 313-348.

The Eye in Focal Infection
C. L. Rumsey, A. M., M. D., Baltimore 313
Deviated Septums and Their Correction in Young Children
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LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig, Germany: Nov. 1, 1928), LIX, 401-420.

The Liver, Its Action and Chief Diseases—I.
A. Scholta, M. D., Weinbohla 401
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E. Becker, M. D., Essen-Ruhr 403
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LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig, Germany: Nov. 15, 1928), LIX, 421-440.

Status of Homœopathy in Germany with Special Regard to the Years 1927 and 1928
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Mental Fatigue Conditions and Psychoses in the Light of the Action of Homœopathic Remedies: Gottschalk draws the distinction between mental diseases requiring institutional care and the multiform modern psychic disorders which can be efficiently handled, especially in their incipience, by homœopathic remedies. The main conditions whose homœopathic therapy he discusses are such borderline ones as: nervous prostration, anxiety, anger, manic boisterousness, slow comprehension, jealousy, fixed ideas, irritation, indifference, despair and despondency, mortification, melancholy, suspicion, alternating moods, hypochondriasis, and hysteria. As remedies for *prostration* he gives: *Arn., Ars. alb., Aven., Cham., Chin., Coff., Colch., Cypr., Ferr. phos., Passif., Phos. ac., Phos., Pic. ac., Puls.* Of the indications given we will quote only those relating to unusual remedies. Of *Avena sativa* he gives: convalescent weakness after grippe and protracted diseases; for *Cypripedium*: disturbed sleep of nervous children who play with toys in bed, with mounting hilarity suddenly followed by complete indifference; for *Passiflora*: prostration subsequent to increased indulgence in alcohol, morphine, nicotine, and opium. As remedies for anguish with precordial oppression he suggests: *Acon., Aur. met., Bell., Camph., Dig., Hell., Ign., Lach., Mosch., Phos. ac., Plat., Staph., Verat. alb.* For the effects of anger he suggests: *Caust., Cham., Coloc.,* and *Staph.* For the control of boisterousness he recommends: *Ambr.,*

Arg. nitr., Nux mosch., Par. quad., and *Stram. Paris,* he says, acts much like black tea giving loquacity and senseless laughter. For slowness of comprehension he gives: *Agar., Alum., Ars., Carb. veg., Lath., Lyc., Sel., Sep., Thuj. Lathyrus* is for inability to think due to arteriosclerosis of the brain arteries; *Selenium* for pressive one-sided headache with excitement if required to think. [This valuable article is to be continued.]

PACIFIC COAST JOURNAL OF HOMŒOPATHY

(Los Angeles: Nov. 1928), XXXIX, 325-351.

*Gelsemium
A. S. Mattson, M. D., Sacramento 326
Dermatology and Homœopathy
S. H. Pettler, M. D., Los Angeles 330
Treating the Prostatic Patient
H. V. Mellinger, B. Sc., M. D 339

Gelsemium: Dr. Mattson gives key symptoms obtained by prescribing the drug on definite indications. He regards these as verifications worth reporting.

Confusion; when attempting to move, the muscles refuse to obey quickly.
Desire to be alone.
Irritable, sensitive, lack of courage, depressed spirits.
Exciting news or anticipation of responsibility or even of some social function in which one takes a part induces loose stools. (This is an important symptom for the drug).
Vertigo, very prominently, often accompanied by confused mind, dull perceptions, chilliness, blurred sight, or even double sight, staggering, heaviness of head. Better after profuse micturition.
Banded sensation, around the head above the ears with sensitive, bruised sensation.
over head.
Sore bruised feeling of head, eyes feel bruised.
Heaviness of lids.
Muscular imbalance.
Troubles from astigmatism.
Smoky, blurred appearance before the eyes.
Ptosis.
Sore, tired, aching muscles with chilliness up the back.
Sluggish circulation, arterial as well as venous.
Diarrhœa or threatening of same after excitement, or on anticipation of trying ordeal.
Emission of copious clear urine relieving dullness and heaviness of head.
Sharp labor pains in uterus extending to back and hips.
During pregnancy dim sight, double vision, headache, drowsiness, muscles slow to act, convulsions.
Nervous chills in excitable women during labor.
Labor pains run up instead of down.
Albuminuria.
Paralysis following diphtheria.
Must move to keep the heart beating.
Pulse soft, weak, slow but full.

Pains in neck like those of cerebro-spinal meningitis.
Dull aching, lumbar and sacral region.
Muscles have bruised feeling.
Weakness and trembling worse in heat or sun and in summer.
Fever without thirst.
Tired.
Eruptions like measles with catarrhal symptoms, sneezing, teasing cough, fever and drowsiness.

A number of cases are cited. Diarrhœa from the prospect of some rather unusual or responsible performance, the banded headache and the blurred or double vision are mentioned as the odd, striking symptoms of this drug.

LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

(Lyon, France: Nov. 15, 1928), III, 273-370.

History and Pharmacology of *Sepia*
Mme. Pierre Schmidt, Geneva 278
The Pathogenesis of *Sepia*
J. A. Lathoud, M. D., Lyon 287
A Portrait of *Sepia*
R. Schmidt, M. D., Geneva 309
Sepia: As Portrayed in Venerable Books
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REVISTA DE HOMEOPATIA PRACTICA

(In Spanish)

(Barcelona, Spain: Oct. 1928), XV, 221-244.

*Intercostal Neuralgia
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Preparation of the Medicines
J. Peiro Comes, M. D 226
Rapid Valuation of the Increase in Growth and the Normal Ration of the Breast-fed Child
E. Terrien, M. D 234

Intercostal Neuralgia: The author mentions the following drugs: *Mezereum, Staphisagria,* and *Spigelia,* the remedies which he has used the greatest number of times with the best results; *Aconite* and *Bryonia* on another plain; and in less sick cases *Magnesia phosphorica, Chamomilla, Coffea, Rhus, Zincum, Colocynthis, Rhododendron, Arnica* and *Ranunculus bulb.*

REVISTA HOMEOPATICA INTERNACIONAL

(In Spanish)

(Yucatan, Mexico: Oct. 1928), III, 129-202.

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(In French)

(Paris, France: June 1928), XLI, 195-232.

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REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris, France: July 1928), XLI, 235-271.

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THE SERVANT OF HOMŒOPATHY

(In Bengali)

(Calcutta, India: Aug. 10, 1928), II, 165-202.

The Hypnotism of the Allopathic System of Drugging
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THE SERVANT OF HOMŒOPATHY

(In Bengali)

(Calcutta, India: Sept. 10, 1928), II, 204-247.

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E. Merck, Darmstadt (trans. by R. C. Bhatacharya) 204
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YOUR HEALTH

(Chardon, Ohio: Nov. 1928), IX, 577-624.

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A. E. Wiggam 599
Chinese Doctors and the Doctored
E. I. Osgood, M. D 612

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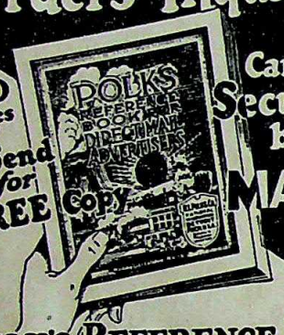

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H. G. PEREZ, M. D.
Mexico.

THE
HOMOEOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., FEB. 15, 1929. No. 2.

*ET LUX FACTA FUIT**

H. G. PEREZ, M.D.

The *Exameron* opens its pages with two sublime phrases: the first one is a categorical mandate expressed in two words, FIAT LUX; and the second one is the realization of the DIVINE WILL in the material and spiritual world of men.

The one primal Cause of all the causes has created all that now exists by means of one sole spontaneous impulse of His infinite power. Throughout the harmony of creation science is written, and all that is now lacking is light in the intelligence and the cooperation of the instinct in order that that light may shine therein.

The work of the universe is a radiant explosion whose reflection in the minds of men serves as a powerful stimulus for them to progress in the same direction where leads the light, until it blends with the immanent one such as man carries hidden away among the circumvolutions of his brain and which only awaits the opportune moment in order to be reflected as a part of creation.

There was light in the dynamic of the stellar worlds; and the Chaldean shepherds behold enraptured the fulgurations and scintillations of the stars that move around the fields they tread. To them the world is the epicenter and man the king of creation; the first planetary system has been conceived. Doubt, the roweled spur of science which demands confirmation, intrigues the attention of those enamored ones of the sky who file by down through the succession of ages in an endeavor to discover and possess the secret of the harmony of the worlds. Then come Galileo, Copernicus and Secchi, who support their observations by means of mathematical calculations, substituting cosmogony

*Translated by Roger G. Hershberger.

for cosmography, foretelling the very instant at which some great event would take place in connection with the stars and revealing the secret of the perturbations resulting from the attraction of undiscovered planets. And there was light in the celestial realm! And with like fatigue and the same slowness the light has been breaking little by little in physics, chemistry, physiology, etc., and in everything around us and in us, awaiting only the moment in which to pass the sacred portals and enter into the Temple of Science.

Medicine also had its turn and since the days of Æsculapius and Hippocrates to those of Galen and Pasteur, there have followed in pursuit of its conquest a legion of Egyptians and Hindus, Greeks and Romans, Scythians and Celts, Arabs and Aztecs, all in search of the emollient for the healing of pain and with the eager desire to prolong life.

The auxiliary sciences related to medicine had reached the apex of plenitude, but there still remained standing in the center of the Areopagus, or Mars' Hill, of the wise men, that altar which had been erected TO THE UNKNOWN GOD of therapeutics. And, as we can now see, the breaking of the light therein had been reserved for the action of the prepotent brain of the great seer who, under divine guidance, was able to penetrate into the arcanum which for so many centuries had concealed the sought for mystery from humanity; for it was HAHNEMANN, the son of Meissen, who in the latter part of the eighteenth century brought the light to medicine and founded the therapeutics of the *similia*.

AND THERE WAS LIGHT! Those wise men who gathered around the altar of that unknown god and to whom they devoted their moments of ecstacy and fatigue, were in reality near, very near to Him; in fact, they were so near that His kingdom was within them and they were being animated by the creative power of all that exists, moves and lives, radiating from the depths of their very souls, to become externalized in that vital dynamism that preserves and restores, creates and forms, with a mastery such as only Nature knows how to perform.

Nature! How near it was and what intimacy existed between it and man, and yet, how far he was from utilizing its teachings, wholly ignorant of the fact that the lever of his intelligence was precisely in need of that fulcrum in order to be able to move the world of therapeutics.

The false gods of health fell from their pedestals; but even though fallen, they continue receiving the offerings of error, with all human-kind now paying for the failure of empiricism with their pains and ills; because routinism, stronger than conviction, attracts more proselytes with its grimaces than the truth does with its serene and inviting countenance.

HAHNEMANN, the apocalyptist of medicine, upon discovering the relation existing between the disease and the medicament, overcame the error, fed truth to the intelligence, destroyed the sphinx of doubt and challenged death, substituting for it the natural termination of all that is created, which gently reclines its head upon the soft couch of Mother Nature to whose bosom it returns, to thereafter come forth again in a new manifestation like the phoenix of the fable, converted into a reality.

Just as the apothegm of Newton is the basis of the mechanics of the universe, so the enunciation of HAHNEMANN, the *similia* is the key of medicine that solves the question of therapeutics, which consists in assisting human nature in its curative efforts to re-establish health and prolong life.

And there is light in medicine!

The world of therapeutics plants its poles in the *natura* and the *similia*, from whence emanate those magnetic or dynamic currents which convert sickness into health.

The shade of Hygeia is no longer cast across the sands of the desert like a sphinx of ignorance; in its place is a powerful beacon light that illumines the vast solitudes of disease and converts them into horizons of realized hopes. Man, like unto the prodigal son, in order to come into his own again, must return to the paternal home of Nature and forget his past errors and extravagances.

All humanity, with hands raised to the heavens, intones a magnificent and sublime hymn of gratitude to that great man who trod the pathway of glory, and who eternally lives in the hearts of millions.

MEXICO.

THE SCIENCE AND ART OF PRESCRIBING

A. PULFORD, M.D.

Not long ago we wrote a paper for the I. H. A., "The Predisposition, the *Simillimum*". In that paper we made the bold statements that: First, the potency was a part of and equally as important as the similar remedy in relation to the symptoms, the two together forming the PERFECT *simillimum;* second, that in each and every case, no matter how severe, serious or complicated that disease might be, the PERFECT *simillimum* should carry that case completely through without the aid of any other agent whatsoever, and in the great majority of cases without a single repetition. Those are indeed bold statements and hard to believe, yet not made without good and sound reasons.

In some of our reports to the *Homœopathic Recorder* and in our papers before the I. H. A., we reported a case of uterine cancer (?) (allopathically diagnosed) the lady having had all arrangements made to be operated on the day after we saw her. We got her to postpone the operation for a month until we saw what we could do for her. Her history revealed that she had, before coming down with the present trouble, suffered with a typical *Rhus* rheumatism. Her present symptoms were so typical of *Rhus* that it was given to her. It restored the rheumatism, dispelled the dreadful burning pains and the foul uterine discharges and hæmorrhages, and to date the woman has remained in perfect health, and that without the aid of any other remedy and the operation has not yet been performed. We also reported a case of cancer of the upper jaw (allopathically diagnosed) cured with *Phos.* without the aid of any other remedy, which had resisted an operation, radium and the x-ray. We also reported a case of chronic syphilis of 30 years' duration that had resisted all kinds of allopathic drugging, serumizing and injecting, cured with *Hepar* unaided. Also a most malignant carbuncle 8 in. in diameter by actual measurement and as foul as anyone has ever seen or smelled, cured with *Sil.* alone, unaided by any other measures, and several other cases. These were not "maybe" cases, but actual verifiable facts. These are sufficient to prove then that the *simillimum,* unaided, will carry a case through without further

aid from other sources irrespective of our miasmatic theories. The fact that we take into account miasms does not make the remedy any more, or less, similar, nor does it advance or retard its action or ability to cope with the situation in hand. If your remedy is *not* the *simillimum* you will have to do patch work by going as far as you can with one remedy then piece on with another, miasm or no miasm. This then disposes of the first of our contentions.

Now the second part, i. e., the proof that the proper potency completes the PERFECT *simillimum* and that the PERFECT *simillimum* needs no repetition. My wife's brother whose home is in New York city, and who up to the time of his illness had always been remarkably well, was taken with a crop of boils some of which looked suspiciously like carbuncles. His family doctor (an allopath) was unable to cope with them. He was advised to consult a homœopath, which he did, and with very little better result. Both opened the boils before they matured. His illness was a long, painful job, confining him to his home most of the time and to his bed part of the time. Two weeks ago while visiting in Akron another boil about the size of a good sized bantam's egg and looking suspiciously like a carbuncle appeared on the back of his neck. Remembering his past experiences he took the train for Toledo on November 16th. We took the case. There was no active chronic underlying dyscrasia, therefore we decided, since such cases are never acute, that it was subacute and therefore needed not a low potency as in an acute case, nor a high potency as is necessary in a chronic case, but a medium potency, such as is needed in a subacute case. As his symptoms were such as to render the selection of the true *simillimum* a certainty, the next step was to make that true *simillimum* the PERFECT *simillimum* and prove our contention correct. We therefore prescribed a single dose of the IM potency of *Silicea,* the evening of November 16th. The result followed out our statement to the letter and verified everything we had said about the PERFECT *simillimum.* The action was prompt, with no aggravation, and it was continuous. On the fourth day the core, much reduced in size, fell out after taking off the simple gauze covering. On the 23rd of November he took the train back

to Akron stating that "he did not know when he had felt so well," and that "that, while the largest, was the most painless 'carbuncle' he had ever had". Then to verify the above, here is a case reported to me by one of the best and most accurate prescribers we have ever had the pleasure and honor of knowing. "A maiden lady, 50 years of age, had suffered since the age of 8 years with headaches, for which she had doctored for 20 years. After every hard day's work she would be laid up in bed for several days with either a pressive pain beginning in the vertex and extending downward, or a pulsating one in the forehead extending to the occiput and down back to the stomach, causing nausea, or a bursting pain from within outward. Pulling back of the head to the heels. Crawling as of worms over bones of skull and limbs. She received one dose of *Silicea* 1M and a second dose to be taken if she should need it. The remedy acted promptly, continuously, with no aggravation". We heard not long ago that the lady still has the second dose, that in the 21 years there has been no return of the pain, and that she has remained entirely well. We could cite many other cases but those two are sufficient to illustrate our contention that the PERFECT *simillimum* needs neither aid nor repetition and that it acts promptly and continuously and without aggravation.

Of course none of us likes to believe that we are not "past-masters" in the art of prescribing, but the real truth of the matter is that none of us, not even Hahnemann, Bœnninghausen, Kent or any one else who has ever lived has ever attained that pinnacle. The very best they did or could do was to forge ahead toward this goal and point the way to others who had the intelligence and ambition to see and aim at the final goal. How sad that so very few have intelligence and perseverance enough to "carry on"! Some of our best prescribers are slightly better than others, but only slightly, the modern homœopath representing perhaps 10%, and our very best prescribers perhaps 25%. Our very best prescribers would become infinitely better than they are, were homœopathy fully unfolded and completed, and the rest of us would improve wonderfully under the same condition, but the real fact that any of us doubt what has been above put forth is from want of knowledge of unproven remedies; we are obsessed

with the idea that homœopathy is complete and that we should be able to find the PERFECT *simillimum* in each and every case and accomplish a complete cure in every case that comes before us with the very few perfect and the many imperfect tools we now possess. Some day it will all become clear to those who have the intelligence and the will to pursue homœopathy's unfolding to its completion, but not before.

The only true mark, character, rule and measure of a man's intelligence is his ability to cast aside prejudice, become open to conviction, become willing to investigate, to be big enough to allow himself to admit when he is shown to be in the wrong, and, bigger still, to henceforth discard the wrong and practice the right. How many doctors are big enough to measure up to that rule?

TOLEDO, OHIO.

EXTRACTS FROM OCCASIONAL NOTES.*

I. S. CHHABRA, M.D.

Anhal.: Exaggerated reverberation of ordinary sounds.
Crot. cas.: Thoughts and dreams of death.
Indigo: Pure powdered indigo placed on the wound cures snake and spider poison, (*Kali permang., Golondrina, Cedron*).
Sang.: Headache returns at climacteric, every seventh day, (*Sulph., Sabad.*)
Sil.: Headaches from fasting.
Ruta: Constipation, alternating with mucous, frothy stools, discharge of blood with stool.
Ruta: When sitting, tearing stitches in rectum, *carcinoma affecting lower bowel.*
Ruta: Protrusion of rectum when stooping.
Cham.: Toothache if anything warm is taken, or from coffee during pregnancy.
Merc.: *Gums spongy,* recede, bleed easily.
Stram.: *Raises head frequently from the pillow,* pain in head and over eyebrows, beginning at 9 a. m., worse until noon.

DELHI, INDIA.

*Italic means that the indication has been verified.

AIDS TO SUCCESSFUL HOMŒOPATHIC PRACTICE*

EUGENE UNDERHILL, JR., M.D.

To successfully and consistently cure the sick the homœopathic physician must take certain definite steps.

First, he must carefully take the case.

Second, from the data in hand he must find the remedy which in its provings has produced essentially similar symptoms. If these two factors have been accurately covered, the remedy selected should be the one homœopathic to the case.

These steps have already been explained. But "there is many a slip twixt cup and lip". The right remedy may be known and given and still failure result even in curable cases. The third step is to remove possible obstacles to cure, as taught by Hahnemann.

The fact is that many times it is very difficult to know what may and what may not prove an obstacle and retard or prevent a cure. However, certain rules are worthy of observance.

These rules are:

Allow absolutely no medicine of any kind whatever to be taken except that prescribed by you. Under no circumstances allow the patient or any of his family to do any of the doctoring.

Permit no laxative drugs whatever. Regulate the bowels in so far as possible by attending to the diet and by regularity of habit. Plain warm water enemas may be permitted if necessary. In many cases if four or five glasses or cups of plain hot or cold water be quickly taken on an empty stomach it will act as a laxative. Emphasize the importance of a regular time for trying to move the bowels. Success will often follow repeated and regular efforts.

Give some sensible attention to the diet. Insist that the patient avoid the use of soft drinks and all artificial beverages including the ever elusive "pre-war stuff".

Many patients take too much coffee or too much tea and these may interfere with the action of the remedy. In the average case where the trouble does not center in the digestive or nervous spheres, you may allow one cup a day each of coffee and tea. It has often been observed that the repetition of coffee one or more

*Portion of lecture delivered at the 1928 Summer Session of the American Foundation for Homœopathy.

times a day has a detrimental effect. Cocoa is no more desirable than coffee. It contains a high percentage of ash and is hard to digest.

Do not force a patient to take any food to which he has an aversion.

Do not encourage him to take any food which he has found upsets him.

Foods known to be inimical to certain remedies should be carefully avoided. For example, the *Pulsatilla* patient is often averse to fat and aggravated by it. Even if this has not been markedly observed by the patient it is apt to come out after the remedy has been given. Therefore, caution the *Pulsatilla* patient against taking much fat. If you are sure of your remedy you can say, "Be very cautious about taking much fat and avoid greasy foods for you have the kind of constitution that is easily disturbed by fats". Many times the patient will then tell you what was omitted or unnoted in taking the case. "Why, doctor, I can't bear fats, they always upset me". If so, just look wise and say, "Just as I would suppose in your type of case".

Nux vomica on the other hand often desires fats and they agree.

However, *Argentum nitricum* desires sweets and especially sugar, but far from agreeing, sugar especially will often cause diarrhœa. Many more examples could be given, but you can look them up in Kent's *Repertory* in the Stomach section under "Desires and Aversions", and again in the Generalities section under "Food", where the aggravations and ameliorations from various foods and drinks will be found. These will well repay very careful study and comparison.

Next as to seasoning. Many people overwork the salt shaker, the pepper shaker, the mustard dipper, the catsup bottle, etc. They are forever laying it on thick, and trying their best to get themselves into a *Nux vomica* state, a *Carbo veg.*, *Lycopodium*, or some other deplorable state. Now of course, if the patient is fortunate he will fall into the hands of a careful homœopathist who will not only give him the indicated remedy but will endeavor to get him to mend his ways. For after all if the cause still operates after giving the remedy too much cannot be expected in the way

of cure. Therefore, as Hahnemann pointed out, "Be sure first to remove the obstacles to cure".

The tobacco question cannot be ignored in nervous patients, in throat, laryngeal and bronchial cases where the trouble has been persistent. Neither can it be overlooked in cases centering in the digestive tract. Where your remedy is listed in the first or second grade under the rubric, "Tobacco aggravates" in the Generalities section of the *Repertory*, the patient will do well to entirely stop the use of tobacco.

When the symptoms point largely to the digestive tract, caution your patient very particularly regarding the regularity of meals, simplicity in diet as well as regularity in respect to the bowels.

Advise a small variety of food at one meal but a large variety over a week's time.

Where chemical treatment of the water supply may very likely interfere with recovery, you will do well to prescribe distilled water for cooking, drinking and enema purposes.

Carefully caution your patient against the use of iodized salt. Too many manufacturers of food products are prescribing for the public, and in effect are practising medicine without a license.

How much sleep is your patient getting? If he is a nervous or a tuberculous case, he certainly needs more sleep and more fresh air than patients with other types of trouble. In any case it takes energy to get well and if the patient is using up energy faster than he can replace it, why trouble the doctor?

A student at Dickinson College complained of nervousness and loss of weight and was afraid he would have to give up his studies. Upon inquiry it was disclosed that without the knowledge of his family he was earning extra money by chauffering nights, Saturdays and Sundays, and was getting altogether too little rest and sleep. He was burning the candle at both ends. He was ordered to stop this work and get his rest. Normal conditions of health were soon restored without a prescription or any medicine whatever. Of course, had absolute necessity compelled his remaining on this extra grind perhaps he could have been helped over the hard places with the *simillimum*, but under the circumstances it would seem only common sense to first remove the exciting cause and then if necessary give the indicated remedy.

The correct homœopathic remedy will perform miracles many times, but a little common sense advice from the physician along with the remedy can do no harm and will often assist the remedy and hasten recovery. The more strict you are with your patients the greater will be their respect for you and the greater will be your success. But remember that strictness does not imply harshness of manner, nor coldness of heart. Get your patient to cooperate with you on his case. Let him feel that you and he are working together. Only in this way can you be at all sure that he is doing his part and following your instructions.

Nothing can be had in this world without sacrificing something to obtain it. We are here only at the sacrifice of being there. To enjoy the fleeting pleasures of sense we must sacrifice our peace of mind. To pursue pleasure for pleasure's sake we must sacrifice health, happiness and even life itself.

Therefore, the sick also must sacrifice something to attain health. They must perhaps sacrifice life-long habits, pleasures and perhaps, in deep chronic cases, alter their entire mode of life in order to turn the balance in their favor. In serious chronic cases it is well that the patient understand at the outset some of these essentials, or the physician may never be given either the time or the cooperation necessary to restore the patient to the degree of health possible of achievement under careful homœopathic practice.

PHILADELPHIA, PA.

RHUS IN SCIATICA.*

THOMAS SIMPSON, M.D.

J. Foster, age 40. October 15th, 1928. Suffering from lancinating pains in sciatic nerve; chronic with *aggravations in damp weather* and at *rest*. Severe with sleepless, restless nights. *Rhus tox.* 6x, four daily doses cured.

*Repr. from *The Homœopathic World*, 1928, LXIII, 321.

*ANTIMONIUM NATRUM LACTICUM**

JOHN H. CLARKE, M.D.

Double Lactate of Antimony and Soda. Sodium Antimonyl Lactate. $Sb(C_3H_5O_3)_3$. $Na_2(C_3H_5O_3)_3$. Solution.

Clinical—Debility. Diarrhœa. Heart, weakness of; palpitation of. Hydrogenoid constitution. Indigestion. Jaundice. Skin. affections of.

Characteristics—Dr. F. B. Percy records in N.E.M.G., December, 1901, an involuntary proving of *Ant. n. l.* communicated to him by a correspondent who himself was poisoned whilst manufacturing it for dyeing purposes. Powdered metallic antimony is dissolved in a mixture of lactic and nitric acids. The nitric acid is used to convert the metal into an oxide, soluble in lactic acid. When the nitric acid is used up, one-half of the remaining lactic acid is neutralized with soda. "The double lactate of antimony and soda is a hygroscopic, non-crystallisable salt, which is absorbed through the skin with great readiness. Shortly after beginning the manufacture of this", says Dr. Percy's correspondent, "I noticed a decided lowering of the general health with great *sensitiveness to cold.* I was only comfortable in a room at 80 to 85 degrees, and was *obliged to give up cold baths,* to which I was regularly accustomed up to this time. There was also great digestive disturbance, much gas in the intestines, watery and mucous discharges from the intestines, but no pain, and a nasty coated tongue, torpid liver, and yellow skin. The whites of the eyes showed yellow as well. The heart, which had always been quick but strong, became most erratic, jumping from fifty-six to a hundred and fifty beats per minute, and from weak to strong and *vice versa.* The mental disturbance was more pronounced than the physical. An extreme listlessness was accompanied with the most extreme melancholy. The thing which finally led me to the cause of the trouble was the breaking out of watery pustules on the wrists and arms, principally an intense itching of the inflamed parts. The pustules resembled *Rhus* poisoning". "Soda and a

*Repr. from *The Homœopathic World,* 1928, LXIII, 326. This article is one of the supplementary articles to the *Dictionary of Materia Medica. Antim. nat. lact.* is new to the materia medica and does not appear in the *Dictionary* itself.—J. H. C.

tonic" was prescribed by a physician but without effect. Then iodide of potassium, in one to one solution, five drops thrice daily, gave immediate relief. Nitroglycerine relieved the heart symptoms. Five months after the poisoning, though nearly normal, the prover was still unable to resume his cold baths, and was still more or less dependent on nitroglycerine.

Nearly all the above effects are paralleled in *Ant. c.,* but the wrist as special locus of the eruption is peculiar, and the action on the heart is more pronounced. The hygroscopic nature of the salt should be noted in connection with the extreme sensitiveness to cold it produces. It is evidently a powerful "hydrogenoid". The > in a warm room is a point of difference from *Ant. c.* < cold bathing is characteristic in both.

Relations—Antidoted by Kali iod. (general symptoms, weakness, mental depression); *Glon.* (heart symptoms). *Compare Rhus, Merc., Psor.* (eruption on wrists).

SYMPTOMS.

1. *Mind.* Extreme listlessness accompanied by extreme melancholy.
3. *Eyes.* Whites of eyes yellow.
8. *Mouth.* Coated tongue.
11. *Stomach.* Great digestive disturbance.
12. *Abdomen.* Much gas. "Torpid liver".
13. *Stool.* Watery and mucous stools.
19. *Heart.* Pulse most erratic; jumping from 56-150 and from weak to strong and *vice versa.*
22. *Upper limbs.* Eruption of watery pustules on wrists and arms with intense itching of inflamed parts.
24. *Generalities.* Decided lowering of general health. Extreme sensitiveness to cold; only comfortable in a room at 80-85 degrees—compelled to give up cold baths.
25. *Skin.* Yellow. Watery pustules on wrists and arms; an intense itching of inflamed parts.

GRAPHITES IN INFLAMMATION AROUND THE TOE NAIL.*

THOMAS SIMPSON, M.D.

This was a case of an obstinate superficial inflammation around the root of the big toe nail with throbbing, inflamed lymphatics, thickening of the nail, and very slow growth, ingrowing at sides. *Graphites* 6x, two grains every week for three months caused all symptoms to disappear.

*Repr. from *The Homœopathic World,* 1928, LXIII, 321.

REPORT OF CASES*

GRACE STEVENS, M.D.

CASE I: INTESTINAL GRIPPE

L. H. F., boy 15, in Deerfield Academy. Went to bed feeling well except that he was not hungry for his dinner; but he woke at 4 a. m. with a severe chill followed by uncontrollable vomiting and diarrhœa. Temperature ran as high as 104, and a severe cough developed, while diarrhœa continued. When I was called, on March 8, he had been sick a week. His temp. was 103 (6 p. m.); P. 92; R. 26. He had a hard, hacking cough.

Cough < lying on the left side.
Cough < motion.
Headache < cough.
Thirst for *cold*, refreshing things, but aversion to any food.
Tight feeling in lower part of chest; examination of chest negative.

He had been having salol, codein, and a cough mixture, and my first impulse was to give *Nux vomica* to antidote the drugging, but the remedy stood out so clearly that I decided to give it at once—one dose of *Phosphorus* 1M.

The next morning he seemed better and the second morning he was reported so much improved (temp. normal) that I decided not to see him that day. However, soon after four in the afternoon his mother reported that his temperature had gone up to 103.6 and that he was feeling very ill. At six, when I saw him, his temperature was 102.8; P. 96; R. 30; the cough was hard.

Cough < deep inspiration.
Cough < talking.
Cough < any exertion; e. g., turning in bed.
Cough < lying on the left side.
Thirst for cold water.
Aversion to the thought and sight of food.
Very weak and tired; much < sitting up in bed.
Chill from uncovering.
Bed and pillow feel hard.
Backache > motion.

*Read before I. H. A., June 1928, Bureau of Clinical Medicine.

Wants to move but feels too tired.
Wants to pass flatus but fears watery stool will pass with it.
Chest still negative.

I could still see only *Phosphorus,* and since the patient was slightly more comfortable and his temp. lower than two hours earlier, I decided to wait till morning before changing or repeating the remedy.

When morning came there was a general improvement in temp., pulse, and strength, and for the first time the boy was interested in food. From this time the improvement was steady and rapid and the patient was taken home to New York just a week from my first visit.

I don't know just why the symptoms were aggravated forty-eight hours after the remedy was given, but I am glad I did not change the prescription.

CASE II: CARBUNCLE

Mr. G. P. H. Large, stout man, nervous and irritable. Had been having many small boils in external ears and several styes, for which he had had *Pulsatilla* and later *Sulph.* February 14 a small pustule appeared on the back of his left hand, and a day later, when I saw it, the hand was swollen, red and throbbing. On general symptoms I gave *Silica* high. He seemed a little better for a day or so, but the third night he had a chill and suffered much burning pain. There was also throbbing and pricking like hot needles, the pains extending to the elbow, hand much swollen and also the forearm.

Pain > hot applications.
Mouth dry and thirst for a glass of water at a time.
Tongue coated, red tip.
Aching in small of back.
Very tired and restless.
Jumping and twitching in sleep.

The case looked like *Arsenicum,* but I wanted advice and so I called his former physician, Dr. Fred Keith, on the telephone. He advised *Arsenicum* high, one dose. I gave Finke's 45M and awaited results.

The first day was very uncomfortable, partly due to the

fact that I positively forbade cigarettes for 12 hours, in order to give the remedy a better chance; but the night was better and the improvement continued steadily. A large amount of pus was discharged and the hand healed rapidly. Several years before, the patient had had a carbuncle which was treated in the classical fashion with deep incisions and it was several weeks in healing. He was not slow to observe the difference in healing and in his general health under the two methods of treatment.

CASE III: CRUSHED FINGER

One morning last winter as I entered the garage where my car is kept, I met the mechanic who was grasping his left index finger in his right hand and was groaning with pain. He said he had caught the finger in a V belt. I did not know just what that was, but it had evidently crushed his finger, so I told him to go to the nearest surgeon at once, and to make sure that the finger was x-rayed.

Just as I was driving out, he came back again, saying that the surgeon had left his office, so I seized the chance to test *Hypericum* once more, and gave him one dose of the 45M. The pain stopped almost immediately. He was comfortable all day and slept soundly all night. The following morning the pain returned, and he remembered his promise to see a surgeon. The x-ray showed the bone splintered. Evidently the effect of the remedy lasted about 20 hours, and that is better than morphine.

NORTHAMPTON, MASS.

DISCUSSION.

DR. GREEN: I gave a second dose of *Phosphorus*, say the 1M, in a chronic case and had a marked aggravation after the second dose and I have felt possibly that was because I repeated too soon, although I never did within a month. I would like to know whether any of the other members have had experience of having more aggravation after the second dose of *Phosphorus* in chronic cases than after the first.

DR. OLDS: I would say that I think it was generally understood that *Phosphorus* was a particularly vicious remedy if repeated too soon. I think our older homœopaths laid stress on that, that *Phosphorus* once given should not be repeated until you are very, very sure that its action has ceased. It is very dangerous to do so.

DR. DIENST: Mr. Chairman, I don't want to take your time, but speaking of the aggravation from *Phosphorus*, I want to report a little incident that came under my care.

A farmer down in the country took with what we call a bronchial fever. I prescribed *Bryonia* which did very well, in the 200th. The next day when I saw him I thought: I don't want to be driving out here in the cold and ice and snow. I am going to give him a dose of a higher potency. This was on Saturday. I did. On Sunday I was passing through the neighborhood. I stopped to see him about 4 o'clock in the afternoon and I found that my high potency had dried up the mucus, stopped the secretion of the mucous glands, and while my man was feeling fairly well, I didn't like conditions. I should have let it alone, however, but I didn't. In my haste I gave him a single dose of *Phosphorus* the 10M at 4 o'clock in the afternoon. The only difficulty he had was with his cough, so I went home and put my horse away, and went to a neighbor to make a call, and while I was there a messenger came after me in hot haste: "Come out as quickly as possible, the man is dying of pneumonia". That was quite a picture. I drove out as quickly as possible. I never saw a picture of *Phosphorus* so finely defined as in that man. He was delirious, his face was quite red. I didn't stop to take his temperature, I had no time, and every time he attempted to cough he would take hold of the bed clothes and tear them in two. I put my ear to his chest. There was a terrible storm raging in the lung. If you have ever thrown something into a basin of soap bubbles and heard the bubbling, you can imagine what was going on in this man's chest, and I could see very clearly that a few more moments and he would burst a blood vessel and my man would bleed to death. I don't think I ever sweat as much in my life as I did there. The neighbors had come in and were standing around the bed, the room was full and I was sweating like a thrasher. I did it with *Aconite*. He soon quieted down, and Dr. Dienst got a wonderful reputation for curing pneumonia so quickly. (Laughter).

DR. BOGER: About *Phosphorus*, remember this: *Phosphorus* aggravation may not come until the fourth day; that is a pretty common experience.

Now another point, the greater the aggravation the more severe the storm, as Dr. Dienst's case shows here. The cases with the smallest, feeblest aggravations are the ones that get along best, just a mere suggestion of an aggravation, that is all. You are always depending in every case upon the reaction of the patient. How much reaction will he stand? Dr. Dienst's case was one that wouldn't stand much more reaction, he had to quiet down with a little *Aconite*, and my opinion is, I think it is well brought out by prescribers: watch your reactions and gauge the strength and the vitality and the comeback of your patient. Don't make him come back too severely. A gentle reaction leads to a more permanent and better cure.

DR. DIENST: Would that dose of *Phosphorus* have killed that man?

DR. BOGER: It probably would have.

CHAIRMAN DIXON: Dr. Stevens will you close the discussion?

DR. STEVENS: I have nothing further to add.

CASTANEA VESCA IN WHOOPING-COUGH.

Castanea vesca (common chestnut): Dr. Davis reports fifteen cases of whooping-cough treated with this remedy in the Philadelphia hospital. The paroxysms decreased rapidly. On the fifth day none occurred, except in three cases. Dr. Unziger found that it would cure, on an average, in about two weeks. Used mostly in the tincture and 3x potency.

IS SURGERY NECESSARY IN HOMŒOPATHY?*

IRVING L. FARR, M.D.

Lest this title be considered ambiguous, therefore impossible of proof, the following explanation is necessary:

The word homœopathy, as used in the title, is considered in its broad sense, including both the law of drug prescribing and its application in general practice, by a follower of Samuel Hahnemann.

Therefore the title could read in one of several ways:

1. Is Surgery Necessary in Homœopathic Practice?
2. Can Homœopathy, Alone, Achieve All Possible Cures?
3. Is the Field for Homœopathy Cures Not Widened by Surgery?
4. Is it Possible for a True Homœopath to be also a Surgeon?

The reason for the paper came from a remark, passed upon our school, some time in the past, that "When the homœopath began to do surgery, homœopathy started to die". Also, as chairman of the Bureau of Surgery for the I. H. A., I wondered why the bureau existed.

In the preface to the *Organon,* fifth edition, Hahnemann says:

> It is known to homœopathy, that cures result only from the counteraction—the reaction—of the vital force against some medicine, chosen according to correct principles, and that curative effects are speedy and certain, in proportion to the energy of the vital force of the patient.
>
> Homœopathy, therefore, avoids every debilitating influence, as well as the infliction of pain, in the treatment of disease, because pain also produces debility.
>
> Homœopathy sheds not a drop of blood; it removes no external disease by local applications; it does not sear the flesh to the bone by the heated iron, and needs no opium to soothe pain.

Within this quotation lie the basic principles of homœopathy the whole plan of the cure of disease, by that quiet, non-spectacular method set forth by Samuel Hahnemann.

Newton's Third Law of Motion, "Action and re-action are equal but opposite in direction", is the basis for the patient's reaction to the vital force; first, as against the disease, then when the disease gets the upper hand, against the correctly prescribed medicine, producing a cure. Slowly and quietly there is a return

*Read before the I. H. A., June 1928, Bureau of Surgery.

to health, in a manner similar to the insidious breaking down of the resistance by the inroads of the disease.

It then becomes necessary for homœopathy to avoid every debilitating influence, as well as any measure producing pain, in order to preserve the patient's energy and restore him to health.

Thus far, there is apparently no need for surgery in homœopathy. But can homœopathy, unaided, produce all possible cures?

Homœopathy is a method of drug prescribing for the cure of disease, according to the law of similars. If now a disease within the body, has advanced so far, due to neglect, as to produce the partial destruction of a part, i. e., diabetes with its resulting thrombosis, and that part, having its nerve and blood supply cut off, dies, and gangrene sets in. This part, now becomes a menace to the life of the patient. A well selected remedy, or series of remedies may cure the disease which produced the gangrene, but until the gangrenous part is removed, the patient cannot fully recover, even with the disease cured.

Various organs or certain glands of internal secretion, owing to long neglected diseased conditions, become useless, often dangerous, from their diseased products entering the general circulation and producing injury to muscle, joint or nerve: e. g., tubercular kidney; calculus or abscess of the kidney; cholelithiasis; fibrous tonsils, due to repeated attacks of untreated tonsillitis. So long as these irritating products are circulating in the body, the vital force is used to combat the injury taking place in well tissues. The force is thus weakened in its reaction against the original disease, or even against a proper remedy prescribed to cure the organ or gland disease; therefore will not a removal of the worse than useless organ or gland be an aid in the body's reaction to the *simillimum* and thus hasten a perfect cure?

If before serious injury had been done to organ or gland, the well chosen remedy had been given, a cure probably would have restored the part to so near normal, that all possibility of products carried to distant points would have been avoided, therefore any question as to the removal of gland or organ would be useless. Unfortunately, the patient often is not thus early seen.

Certain abdominal conditions arise at times, due to faulty

diet, irregular habits, or possible malformation or congenital atresia; these untreated, later develop into disease producing conditions: e. g., constipation, appendicitis, bowel stoppage. As a result there develops a train of symptoms, which to the careful homœopath points the way to a series of remedies that often clear up the cases in a short time. However, if the pain and symptoms persist, in spite of careful prescribing, the patient and family are apt to be worried and ask for something to be done besides the ingestion of the indicated remedy. Would this not be a time when surgical intervention might relieve the condition by the removal of the inflammatory process or by the release of the obstruction in the tract? If this were done, then any remaining symptoms would yield to the *simillimum* and a complete cure follow, a result impossible until the mechanical condition was removed by conservative surgery.

Conception and parturition are normal physiological processes and in general will go to normal completion with no aid except that of the prospective mother, herself. However, if symptoms of any nature develop, homœopathy is able, in many instances to give relief, through well chosen drugs, from the time of conception on through the third stage of labor, bringing successful results, free from suffering, to cases which might otherwise have required interference. But what of those cases of deformed pelves; of failing kidney or heart in the prospective mother; of positions of the fœtus within the birth canal, in which spontaneous delivery is impossible? Even though the given indicated remedy has brought no results. Here two lives are at stake; there is grave danger that neither mother nor child may be saved by delay and homœopathic prescribing, of the best. Is surgical interference not now needed? Would not version, delivery by forceps, even Cæsarean section be indicated in the effort to aid nature to remove an obstruction to nature's progress? With the obstruction removed, is there not still plenty of work for the homœopathic remedy to do, in restoring mother and child to perfect health?

The human body, in its pursuit of business or pleasure, is subject to physical injury, cuts, bruises, burns, dislocations, fractures, loss of tissue. Symptoms result from any form of injury, which symptoms will indicate certain remedies, for relief of pain

or as aid to recovery of injured parts. Will it be possible for these remedies to work a complete cure unless surgical intervention restores the injured parts to their form or position, or removes any destroyed tissue? To these surgically restored parts remedies will again lend their aid and recovery will follow.

Does it not appear that the field of homœopathic remedies is widened by conservative surgical interference? If so, then the removal of diseased or sloughing tissue; the removal of obstruction to normal processes or of the result of inflammatory products, the restoration to normal of injured tissues, are aids to enable the homœopathic physician to reach a greater number of cures. Is it possible for a true homœopathic physician to be also a surgeon? As was said earlier in this discussion, homœopathy in its restricted sense, is a law of drug prescribing, and a homœopathic physician is one who treats disease, only by drugs prescribed according to the law of similars; in other words he is a specialist in drugs.

Homœopathy in its broad or practical sense may be defined as that system of cure by which the patient is treated according to the symptoms he presents, rather than according to what diseases he may have. If now the symptoms presented point to the symptoms of a proven remedy the patient will recover. On the other hand, the patient does not recover and after recanvassing his case, no remedy is found which will work a cure; if his physician in addition to his training as a drug specialist, has had surgical training, also, the physician discovers some mechanical obstruction which is hindering his patient's progress; this the physician, through surgery removes, it will be found that the *simillimum* will then do work, impossible to accomplish before, and a perfect cure results.

Thus the physician has kept his patient, has been sufficiently broad to see that the problem of cure is often many sided, and has registered a long credit mark for homœopathy as being able to cure any case possible of cure, but no obstructions must be allowed to remain.

As was said above, the physician who is able to see more than one phase of his patients' symptoms, holds his patients and is well fitted to be that of all persons most accredited, The Family

Physician, a position hard to fill, especially in this day of specialists, but one still necessary and appreciated by the public providing a man sufficiently broad can be found. The broad-minded homœopathic physician is well fitted to be such, for he is a drug specialist, he carries his remedies with him and the majority of family ills will respond to medicines, if given early and if he is prepared to see beyond his remedy, homœopathy can again aid greatly in bringing the family physician into prominence.

But all physicians do not care to do surgery. Very true. Not all physicians care to prescribe drugs. What can be done? Simply allow the man who wishes to prescribe, to do so; allow the man who wishes to do surgery, to do surgery, and the man who can do both to do prescribing and surgery, then there will be a more liberal attitude taken by all and no one be so narrow as to feel that he, alone, has the only method of treatment, for there is no such thing.

Homœopathy is peculiar, in that it requires its followers to be individuals with a peculiar philosophical mind; this type of mind can understand the law of similars and interpret it successfully; it requires a student type of mind, with an interest in solving human problems. Therefore, the homœopathic physician is born, not made, and he must be a follower of Hahnemann from choice, then will be found as the School grows and homœopathy gains power names that shall live as do the names of Lippe, Bœninghausen and Allen. But that homœopathy shall come into its own, its physicians must be magnetic, they must be alive to the developments that come to make medicine an exact science; they must show the public that a homœopath is the broadest kind of a physician, that though he is a drug specialist, he has the life of his patient at heart and leaves nothing undone to win his patient back to good health.

MONTCLAIR, NEW JERSEY.

DISCUSSION.

DR. STEARNS: I think Dr. Farr's paper gives the best reason for the developing of some little book that contains a good deal of this combined knowledge that could be presented. I would like to cooperate with you on something.

DR. FARR: Fine.

DR. CUSTIS: I think Dr. Farr's paper is the best proof that the

homœopath has got to do more than prescribe. He has got to know enough to know when something else besides a homœopathic medicine is needed. There are those cases, we come up against obstructions, we come up against other things. I saw a case in the spring that was a very good example of that sort of thing. One of the other homœopaths in town called me in consultation to see a woman with a lot of pain in the lower abdomen; four days before at night she had been taken with pain, nausea and vomiting. She hadn't been able to get her physician and had gotten somebody in the neighborhood. When he came she had a fever and severe pain. He filled her full of calomel, gave her a big dose of salts—he is not a homœopath. Two days later she wasn't any better, so she got her own doctor who is a homœopathic physician. When he saw her she had pain and tenderness in the lower abdomen, she had quit vomiting, had a temperature of 101 degrees. An examination showed that the wall of her vagina was as hard as—well, not a rock, but it looked like a pelvic abscess, which had a pelvic inflammation. He prescribed; two days later the whole mass had softened up, the lower part of her abdomen in other words was full of pus. We took her to the hospital and opened her and got a pint and a half of pus out of the peritoneum; that was followed by a fistula. This fellow had an acute appendicitis, he filled her full of salts and he ruptured the appendix. That woman wouldn't have gotten well without the evacuation of that pus. If he had gone in above, through the upper abdomen he would have killed the patient.

DR. STEARNS: If you had done it at once you would have killed her.

DR. CUSTIS: That was a case where surgery was not only necessary but it was necessary for us in this case to be fortunate enough to know enough to let the patient alone until the right time. In that kind of a case you need more than just the prescribing of the homœopathic remedy. And to the extent of that sort a paper like this brings to mind the fact that homœopaths must know enough diagnosis, if you want to call it that, to know when their cases need more than homœopathic remedy. In that case they needed a surgeon.

There have been others. I saw a case here a while ago. I was called in to see a man who had a mass in the lower abdomen. A good doctor told him he had acute appendicitis and he needed an operation. The man said that he would die first, and the doctor said, "I guess you will".

He sent for me and this big fluctuating mass in the right side of his abdomen wasn't a case for a homœopathic remedy. He had a big abscess in there. I told him so. He asked me what I thought. I said, "If you are not operated on you are sure to die; if you are operated on you will probably die, but if I were you I would take the chance". He did, and managed after about four or five months in the hospital, with fœtal fistula, to get well. That was a case that also needed more than a homœopathic remedy.

DR. COLEMAN: Dr. Farr's paper and the remarks of Dr. Custis indicate the facts that I have always held, that better surgery can be practised, operations can be avoided—many operations, if competent prescribers make themselves also competent surgeons. It is conversely true also that if such be brought about, where the homœopathic physician becomes a surgeon it is very hard to do it. I understand there is so much opposition to having a medical man operate. It will benefit the practice of medicine as indicated by the remarks of Dr. Custis. Certain cases have to be operated, and if you don't operate them you are going to sign a death certificate. Cases of appendicitis must be operated when the blood count rises, many of the mechanical things must be operated and

operated quickly if life is to be saved, and it is only he who has a knowledge of both medicine, including prescribing, and surgery, that is competent to tell often what should be done in a given case and what prognosis is to be made.

DR. UNDERHILL: It seems to me that as homœopaths we have a tendency to neglect physical examinations, and local examinations to determine mechanical conditions. Now it is well to have had some experience in certain clinics but not absolutely essential to making an intelligent examination. We know sufficient anatomy, to know what part of the body we are dealing with and we ought to be able to tell an abscess when we come across one from the symptoms and physical signs.

Now as to homœopaths being also surgeons, we are treading on dangerous ground. We cannot become great experts at both, and it is well to do one line in first class shape and make a good job of it. If we get into surgery the lure of the almighty dollar may get us after awhile.

I feel sorry for the young student just out of college, who said, "I can cut $500 out of a fellow's belly in 15 minutes", and so he does all afternoon.

I think that there is too much unnecessary surgery. I don't know what percentage, but I bet 85 per cent of all surgery is unnecessary and would not be so if it weren't for the fee connected with it.

There is some sort of a lure about surgery; I don't know why it is or how to explain it, some psychology, black magic I guess. When a woman has been operated or even a man that surgeon that operated is almost deified in the patient's mind and he is a god, or God's nobleman, and sometimes they use that very term about that surgeon. I recall a case of a woman whose family I treated for years who developed a femoral hernia. I advised operation. I had raised my fees shortly before and they made a terrible kick about it, so I didn't put it in force there, but went on to the same old tune that I had gone on, with that family. But as soon as I mentioned a surgical operation, the next time in comes the lady and her husband. They wanted to hear about the operation. I explained about it. "Now," he said, "about how much will that cost"? I said, "You want to get a first-class surgeon, you figure the surgeon's fee, the hospital and everything, you are not going to get off much less than $300, $400, maybe $500. It depends on whom you get". "We want the best. I might as well tell you I will have to borrow the money, but I will arrange to do it". He was quite enthused about it, and I don't think he had any grudge against his wife either.

I named a prominent man in Philadelphia as the surgeon. I called him up, arranged an appointment. She went around to see him for an examination. She came back and reported about the interview and she was crest-fallen and disappointed. I saw there was the wrong psychology somewhere. It seemed he had examined her and when it came to name the fee he named $10, and she nearly collapsed because they didn't expect a cent less than $50. He had shrunk in their estimation because he hadn't named a fee of $50—a big surgeon with a halo around his head.

Surgery is so sold to the public that if anybody talks an operation they will borrow money and do anything else to have it, but for a homœopathic remedy—no sir, you couldn't do it.

DR. DIENST: I enjoyed both papers very much and have long since been interested in the relations of medicine and surgery.

Now I don't care to say much one way or the other except about the value of surgery. Some years ago I had as a patient in my Chicago office one of the leading financiers of Chicago. He often called to see me, not necessarily for his personal ills but to have a little talk with me. He

was very frank in the manner of his expressions and the matter of surgery was one of the frequent subjects about which we talked. He said, "I am going to find out for you, doctor, how these things are running here in Chicago". "All right, Mr. Jones, you find out and let me know".

Sometime later he came in and he said: "Doctor, I was over at the Athletic Club the other evening", quite a prominent place that he visited frequently, "and I was in the billiard room playing billiards with Doctor "So-and-so", I will not mention the name, he is one of the leading surgeons of St. Luke's Hospital in Chicago. "I did not dare ask him at once about his work, so I turned the conversation in such a way that I might open that subject, and when the time came, I said, 'Doctor, how many of your operations are really necessary'? He said, 'Mr. Jones, we men consider 73 per cent unnecessary'." He finished his game and went into another part of the Athletic Club to another billiard room where another doctor, a prominent head surgeon, was playing and played the same game with this doctor. When the time came he asked the same question, "Doctor, how many of your operations are really necessary"? "Oh we surgeons consider 73 per cent as unnecessary". "Do you make your own diagnosis"? "No sir, a man brings a patient into the hospital and says, 'This patient has appendicitis and wants an operation', and we operate". If 73 per cent is unnecessary, that makes 73 per cent more unnecessary for medicine, which doubtless is true.

DR. WRIGHT: I would like to add a word apropos of Dr. Coleman's discussion that I hope the homœopathic physicians won't forget. Often, even when there is a high blood count and rebound tenderness in appendicitis—which, in my training in regular medicine, would have meant a surgeon instantly, with careful prescribing you can save the patient from an acute attack and save them from other ones. I wondered, as Dr. Custis spoke, if when he prescribed, he might not have made nature empty that abscess in the same manner.

DR. CUSTIS: May I answer that? It is possible that nature may have emptied that abscess, but it was a lot less dangerous to the patient to have it operated; the safety of the patient is the only thing the doctor has the right to consider. If it is uncertain how an abscess is going to point and rupture, if there is an uncertainty, one way, and a comparatively reasonable certainty the other, the only thing you have any right to do is the thing which is definite and certain for the safety of your patient, and that is the issue I take with Dr. Wright for not cutting the acute appendix and taking it through. She took it through; it was more dangerous for her patient to take it through that way than to have it operated.

DR. UNDERHILL: You mean acute appendicitis without abscess.

DR. CUSTIS: The time to operate on acute appendicitis is when you find it. Seventy-five per cent will go through without operation, but if they are operated on 99 per cent will.

DR. WRIGHT: After you have operated on the 99 per cent and they have gone through, they come to us medical doctors with every kind of dysmenorrhœa from adhesions. In this case of mine it was the first attack she had ever had, she was in good shape, I saw a remedy clearly and I still hold she ought to be grateful to me.

DR. PULFORD: We had a little coincidence in our town about six years ago, I think, or a little more. We had three cases of appendicitis among three good friends, all allopathically diagnosed. Dr. Crile of Cleveland made a special trip in a special train, had the right of way through the streets to his case and it promptly got well forever. The second case did likewise.

The case that took the homœopathic remedy is alive today and as lively as ever.

Soon after that three cases of three women occurred in a very similar manner; there was pus in the case that we got and it stank to heaven when it broke, and it was the only case of the three that got well; the other two were operated on and they died, both of them—all four cases that were operated on died. And we have found in our experience we have taken abscess after abscess that had been cut open and never could be cured, and cured them with the internal remedy.

The thing to do is to give the indicated remedy; it is no more disgrace to die under medical treatment than under the other, in fact it is more of a disgrace to die under the operation than under the medical treatment. (Applause).

DR. SLOAN: The trouble with acute appendicitis is that you don't know how they are going to behave. I had a case last fall that I saw about noon. His temperature went up gradually. I had a blood count made, in two or three hours 27,000 white cells. We had the appendix out in the early evening; it was so gangrenous that it couldn't be taken out entire. That man surely would have died if he had not had that operation as soon as we could make the arrangement.

DR. PULFORD: Was he treated properly?

DR. SLOAN: There wasn't any chance. I don't believe when an appendix is gangrenous in three hours the indicated remedy is going to save him. The only safe way is to get it out.

DR. BAKER: The thing that worries me most in the practice of medicine is when the fate of the patient is in the hands of the man who sees him first. Take a surgical case or appendicitis or anything of that kind, it is a hard thing to decide what to do. That worries me more than anything else—to decide when to call for help. I don't like to wait too long.

I had a case several years ago—I have lost very, very few appendicitis cases, but they were mostly all operated. This man had a decided case of appendicitis. He wasn't very sick. I called in a surgeon, a man who has been working with me for 25 years, one of the best surgeons in this country, a man of excellent judgment. He said, "This man is doing pretty well, I think we can tide him along". There were financial conditions in the family which made it desirable not to operate if we could help it. We waited 24 hours, we operated and lost the patient. Both the surgeon and I feel pretty badly over the case. We wouldn't have done it except under those conditions. I don't believe that remedies will do anything whatever for those abscessed cases. They may possibly get well by emptying through the bowels, but it is a mighty bum job, I think.

I had a case that worried the life out of me, one we came near losing. This woman was three months pregnant. She was taken with violent pains in the abdomen at 11 o'clock at night. I saw her and prescribed for her as well as I could, but I couldn't get anything; she had no vomiting, she seemed to have this intense pain. Well, I prescribed for some time. Finally she got so violent she was neurotic. I gave her a hypodermic which didn't quiet her much. I saw her again at 6 o'clock in the morning. I called for a surgeon and he came out. I told him that I possibly had an obstruction. He thought so too. He took her into the hospital—that was his system. My regular surgeon saw her; she was a little quieter. He went over her. There was no vomiting, no nausea. He said, "When this patient is well she is mighty neurotic, a little pain goes a long way with her. We will hold off and watch her". We watched her that day. In the afternoon vomiting started and we operated in the afternoon and took out 16 inches of gut, black as coal.

DR. STEARNS: I am always afraid of appendicitis. I don't like the cases. The first case I ever saw was thirty-six years ago. I wasn't a doctor then, and we knew it was appendicitis. The fellow was my brother, off in the country. I had had my first year in medicine and McBurney was talking about appendicitis at that time; it was in the early days. There was a lump, and the doctor we got in consultation said, "Another day will tell the story". That opened up into the gut and he has been all right ever since, but it was a very ticklish sort of situation. We didn't know anything about homœopathy, but the old doctor in the town was an eclectic. He gave him calcarea sulphide. He got a proving from that; he had a set of boils on the back of his fingers.

There is that Dr. Reid in Middletown, Ohio, who has treated appendicitis all his life and never lost a case, never had a case operated on. I talked to his son about what happened. He said that it may be sometimes a tumor, sometimes it disappears; he didn't know what became of them. At other times it would rupture, but it always ruptured into the gut. But suppose it doesn't rupture into the gut, then they lose them.

DR. MCLAREN: It isn't the case that gets walled off that is so dangerous, it is the kind of case Dr. Sloan is talking about that is going to kill the man in a few hours.

DR. STEARNS: Fulminating cases—I guess there is nothing else to do.

Dr. Edmond Carlton went through forty years without a loss of a case and his son tried to get the same record. There was a case where a woman had a gold tooth in her appendix that perforated.

DR. PULFORD: Whenever you have the correct remedy it will eliminate that.

DR. STEARNS: I had another case with a boy two and one-half years old. the one sad experience I had in that line. I called a surgeon in consultation. I was prescribing the best I knew how. That case began with vomiting—always look out for any case of appendix that begins with vomiting. I said I have held out some of these cases and cured them, I haven't lost one yet. He said, "This case ought to be done now". I waited until the next day, then I was convinced, but that baby died. It had ruptured into the abdominal cavity. It wasn't a fulminating type, it was walled off and didn't go in the right direction. I sat up one night with that boy trying to give him comfort. He hung on to me as though I was his father, but nothing could save him, so that I dislike appendicitis more than I did before.

DR. HAYES: This discussion seems to be conducted on the supposition that all prescribers prescribe with the same degree of skill.

DR. UNDERHILL: Allow me to say that I have handled a number of cases of appendicitis, acute and chronic, with good results, giving them whatever the indicated remedy was. I have had appendicitis twice myself, first when I was an interne in the hospital. I was afraid they would operate on me. Even though I was an old school fellow I couldn't see the idea of having the knife on myself. I had ice bags and morphine and stayed in bed and ate nothing. I finally pulled around after ten days. Two years later I had a subsequent attack—or three or four years later—but I knew Dr. Thacher then. I went to him and he said, "All you need is a dose of cucumber". He gave me a dose and I have never had any since.

While I was interne in the hospital on surgical service we had a man brought in at 11 o'clock one night with a diagnosis of acute appendicitis, emergency operation ordered right away. I put him through the preparatory routine for an emergency appendix, called the surgeon on the phone. The routine included an enema. Well, that fellow got the enema and by

George, the pain, tenderness, rigidity went away and he refused the operation, by the time the surgeon got there. The surgeon laid the law down to him something terrible, practically abused the man for refusing operation, told him he was all kinds of a fool. Then he gave me a good round calling down for giving him the enema. I said that it was part of the rules there and I did according to the rules for emergency operation. He said, "If any case is brought in like this again don't give him an enema". (Laughter). That settled that part of it.

I might say this, in closing, that if I was unconscious, got knocked unconscious and I woke up in a big hospital I would be scared to death, I would only think of one thing, and that was, "How can I get out"?

DR. GREEN: Back in 1901 I was taking a license examination for practice in the state of Maine. One of the questions under one of the subjects was, "Discuss the medical treatment of appendicitis". After that part of the examination was over and we were out in the corridor, there was a recent graduate of Johns Hopkins who passed by me, full of indignation, and I heard him say as he went by, "As if there *were* any medical treatment for appendicitis". (Laughter)

DR. MCCLURE: I heard the doctor here saying something about using ice on that abdomen. I wouldn't recommend ice for anybody with appendicitis. You take a cold compress and leave it on there until it gets good and warm, that is enough, wring it out of cold water and leave it on there until it gets warm before you change it, and you will do something more in the treatment for appendicitis in that way.

DR. CLARK: I say that it isn't necessary for a man to do surgery to be competent to make a diagnosis, and the quicker he takes that to the surgeon to have it operated, the better.

DR. COLEMAN: One word about that pus that Dr. Pulford spoke about, that he designated as stinking to heaven. It is the pus that stinks to heaven, doctor, that is not the dangerous pus. It is the pus that doesn't have any smell that is dangerous.

CHAIRMAN FARR: Mr. President, members, I think we will find in the sum-up here on the matter of appendicitis that probably there is no one here who has ever met a case of appendicitis who hasn't asked: Is it a case of appendicitis acute or is it a case of colic acute?

In the second place, a case of appendicitis acute should respond to remedies as well as any other acute condition within the body if it is correctly prescribed for.

Now the occasion of that appendicitis was due to some faulty living and diet or evacuation or work in the patient. If the physician who prescribes for the first acute attack of appendicitis which any patient has, will in addition to giving the indicated remedy correct the faulty habits your case will probably be the only one that that patient will ever have.

Another point I want to stress relative to whether it is colic or appendicitis, colic will vomit if there is an overloaded stomach, there will be pains in the abdomen, they may or may not locate in the right side. However, our old friend enema here often answers the story. If the enema is given and the pain leaves and vomiting ceases, you haven't an acute appendix. Then we have one more help which is not difficult to do, and that is your blood count, where you are in doubt before you delay, before you call consultation, if you are able to do it yourself, do it; if not, have it done, and that will differentiate between the appendicitis and colic, in appendicitis your white cells are going up more or less, and your polys are becoming numerous, they are going from 62 per cent upward, your white count is above 8,000, if the patient's resistance is good, if it is not it will fool you. You can have a low leukocyte count and your patient be going bad, the reason is he has no resistance, he is a bad risk to treat either medically or surgically.

One other point, there is one other condition. One Sunday morning I received a call at 5 o'clock to see a patient who had come out from New York to visit friends in the country, in Montclair, over Sunday. She was taken with vomiting and with a severe pain in the right side. She gave a history of nothing menstrual, but a history of very rich food the day before. I prescribed and ordered an enema. Three hours later I got another call; she was apparently no better. I carried my blood count apparatus, did a count, white cell 25,000, and poly count 82. We opened her at 2 o'clock and there we found a ruptured ectopic. That was one of the funny things that developed out of an apparently clear sky. Had no history of a menstrual nature; an ectopic pregnancy developed. There was one of the things you couldn't treat medically without getting into trouble. She was bleeding all the time. We took out probably a pint of clotted blood in addition to having considerable free bleeding. Those are the things of which you must be careful in your diagnosis.

DR. PULFORD: What is the difference between the bleeding from an appendix or an abscess or any bowel trouble, when a man is in a state of collapse and all gone, and the same thing from a duodenal ulcer breaking, where the man gets perfectly well, and is in good health after it? What is the difference in those two cases? Why shouldn't both have been operated on and how could that man have gotten well?

DR. FARR: In perforating ulcer you have let into the abdominal cavity not alone bleeding but stomach content, and stomach digestive fluid which is extremely irritating to a peritoneal lining; the ruptured appendix lets in pus which is a normal body product, lets in fœtal matter or whatever may have been the cause of the appendicitis in the appendix, and you set up a counter-irritation there which produces an auto-intoxication whereby the heart center, and breathing center, gradually become paralyzed from the peritonitis. A bleeding from an ectopic pregnancy gives you straight hæmorrhage. If the patient's coagulability is sufficient so that a coagulum will form around the bleeding artery which has been ruptured, that case can be treated medically. On the other hand if conditions of rapid heart, shortness of breathing and possibly nausea are growing great, you are running into collapse, consequently your coagulum hasn't stopped your bleeding artery and your patient will bleed to death internally. I was referring to the ovary.

DR. PULFORD: I beg pardon, I thought you were speaking of the appendix.

DR. WARE: Of course we have *China* and other remedies, which might sometimes help. An injection of calcium lactate is used in case of hæmorrhage to raise the coagulability. By the way, have you tried *Ceanothus?* It is being highly spoken of as a drug to increase the coagulability of blood. For instance, if in doing a blood test you find the blood does not coagulate within five to ten minutes the injection of *Ceanothus* has been discovered to raise it.

THE LAW OF CURE*

ROGER SCHMIDT, M.D.

For a series of facts and phenomena to be the object of a science, they must be united by real connections, submissive rules, principles and fixed laws. The scientific mind invents neither facts, nor their relations of causality any more than their laws and principles. Its mission consists in investigating, discovering them, and establishing them on a basis as solid as possible.

Repeated observations and experimentation, which is only observation applied to artificially produced relations of causality, establish the reality of these facts on the firm basis of experience. When the relations of causality are permanent and invariable the existence of *positive laws* may be concluded from them.

As empirically found out facts, relations of causality have, too, their *raison d'etre*. They derive from more general laws and have their principles. Leading up to these principles, in so far as they can be positively established, is the highest mission of science. On the limit of these positive principles, experimental sciences stop. If we exceed that limit, we enter the domain of philosophy, the domain of primary and metaphysical causes. No scientific man should remain a stranger to this domain. Willingly or not, those limits are constantly exceeded; as the search for primary causes, for principles, is imposed upon the human mind by its very nature.

The reality of the relations of causality, of the principles of laws and the possibility of proving them by observation, are the first condition of every true science. Another and quite as necessary condition is the fixity of those laws. Arbitrary acts and chance do not exist in the domain of true science, in the domain of medical science, any more than in any other.

What makes the strength and superiority of homœopathic therapeutics is that it rests on precise and fixed *laws* and *principles*. Beside our great law *Similia Similibus Curantur* which forms the solid basis of the Hahnemannian doctrine, there exists a secondary one little known: THE LAW OF CURE.

*Read before the International Homœopathic Council at Stuttgart, 9th to 14th of August, 1928.

Constantin Hering had the merit of formulating for the first time the law of the direction of symptoms, i. e.:

FROM ABOVE DOWNWARDS.

FROM WITHIN OUTWARDS.

FROM A MORE IMPORTANT ORGAN TO A LESS IMPORTANT ONE.

IN THE REVERSE ORDER OF THEIR COMING.

I have been unable to find the original work. J. T. Kent in his *Lectures on Homœopathic Philosophy* and *Lesser Writings* speaks of Hering and of the *modus operandi* of cure. Stuart Close likewise mentions the law of cure in his *Genius of Homœopathy*. As far as I know no trace of it can be found in the homœopathic literature or elsewhere.

After defining what the Law is and insisting upon the necessity of having laws as the basis of every scientific work, it is useful to study the expression *"cure"*.

Our illustrious master, Samuel Hahnemann, took as starting point that which ought to be the aim of any medicine: the cure of diseases. The first paragraph of the *Organon* says:

"The first and sole duty of the physician is to restore health to the sick. This is the true art of healing".

Paragraph 2: "The perfection of a cure consists in restoring health in a prompt, mild and permanent manner; in removing and annihilating disease by the shortest, safest and most certain means, upon principles that are at once plain and intelligible".

Hahnemann says restore health and annihilate the whole, the entire disease, not *suppress* certain symptoms. This discrimination is of capital importance upon which it behooves us to insist very specially, for people usually call "cure" the disappearance of certain symptoms or syndromes, external manifestations of disease, such as constipation, eruptions, leucorrhœa, piles, etc.

A patient calls for the intervention of the physician for symptoms that he finds especially unpleasant, which make him suffer in his comfort or his vanity. He does not know what distinguishes *palliation* from a *genuine cure*, and he has no idea that such external manifestation is only one of the episodes of a deeper affection, one of the parts, often the least important one, of the general trouble. And the physician, always in a hurry and anxious to keep the patient as a client, is but too often tempted,

alas! to take the easy but dangerous way of palliation, of the suppression of external symptoms or pain. For example, this rheumatic patient so quickly freed from his articular symptoms through the energetic intervention of his physician, returns to his clever doctor shortly after and says to him: "You cured my rheumatism so well, why can you not cure my asthma"? The physician, and of course the patient, do not recognize the connection between cause and effect of the peripheral disturbances to the related and consequent internal manifestations, which become more and more serious. The clear sighted homœopathic physician can observe every day in his practice that connection.

The undeniable proof of what should be called the "repercussion" in the interior of the body of external manifestations suppressed, is the return of the previous symptoms, the reappearance of external manifestations, thanks to well chosen homœopathic remedies.

The pains, changes, sufferings, which occur on the surface of the body, not originating from any external violence, or merely from the consequences of some slight external injury, owe their source to an internal affection. It is, therefore, equally absurd and dangerous to regard these diseases as symptoms that are purely local, and to treat them exclusively, or nearly so, by topical applications, as if they were surgical cases, in which manner they have been treated till the present day.

These maladies have been considered as purely local, and, consequently, received the appellation of such because they were looked upon as affections that were in a manner attached to the extreme parts in which the organism took little or no share, as it was ignorant of their existence.

The slightest reflection, however, will suffice to explain why an external malady (which has not been occasioned by an important external violence) cannot arise, continue, or much less grow worse, without some internal cause, the cooperation of the whole system, the latter consequently, being diseases. (*Organon*, pars. 187, 188, 189.)

Behind all local affections, says Dr. P. Carton, even the most insignificant ones, seemingly the most localised, such as anthrax, eczema, coryza, sick headache, etc., is hidden a humoral alteration, an attack against the general condition, a fall of vital resistances, which really form the essence of the malady. But it is principally in the so-called specialties (malady of the eye, ear or nose, etc.) that it is absolutely necessary to know that the eye, nose, ear, must not be treated as if they were so to say placed on a tray, independently of the value of the general reactions of the patient. In so far, any localised alteration (ulcer, fistula, abscess, ganglion, etc.) can be looked upon as a barometer of the general state.

Disease, therefore, (those forms of it not belonging to manual surgery) considered as it is by allopathists as something separate from the living organism and the vital principle which animates it, as something hidden internally, and material, how subtle so ever its nature may be supposed, is a nonentity which could only be conceived in heads of materialy mould, and which for ages hitherto, has given to medicine all those pernicious deviations which constitute it a mischievous art. (*Organon*, par. 13.)

Disease, therefore, is always general, it affects the individual as a whole, physical and psychical, and it is not possible to speak of cure unless the disturbed order has been completely restored in the whole individual and unless the symptoms have altogether disappeared.

The human body can be considered as a sort of confederation of organs, animated by a vital, immaterial principle. Each one of these various organs possesses its own functional centre, and is ruled by a central government; the nervous system. The control of all the functions is effected *from the center to the circumference*, so as to secure harmony and fulfil the purpose assigned to the organism. The morbific agent always affects the center of government first, before following the vital current going from the center to the periphery, and it produces at first functional disorders before producing organic diseases. This is especially evident in acute maladies: every acute malady begins by general disturbances, modifications of the temper and character, then troubles of sleep, appetite, etc., appear. And only later after a more or less long period (called incubation period) are the manifestations localised in such or such part of the organism (static period.) In chronic disease that process remains the same, though it is far more difficult to detect.

The medicamental provings show a movement quite analogous in the intoxicating action on the economy from centre to circumference. As the centre of government is affected first, the whole economy feels that modifying influence, that is why we can observe signs and symptoms in the whole body, with predominance in such or such system or organ, giving thus to the picture of intoxication its proper physiognomony.

Paragraph 11 of the *Organon* defines this direction from

within outwards when it says: "In disease, this spontaneous and immaterial vital principle pervading the physical organism, is primarily deranged by the dynamic influence of a morbific agent which is inimical to life. Only the vital principle thus disturbed can give to the organism its abnormal sensations, and incline it to the irregular actions which we call disease".

Then, if the malady affects first the interior of the individual, not his outside tissues and organs, it is obvious that it is the inside which must first be put in order, and the outside afterwards. The cure must then proceed from *centre to circumference*, i. e.:

FROM ABOVE DOWNWARDS.

FROM WITHIN OUTWARDS.

FROM THE MORE IMPORTANT ORGANS TO THE LESSER.

FROM THE HEAD TO THE HANDS AND FEET.

The law of cure is infinitely precious to the physician; it is his compass and rudder in the struggle against disease. It explains to him clearly in what manner the morbific principle evolves. The practitioner knows with certainty, which makes his strength and his success, that if the symptoms are developed in the direction indicated by the law, the patient will be cured and the symptoms will permanently disappear. He knows also when the symptoms take a contrary direction, that the remedy was not well chosen, that it acts as a palliative and that the patient will grow worse.

I will quote now two cases that will illustrate better than any theoretical considerations, what the law of cure is in the daily practice.

CASE NO. I:

Mr. G. B., 72 years old, told me he suffered, when he was about 40, from an obdurate eczema which had extended from the feet to the sexual parts, then onto the trunk, and at last to the eyelids and scalp. But for the eczema, he thought at that time, that he was very strong and in perfect health. It required years of various treatment, and the use of numerous ointments to suppress little by little this eruption, traces of which are still to be seen on the scalp and eyelids. During more than twenty years since the time he had at last succeeded in ridding himself of his eczema, he suffered from frequent influenza, then from bronchitis,

which little by little turned into asthma. He attributes all these phenomena, from which he never suffered before, to chills and these grew worse in spite of every care. Little by little rheumatism set in (a question of perhaps) which made him suffer cruelly, in the shoulders, hands, and lower limbs. Every winter he had one or two attacks of lumbago and sciatica, without mentioning attacks of bronchitis and asthma.

Now he has a pityriasic erythema on the scalp, dry eczema of the eyelids and conjunctivitis. The skin all over the body is extremely dry and covered with little white scales, especially abundant on the limbs. When auscultating the globulous thorax one hears big rhonci and numerous sibilances spread about. The cough is noisy, paroxysmal, turns loose and dry. Solar plexus painful when pressed, when the patient is standing (signal pain according to Leven) which denotes a gastric ptosis. The liver, very sensitive to touch, continues beyond the ribs a little. The patient complains of lack of appetite and constipation. Dry arthritis of the shoulders and knees. Heart normal. Pulse 75. Arterial pressure 7-15, measured by Vaquez-Laubry machine. Tendon reflexes not very much marked. Numerous nodosities around the ariculations of both hands. The nails of the big toes are very much thickened. The patient is frequently disturbed in his sleep by his cough and after 5 in the morning he cannot sleep at all.

This story and the complex of the present symptoms clearly indicate *Sulphur*. On January 27 I give *Sulphur* 30 every morning in the plus method. On February 3 the patient returns saying: "I feel better, I sleep better, till 6:30. The cough disappeared two days ago, the breathing is deeper, the stairs much less difficult to ascend. I have an appetite again, my bowels evacuate two or three times a day." The only shadow in the picture is the increase of rheumatism nearly everywhere. I give *Placebo*.

On February 27, the above mentioned improvements are maintained. The head is lighter, the mind more active, the ideas clearer. The itching and the erythema of the scalp have disappeared. The eyes are getting better. On the contrary, the rheumatic pains are stronger in the hands and feet. "An extraordinary thing, doctor, my previous perspirations and my eczema of 20

years ago, on the genital parts, on the hands and feet have returned. I don't want to recommence the comedy of yore". I warn my patient and tell him to abstain from any external medicinal application and I speak to him of the law of cure explaining to him that his symptoms are following exactly the desired direction:

From above downward (the head is better, the lower parts of the body worse).

From within outward (the cough, asthma, breathing, digestive functions are very much improved, whilst the extremities show serious aggravation).

And in the reverse order of the coming of the symptoms (reappearance of the previous eczema and perspiration). Of course I give *Placebo*.

On April 2, I see my patient again. He declares that his state has rapidly improved, until a recent journey during which he indulged in an indiscretion of diet, which brought about a strong aggravation of all skin symptoms. The rheumatism is better but has not completely disappeared. I order a dose of *Sulphur* 200 and *Placebo*. (The duration of *Sulphur* 30 was 10 weeks).

On July 6 the patient returns to thank me. He is cured and wishes to make me endorse his opinion.

CASE NO. 2:

Mrs. A. G., 35 years old, comes to consult me for her general state of health. She is a sensitive person, and her symptoms would cover numerous pages, therefore I will only mention the most important. Her state of health was entirely modified after the birth of her daughter, eight years ago, in spite of the care of several physicians, it was growing worse and worse. Giddiness in the morning, when standing and when going down the stairs. Sick headaches accompanied with nausea and vomiting of bile, especially before and after the menses. Her head is often flushed in the region of the vertex. The nape of the neck is the seat of heavy pains. She always feels too hot and cannot bear heat; the warmth of the bed gives agonies in the legs, her feet are so burning that she stretches them out of the bed or walks barefooted on the cold stones of her kitchen to cool them. Violent fits of sneezing in the morning after leaving her bed, followed by tears; itching of the eyelids. Her sight is weakened and her eyes easily get tired. She has too much saliva which obliges her to swallow constantly, thence ærophagia. She is more thirsty than hungry. The stomach and abdomen, very much swollen, are as if bruised. Many eructations and intestinal gases. The menses have nothing special, except that they are followed by "whites". Her back often hurts. Her very damp hands show an eczema of the palm for the last eight years. Pains in the shoulders, worse at night. Heaviness in the legs, which feel as if swollen. Very sudden pains in the sciatic nerve, when walking. Sleep is very troubled, because of a burning feeling of the feet, startings and shakings of the entire body. In the morning, when awaking, she is more fatigued than when going to bed. This symptomological ensemble contains good indications of *Sulphur*.

On April 5th, I give *Sulphur* 30, 200M, 10M, one dose of each dilution every morning and *Placebo*.

On April 16th the patient tells me she felt far worse during the four days which followed her visit to my office, and she didn't close her eyes during these four nights. Then, she felt relieved, stronger, the headaches have not reappeared, nor the giddiness either. The nape of the neck is getting better too. The thirst has disappeared; but she has the greatest difficulties in coming to my office, as she suffers so much in the back and lower limbs. The eczema of the hands is increased. All this discourages her very much. I exhort her to have patience and reassure her in explaining the LAW OF CURE: "All that will go down and out, never to return".

Indeed, on April 30, the pains in the back have gradually disappeared after the last consultation. The hands are getting freed from the eruption. The sleep would be excellent, if the legs and especially the feet did not give her a foretaste of hell fire. *Placebo*.

I see my patient only 10 weeks later, on July 16, for the good reason that she is perfectly well and cured.

GENEVA, SWITZERLAND.

A BRIEF KALA-AZAR TREATMENT.

N. N. NUNDI, M.B.

Kala-Azar is a kind of blood-poisoning disease. Its "cause" is a kind of parasite called Leishman-Donovan bodies. These parasites are generally found in the endothelial cells either in the spleen or liver or in leucocytes in the blood. It is also called Burdwan Fever, Dum-Dum Fever, etc.

Fever and along with it enlargement of the spleen and liver are its characteristic symptoms. The period of suffering is prolonged. On aggravation of the disease the appearance of the patient becomes bright brown or blackish. From the very beginning the disease appears like a chronic one. With its progress the patient becomes increasingly emaciated, and with the development of other symptoms bloodlessness becomes specially prominent. This fever puts all the other organs out of order and makes the colour of the body blackish. Appetite remains unabated but the patient cannot eat in proportion to his hunger. It is also found that one or two patients out of a hundred can eat as usual.

Blood oozes out from the nostrils and the roots of the teeth. In the very chronic stage of the disease dropsy and sometimes ascites are found to develop. Dropsy generally starts in the feet. After continued suffering the hair begins to fall down. Unlike all other common diseases the patient is not laid up in bed. A clean tongue is a special symptom of this disease. Eyes become yellow and the patient suffers from night-blindness. In the chronic stage, apex-beats of the heart can be seen and even counted from outside. In most cases the patient suffers from bloody dysentery, pneumonia, dyspepsia or bronchitis.

The other special symptoms of this fever are as follows:

(a) The more chronic is the disease the more the spleen enlarges and becomes hard.

(b) The liver is smaller than the spleen.

(c) In cases where the liver is abnormally enlarged, it is felt rather soft; its lower part appears like a pointed knife.

(d) The spleen enlarges or diminishes in accordance with the severity of fever.

(e) The fever is of tertian type.

(f) Fever comes with vomiting and violent shivering.

(g) The temperature of the fever rises more at night than in the day.

(h) No good result is obtained from the use of quinine.

(i) Sores are more prominent on lower gums.

An examination of the patient's blood discloses the fact that a special change has taken place in it.

Kala-Azar is sometimes mistaken for malarial or typhoid fever. For the sake of convenience a comparative statement is printed on page 119 showing symptomal differences between Kala-Azar and other types of fever.

TREATMENT

Nowadays allopaths are beating their drums for the victory of antimony injection; but it cannot be said that they are achieving success in all cases, although good results are obtained in a few cases temporarily. Nothing can be said with certainty about its usefulness unless the condition of the patient is carefully watched for many days after injection. Although by antimony injection temporary recovery is effected by the administration of some strong poisonous medicines, we shall remain doubtful about its efficacy. The allopaths generally prescribe sodium antimony tartrate or potassium antimony tartrate.

The Injurious Effect After Injection.

It is frequently seen that patients suffer from dropsy, bloody dysentery, dyspepsia, pneumonia or bronchitis after injection. If a patient is totally cured of his disease where, then, do the above diseases come from? Should we not, then, be doubtful about injections? In some cases it has been clearly found that after the fever has stopped other symptoms have developed as a result of which the patient becomes gradually weaker and with the appearance of bloody dysentery, pneumonia and bronchitis, antimony injection is stopped. What should we understand from this? But in a critical time when the patient struggles between life and death these strong poisonous medicines are being used in any place without any objection.

It is a matter of great regret that homœopaths are silent in this respect. They lose their faith in homœopathy if in some cases they become unsuccessful by using medicines that have got power

to develop similar symptoms. Kala-Azar is a new name (although in homœopathy there is no black or white fever but only the symptoms are present and diseases are named differently in different countries). They do not think it necessary to improve the system of treatment having keen eyes on new symptoms. It is also a blunder to think that they are in all places open to blame. Kala-Azar is mainly confined to the rural areas of Bengal. It is difficult for experienced homœopaths practising in towns to do any research work in touch with a Kala-Azar patient. Physicians living in villages come in contact with Kala-Azar patients by hundreds but such an opportunity occurs rarely to a town physician. Another thing is that if any homœopathic medicines fail, both the attending physician and the patient lose their faith in homœopathic medicines. A third reason is homœopathic medicines take more time to effect a cure. On the contrary these village physicians cannot conduct any research work freely for the bread question presses them hard. Many village physicians devote their time to their own family work and practise homœopathy in their spare time as an additional means of maintenance. For this reason it is impossible for them to take steps towards reform. In such cases the patients are compelled to have recourse to injection for their life. But alas! they cannot think of its most pernicious effect. They are quickly marching on the way to death by reason of strong poisonous medicines injected into their body. Instances are not rare where homœopathic medicines, if prescribed after careful diagnosis, have succeeded in curing a good many patients. Further, homœopathic medicines do not cost even one hundredth part of what allopathic injection does in addition to producing a harmful effect on the body.

Homœopathic Medicines.

Generally speaking, the following medicines are used in Kala-Azar:

1. *Antim crud.*
2. *Antim tart.*
3. *Baptisia.*
4. *Iodof.*
5. *Arsenic.*
6. *Ipecac.*
7. *Ferrum ars.*
8. *Iodium.*

Besides the above, other medicines may as well be used but their selection is left to the discretion of the attending physician.

With a view to removing this long-felt inconvenience we have invented homœopathically a medicine called *Kalonic 1x* (regd.) after successful experiments on many Kala-Azar patients. For the last three years these experiments have been carried on and tested upon thousands of patients.

We have so far obtained this result that 95 cases out of a hundred have been perfectly cured and in no case has there been a relapse. It is, therefore, not a matter of slight glory in homœopathy. Wonderful results have been obtained in the following symptoms:

FEVER: Twice a day: 9 a. m.-10 a. m., 3 p. m.-5 p. m. in some cases, 10 a. m.-11 a. m., 10 p. m.-11 p. m. in other cases.
Remittent, intermittent or malarial fever.
Temperature rises more at night than in the day, with shivering.

HEAD: Pain and heaviness in the head, hair falls down and stands straight. Brightness of hair is lost. Headache and heaviness in the afternoon.

FACE AND MOUTH: Profuse bleeding from gums, sores in the mouth and at the roots of the teeth and bleeding therefrom, reddish face, coppery face, blackish colour of the face, tastelessness.

LIPS: Lips very dark and trembling.

NOSE: Profuse bleeding from nostrils, discharge of phlegm, sometimes with blood.

TONGUE: Clean, in some cases black spots, sometimes two sides red.

EYES: Burning sensation in the eyes, yellow, in most cases the patient suffers from night-blindness.

HEART: Quick beating of heart, after suffering for some time the apex beats can be seen and counted. Difficult breathing; enlargement of heart, beating is so quick that it can be seen over a shirt and the patient can count it.

TEETH: Toothache, blood and pus comes out of gums.

PULSE: Quick pulsation, pulsation does not decrease even when fever falls down.

STOMACH: Vomiting of blood from the stomach, strong appetite, the patient always wants to eat and can eat as usual. The

appetite remains unabated even in chronic stage but cannot eat. In one or two cases out of a hundred the patient can eat as usual.

HANDS AND FEET: Burning sensation in hands and feet, the palms of hands and soles of feet become black, dropsy first starts in feet.

SPLEEN AND LIVER: Abnormal enlargement of spleen and liver. The more chronic is the disease the larger and harder is the spleen. The spleen is bigger than the liver. The spleen enlarges or diminishes according as the fever is high or low.

VOMITING: Nausea, fever with shivering and vomiting. Sometimes vomiting is too much.

SKIN: Skin is dirty or bright brown and afterwards dark black, skin rough. Pale owing to bloodlessness, black spots on the skin. Boils, gangrene, eczema and other skin diseases appear. Skin sometimes dry and sometimes wet.

GENERAL SYMPTOMS: The patient can move freely, can talk but becomes gradually weak. Dropsy starts first in the feet and then extends to the whole body. Burning sensation all over the body. The lower part of the body is cold, and upper part warm or similar or opposite. The body becomes gradually thin and black. Blood comes out from the nose, anus, stomach and lungs. Jaundice, palpitation of the right lung.

PERSPIRATION: Profuse perspiration, sour smell in perspiration.

THIRST: Intense thirst. Sometimes relief after drinking cold water and sometimes not.

PAIN: Pain all over the body, aggravation of pain in the afternoon. Great weakness and owing to this the patient lies down.

SKIN DISEASES: Violent and constant itching, water comes out after scratching and afterwards pain, aggravated at night.

TESTICLES: Testicles swell and pain, then skins like scales of fish come out. Pain and relief in heat.

AGGRAVATION: Starts sometimes in heat and sometimes in cold and relief in opposite condition.

RELATIONSHIP: *Antim Tart.* and *Iodium.*

ANTIDOTE: *Camphor* and *Sulphur.*

POTENCY: We have obtained unexpected result by using IX. But the physicians can test the result of higher potency.

DOSE: 1 to 5 drops. Half a dose for children.

SYMPTOMS	ACUTE MALARIA	CHRONIC MALARIA	TYPHOID FEVER	TROPICAL PARASITES	KALA-AZAR
Fever	Fever with violent shivering and remission of fever	Intermittent shivering and no fixed time for attack	Fever rises slowly	The time of attack uncertain	Fever rises twice a day and sometimes slow fever constantly
Spleen	Small	Very much enlarged and hard	Normal	Enlarged and hard	Gradually becomes enlarged. Soft
Tongue	Coated	Coated	Sides and point red or coated	Coated	Clean
Ascites	nil	nil	nil	nil	Slight, later marked
Colour of the body	Yellow	Yellow	Yellow	Normal	Dark black
Use of quinine	Sometimes efficacious	Not efficacious	Fever does not stop	Fever does not stop	No result at all
Dropsy	nil	Appears at the later stage	nil	nil	Appears soon
Appetite	Normal	Loss of appetite	Normal	Normal	Very strong
Bloody dysentery	nil	Very little	nil	nil	Often found
Pneumonia, Bronchitis	nil	Very little	nil	nil	Many times found
Organisms	Malarial parasites	Malarial parasites	Typhoid bacilli	The various parasites	Leischman-Donovan bodies

CLINICAL CASES.

ANANDA MOHAN SUR, M.D., M. A. (London)

CASE 1: On January 15th, 1927, a young lady came to me suffering from nervous debility and she told me that her husband was suffering from chronic gonorrhœa as well as nervous debility from his childhood. She was married four years ago. Now she is aged 18 years. I prescribed for her *Sulphur* 200. She had been treated by many allopaths, Hakimis, etc., without success. On January 19th she again called at my address when I prescribed *Aconite nap.* 3x for her nervous debility. She came back and said that she was all right and inquired if she should continue the medicine. I told her not to. She reported to me after three months, and has been doing well since.

CASE 2: An Anglo-Indian lady aged about 20 years was suffering from dysmenorrhœa for the last six months. I took the history of the case and examined her minutely. First I gave her *Pulsatilla* 6x for three days. When she came to my dispensary after three days she reported being better. I gave her *Cimicifuga rac.* 30x for one week. She recovered from disease and is now all right.

CASE 3: A woman of the town of Delhi aged 19 years came to me last year when I halted there for a short time. She reported to me that she married one Mohammed Abdul Gofer of New Delhi, but owing to his defective manhood she left his protection and adopted the life of ill fame. But her passion still could not be satisfied even in her immoral life and she consulted me if there was any remedy that could give increased sexual pleasure. Taking down her whole history I gave her *Alfaco.* After a fortnight she again called on me and told me that she was gaining gradually what was wanted. This medicine was repeated for a month's time.

CASE 4: Babu Santosh Kumar Banerjee of Chandni-Chak of Delhi, aged 20 years, had been suffering from constipation from his 9th year. Allopathic, homœopathic and Aryuvedic medicine were tried with no appreciable results. I examined him and gave him first *Nux vomica* 200th dilution to be taken every three hours. This did not stand him in good stead and I gave him *Nux vomica* 1000th dilution. He came to me after three days and reported improvement. This was repeated and he improved considerably. Now he is all right.

My dear Miss Dugdale

As you have paid $14.65 on the different parts of the repertory and as $15.00 pays for the whole repertory I send you by express all the remaining parts. I am glad you are helped by my words. It is a dull time for pure homoeopathy. The most of the Colleges sneer at it. I am glad I have a free chance at teaching. They are all very nice to me in our Homoeopathic College of Chicago. I lecture twice each week to all the 4 classes in the amphitheatre. This gives the Freshmen a chance to hear my entire course as it takes me 4 years to cover the Materia Medica. Ours is the only College in which a student is taught pure Hahnemann. It is true that much that is not true is taught by some of our teachers. But I try to keep our students from absorbing the nonsense.

Yours truly

J. T. Kent

POINTS CONCERNING THE PHILOSOPHY OF ILLNESS AND RECOVERY*

C. A. DIXON, M.D.

To those of you who are familiar with Kent's philosophy it will not be necessary to specify the source of my information, and in passing I want to pay this tribute to that peerless disciple of Hahnemann's, that he was undoubtedly the greatest since Hahnemann, and I am tempted to believe in the transmigration of the soul and that Kent was a reincarnation of Hahnemann.

We are all asked the question so often: "Doctor, what makes me sick and why"?

And I have a pat answer to their question by saying, "The best definition I have ever heard for sickness and disease is sin".

And then I go on and elucidate, that sin does not take on a religious meaning as I use it but it means *breaking the law*, Nature's law, that Nature is very kindly and will stand for many a slap in the face but that she will keep accurate account and finally say, "It's time you paid your account", and levies on you for payment, and the Good Book says, "Unto the third and fourth generation".

The young doctor, whether a graduate of a homœopathic, eclectic, or allopathic institution has been so thoroughly trained to see nothing but the material, that his first hard lesson to learn, if he becomes homœopathic, is to forget the material.

As Kent says, we must think what makes the *patient* sick; not what causes changes in his liver, his kidneys, and his other organs. Which is another way of saying that we must get and correlate all of the generals before we use the particulars. Again, quoting Kent, "The physician spoils his case when he prescribes for the local symptoms and neglects his patient".

A cure is not a cure unless it destroys the internal or dynamic cause of disease. A tumor, if removed, does not cure the patient, because its cause still continues to exist. And, right here is a good place to put in a bit of philosophy concerning the results of the knife. People at large have accepted the surgeon as their saviour. There is a mistaken idea prevalent that they are

*Read before the I. H. A., June 1928, Bureau of Philosophy.

getting a cure. They have lost sight of the facts of the case. Surgery never deals with causes, but always with effects. It takes awfully crooked thinking to conjure a cure from the removal of an effect, yet the public are sold on it. A prejudiced mind decides without wisdom, the way he wants to have it.

When a remedy has benefitted a patient satisfactorily, never on your life change your remedy, but repeat your remedy as long as you can benefit the patient. Do not regard the symptoms that come up, the remedy has actually led to a change. Don't reason that if you had given a certain remedy in the beginning you could have cured your patient. The masked symptoms came out as a result of the remedy.

When you make failures, you may be sure that they are within yourself. If you think the failure is in homœopathy, you will begin your corrections on the wrong side of the ledger.

When a case comes back in a few days with all the symptoms changed unless they are old symptoms, the prescription was inaccurate and unfortunate.

Be sure you are right, then go ahead.

Don't prescribe until you are sure. Don't be ashamed to go to your books in the patient's presence. The intelligent ones are usually pleased to see you consult your authorities, likewise it impresses them to see you take notes. for a record, and to see you refer to those notes upon their return. Most of the complications that are apt to manifest themselves, especially in acute cases, are due to nature being interfered with. Don't drop a monkey-wrench into the machinery, and expect kindly nature to protect the mastoids, sinuses, heart, *et cetera*.

Speaking of sinus troubles, we are having more and more of them every year, due to that same little money-wrench. They were a rare complication until some ingenious "Yankey" invented an atomizer and the medical profession began to branch out into nose and throat specialists. When an individual takes a head cold, kindly nature immediately congests the nasal mucosa to form a wall of defense to protect the sinuses. The poor deluded patient has learned that if he will drop in to the office of his friendly specialist, that he will blanch the swollen tissues with adrenalin per the dear old atomizer and the grateful patient walks out

breathing through his nose. Perhaps he gets away with it the first time or two, but eventually that same patient is bragging to his friends that he is just back from the hospital where his specialist friend had done an operation on his sinuses, all of which is a fine demonstration of dropping a monkey-wrench into the place where the wheels go round.

One of my young surgical friends, not long since, read a paper on appendicitis in children, quoting I think fifteen cases in his own practice, all operated, with three deaths. In my discussion of his paper I made the statement that I had never seen a case in my own practice, in a child. The author, in closing the discussion, rather featured my remarks, and broadly hinted that either I was incapable of diagnosing appendicitis or was extremely fortunate. That created a laugh at my expense, which is the accepted way of meeting bothersome facts. He reports a mortality of 20% and I firmly believe it all due to his interference with kindly nature.

Learn to hold steady when distressing symptoms appear after a favorable reaction has followed your first prescription. It is a hard lesson to learn, but many cases have been spoiled in that way.

And now, just one more word of warning. Don't ever get the idea that you have mastered all there is to know. Always use your repertory.

AKRON, OHIO.

DISCUSSION.

DR. BOGER: Mr. Chairman, I want to open it up by saying the doctor's familiarity with homœopathy doesn't extend to some other sciences. That wasn't a case of transmigration (laughter). Transmigration is on the descending scale, reincarnation is on the ascending scale.

DR. DIXON: I stand corrected.

DR. STEARNS: I want to say I have enjoyed this. It is too good a paper to discuss and too good to leave alone.

DR. PULFORD: Mr. Chairman, it was ignorance of medicine that bred the supremacy of surgery, and many are brought to an untimely grave, a good deal of sickness and distress, all for the want of the *simillimum*. Many sinus troubles come to the office that have been unmercifully bored out. They never had any trouble particularly before they had their operation. I think Dr. Dixon has hit the nail squarely on the head.

DR. DIENST: I think I have got to get a load off my chest, not particularly on this paper, but what was said yesterday, and this paper combined.

Dr. Dixon cautions very carefully about the use of medicine. Yesterday we had *Nux vomica* prescribed for curing liver trouble. It has been curing liver trouble for 35 years and still is used.

I heard a story of a man that had a great deal of liver trouble. He went from doctor to doctor and from place to place without any particular results, that is, to his benefit, so he said to himself: "I am going to travel, see if I cannot get rid of this liver trouble". He finally found himself way down in the plains of Texas and passing through a ravine in Texas he came to a spring. He sat down at it a little while, tasted the water, and it tasted good. He began to drink this water and he found it had a remarkable effect upon his liver. It began to improve so rapidly that finally he concluded to commercialize it. He built a large sanitarium and people came from all over the country with liver trouble and were cured, but this man kept on drinking the water until it came his time to pass over into the Great Beyond, and the liver refused to die. They had to take it out and kill it with a club. (Laughter).

DR. HAYES: Dr. Dixon will close the discussion.

DR. DIXON: We can joke about serious matters and we can get serious over jokes, and my talk about the prevalence of sinuses could be carried into a serious strain to cover practically all the specialties.

CALCAREA IN NASAL POLYPUS.*

THOMAS SIMPSON, M.D.

A city magnate of robust build who took little exercise and dined well but not wisely, complained of nasal polypi obstructing his breathing and causing other discomfort. He told us he had on several occasions submitted to operations at the hands of an eminent surgeon who told him that it was common for these polypi to recur after removal. I gave him one dose of *Calc. carb.* CM, and asked him to return in a month which he did. He reported that several small polypi had been detached in the act of sneezing, with relief to his breathing and lessened discharge. *Sach. lact.*, six doses. On his second visit he assured me that these small polypi continued to descend from the nostrils. Another dose of *Calc. carb.* was followed by improvement, and continued until it effected a complete cure, which remained for twelve months afterwards, when I lost sight of him.

*Repr. from *The Homœopathic World*, 1928, LXIII, 320.

POINTERS.

HOMŒOPATHIC HOD-CARRIERS.

In the erection of any edifice material must be patiently and assiduously brought. Consider the hod-carrier, swaying nimbly up the plank into the building under construction. Again and again he deposits his load of bricks as an ant does his grain of sand.

We, too, as practitioners of homœopathy are building, carrying data in the daily round. Of what do these homœopathic bricks consist? Of cases often, of laboratory results, of ideas it may be, to serve as mortar to the facts. There are certain types of bricks which are especially needed for our foundations and others for the facade of our homœopathic structure. What are some of these?

Those needed for the foundations are too big to speak of here and comprise laboratory research in the physics of potency, in the chemistry of herbs, in the pharmacology of our remedies on human and animal subjects. Some of those for structure are verification of symptoms, codifying of errors in our books such as the Kent *Repertory,* collation of valuable hints from practice, reading, conversation with our masters, and experience.

Readers, turn to and keep a note book; jot down daily the things that flash through the mind and are gone if they are not clinched. Elaborate some of these and work them out from week to week, send others to the *Recorder* to be developed by those of us who have not had those bright flashes. The *Recorder* is a homœopathic edifice in itself, and can only be constructed to its full size if each of you takes his turn at being a homœopathic hod-carrier.—E. W.

Send pointers to DR. R. E. S. HAYES, 314 W. MAIN STREET, WATERBURY, CONN.!

Staphisagria is a splendid remedy for injuries to sexual organs.—C. M. BOGER.

In cases of heart disease with fibrillation *Lycopus* merits study.—R. E. S. HAYES.

Asthma is frequently cured by the antisycotics such as *Med., Nat. sulph., Sep., Sil.,* and *Thuj. Psor.* vies with these. As palliatives I find most useful *Ars., Bry., Carb. veg., Ipec.,* and *Spong.* —E. UNDERHILL, JR.

One of the great key-notes of *Phosphorus* is soreness as if a boil were coming, behind the two upper incisor teeth.—C. M. BOGER.

In differentiating two fairly similar chronic remedies let the latest manifestations plus the mental state be the deciding factors. —C. M. BOGER.

Use powdered vegetable charcoal as a nightly local application around the teeth in pyorrhœa.—E. WRIGHT.

In cases of paralysis after novocaine think of *Coca, Phos.,* or *Plb.*—C. M. BOGER.

Calc. fluor. will sometimes reduce fibrous tonsils in adults. *Calc. iod.* also shrinks tonsils.—C. M. BOGER.

It is interesting to know that *Lapis albus* consists of Calc. 15 parts, Fluor. 55 parts, Sil. 15 parts, and water 15 parts.— E. HALE.

EXTRACTS FROM OCCASIONAL NOTES.

I. S. CHHABRA, M.D.

Jalapa: Causes and cures colic and diarrhœa.
Corydalis: Dry scales on the face of old people.
Dig.: Diarrhœa during jaundice.
Dig.: Dim vision, irregular pupils, diplopia.
Dig.: Dark bodies like flies before the eyes.
Stann.: Extremities show paralytic weakness; drops things.
Sanic.: Ringworm on the tongue.
Rhus ven.: Vesicles on under side of the tongue, fissure in the middle. Red tip.
All. sat.: Catarrhal deafness.
Mez.: Roots of the teeth decay.

DELHI, INDIA.

COMMUNICATIONS.*

Extract from a letter to the Chairman of the *Homœopathic Recorder*:

. . . In Rio de Janeiro the homœopaths, represented by the *Instituto Hahnemanniano do Brazil* and by the efforts and prestige of the late Professor Licinio Cardozo, obtained the officialization of our homœopathic school. In this the medical education is *complete*, i. e., we teach not only *all matters* given in the official schools of medicine (allopathic) but also the homœopathic curriculum in eight sections: including homœopathic philosophy, pharmacology, materia medica (two sections), therapeutics, and clinics, so that the student when graduated by the *Faculdade de Medicina e Cirurga do Instituto Hahnemanniano* (the denomination of our homœopathic school) are able and free to practice either homœopathy or allopathy.

It must be said that in Brazil there are no eclectics. We have many practitioners (the old ones) coming from the official school who firmly adopt the new therapeutics, and also a great many students who, having passed their course in our homœopathic school above mentioned, follow the old therapeutic. Thus proving that we homœopaths have never made a systematic opposition to the convictions of our pupils. In a free country and being a free people who love liberty the Brazilians never impose any idea of doctrine.

I am telling these things to you in order that you may see that on this side of America homœopathy is a medical profession freely and legally practised under the protection of law, a law issued by the Congress and approved by the Government.

Our school is well and completely equipped to teach all branches of medicine. In the present year we are giving medical education to 200 pupils. Adjoining the school we have a great hospital. . . . Now we are endeavoring to found a children's hospital at S. Paulo. Our main hospital at Rio de Janeiro embraces all medical branches including surgery, but the therapeutics employed there are exclusively homœopathic. . . . The Brazilian homœopaths have found, proved and introduced into the art of healing a great number of remedies from their native plants. Meira Penna published, in 1921, a book containing the pathogeneses of all the remedies prepared with Brazilian plants and proved by Mure, J. V. Martins, Albuquerque, and others. It is a big volume of about 550 pages. Our old master, the most illustrious Dr. Diaz da Crux, Sr., who is now President of the *I. H. do B.* thoroughly proved mouldy rice (*Oryza mucida*) which is a good remedy in certain forms of beri-beri. The pathogenesis of this was published in the *Annæs* for March 1912.

Yours fraternally,

(Signed) ALVARO GOMES.

ACTION OF SEPIA ON GUINEA PIGS.

At the November 1928 meeting of the French Society of Homœotherapy Dr. J. Roy reported the results of experiments with *Sepia* on female guinea pigs which he has been conducting for eight months. There was also a paper by Dr. Martiny on serotherapy. These articles will be published in the bulletin of the society and appear in January.

CHARLES NOAILLES, M.D.

(from *L'Homœopathie Francaise*)

EDITORIAL.

HOMŒOPATHY IN MEXICO.

In view of the fact that the International Homœopathic League meets this year in Mexico City, that country is of particular interest at this time to the entire homœopathic world.

Mexico has some exceedingly strong leaders. Probably the most outstanding is Dr. Segura, who is acknowledged the dean of homœopathy in Mexico, and is the one who has taught pure homœopathy to all of the older Mexican physicians of our school. Dr. Segura has been in practice about fifty years, and in former days had quite a struggle to keep homœopathy afloat in Mexico, due to fanatical opposition; but because of his tenacity to principle, and the universal respect and love which was accorded him, and with his great prestige as one of the foremost members of the very wealthy Mexican aristocracy, he finally achieved the objective of his life, the establishment of homœopathy.

In the year 1893 General Porfirio Diaz, the President of the great country, was suffering from terrific headaches that had defied all treatments that had been offered, when he finally consulted Dr. Segura, and in less than a month General Diaz was completely cured. This thoroughly won him over to homœopathy, so that in the same year General Diaz authorized the establishment of the homœopathic hospital; and in 1895 the President signed the decree creating the National Homœopathic Medical School of Mexico, which was opened in 1896. This was maintained, and from it graduated very many high grade physicians, until about ten years ago when it was closed by those opposed to homœopathy who had influence with a different administration.

This left Mexican homœopathy without a teaching center, and it was left for Dr. Perez to seize the opportunity and establish an independent, or Free Homœopathic Medical School of Mexico, in which is taught homœopathic philosophy in all of its applications. While this school does not carry on the high standard of the fundamental sciences pertaining to medicine as thoroughly as did the National School, yet it is teaching homœopathy

that can be practiced by a large number of less highly trained physicians. It must be considered, in estimating its value, that it is bringing the possibility of medical help to millions of uneducated people, and is thus immeasurably better than the crude treatment that has been their portion from other sources.

Mexico's need today is a greater solidarity of the homœopathic practitioners, and a willingness of the educated physicians to cooperate to make the standard of the Free School of a grade to equip highly educated physicians. The cooperation of all these agencies will be of inestimable value in making this one of the highest grade colleges in the world, and will bring all of our people in Mexico into one fold, for where we as homœopathic physicians stand united, presenting one solid front to the attacks of our enemies, there is no possibility of breaking down the structure from without that we have erected.—H. A. R.

* * * *

THE CRUX OF HOMŒOPATHY

One of the prime tenets of homœopathy is the importance of spiritual factors: "From within outward, from above downward". In accordance with this principle the mental symptoms are of the greatest import. This does not mean that some peculiarity of the mind which is not prominent should outrank a flagrant general symptom. If the mental symptoms do not speak for themselves unmistakably the true homœopath should realize that in this individual, as in many of our remedies, the trouble is centered in a more outward and physical plane, at least at the moment. On the other hand many very marked aberrations do not at first strike the mind of a physician who is being consulted for a definite pain in some locality, and they may be of such a nature that the patient himself is unconscious of them. Every expert practitioner of our art must be a good deal of a psychologist. He must read the character of the patient and scent out the failings and warped attitudes which may be at the root of many *bona fide* bodily ailments.

Granted that the patient presents symptoms in the sphere of the mind and that the doctor values these high, how is he to use them in repertorizing his case? Let us take up first the

problem of the usefulness of these features in acute conditions. We are all awake to the importance of the intense fear of the *Aconite* patient, of the irritability and fault-finding of the accountant who needs *Nux*, of the irascibility of the *Chamomilla* baby, of the pitiful gentleness and craving for sympathy of those who need *Pulsatilla* even though their normal state is critical and dry-eyed. What is more difficult to perceive, is the guidance given us by what we are accustomed to think of as the chronic mental symptoms of the drug, in acute conditions calling for it. Who has not seen, or rather heard, the loquacity of a *Lachesis* angina? or been startled by the abruptness of an unhappy girl needing *Natrum mur.* after an unfortunate love affair? For the best success in prescribing, acute mentals should never be disregarded, often they will be the deciding factor between two remedies both of whose modalities fit reasonably well.

In chronic cases the realm of psychological traits is far richer and more suggestive. The physician knows the temperaments of his remedies and in clear cases can fit them with beautiful precision to the patients before him on mentals alone, but the majority of mankind are more complicated than this. From some remark that they let fall, from some comment of the family, from some ill-concealed uneasiness or characteristic reaction to a skilful question, from something which crops out during the physical examination, the discriminating homœopath can select his remedy or groups of remedies for study almost with certainty, but many states of mind require interpretation. Is the patient before you, silent and uncommunicative, because he is a brooding intravert, or because he is timid, or has he a laugh up his sleeve? Such a decision may make the difference between studying *Natrum mur.*, *Puls.*, or *Lach.*, or is this same individual reserved because of some hidden mortification which may call for *Staphisagria*, or through a haughty pride of the *Platinum* variety, or is he one of the "stiff-necked" people needing a limbering dose of *Lycopodium*? If, on the other hand, your patient be excessively communicative, is it the loquacity of *Lachesis* or *Calcarea phos.*, is it the lack of mental modesty of *Phosphorus*, is it the hypochondriasis of *Ignatia*, or the egotistical philosophical garrulity of Sulphur?

If the mental symptom which you see does not appear in the repertory even under any of its synonyms, what then? You must be very sure that your choice of so important a rubric is a just one. Often your patient will not confide in you, do what you will, yet you may know that their lack of reaction or other symptoms are due to psychic causes. These you must feel out and sense and often give the remedy for, without making the patient aware either that they have them or that you know it. Do not forget the unspoken influence of sex difficulties: your *Conium*, your *Origanum*, your *Lycopodium*, your *Apis*. In handling any case where the patient has a marked character defect be it jealousy, vengeance, temper, obstinancy or what not, use that as a symptom and your chronic remedy will often change the life of the whole family. Above all, remember the grading of the mentals: first, those having to do with the love of life; next, such as affect the creative instinct and love of other human beings; thirdly, those which pertain to traits of character, to desires and aversions; and fourthly, those concerning emotions which are thwarted or suppressed.

Do not let the patients mislead you. Have infinite patience, tact and intuition, and con over again and again the section on Mind in Kent's *Repertory*, and then your patients, homœopathy and yourself will be rewarded.—E. W.

* * * *

"TRAUMATIC DYSPEPSIA"

In *The Medical Press and Circular*, the British medical journal which has been publishing articles on homœopathy by Dr. H. B. Blunt of London, appears an interesting article by him on *Arnica*. This article is spread over three numbers, July 11th, Aug. 1st and Aug. 29th, 1928. Dr. Blunt first gives the use of *Arnica* as a vulnerary, explaining that other remedies are more suitable to injuries attending nerves and bones and stressing *Arnica* in bruising, over-stretching of muscles, fatigue after athletics, sprains of joints, labor and venous oozing from operations or wounds; also for shock after motor accidents or railway collisions and in strains of ciliary or heart muscles or vocal cords. He then proceeds to a description of the condition which he has named "traumatic dyspepsia", whose main symptoms are pain on swallowing over the lower end of the œsophagus and soreness of the musculature around the stomach with symptoms of gastric dilatation. For this type of trouble he has used *Arnica* with signal success in over a hundred cases in the span of forty years' practice. Three of these he cites and points the lesson with the following item from a local paper: "Heard today at . . . Police Court, London. Magistrate: 'Then you really think the bicycle accident was the cause of your indigestion'? Plaintiff: 'Most certainly!' Loud laughter". In which there was more truth than fiction! We are grateful to Dr. Blunt for giving so convincing an article and to the *Medical Press and Circular* for its interest.—E. W.

ON TO MEXICO!

Every time we read one of the lucid and profound articles of our Mexican *confreres* we rejoice increasingly that we are to have the privilege of attending the annual convention of the International Homœopathic League in Mexico City, August 10-16, 1929.

The I. H. L. is the most important homœopathic organization in Europe and deserves wider knowledge and more active participation on the part of the colleagues in the Americas. The League meets annually in a different country each time; last year in Germany, in 1930 in Italy, in 1931 in Sweden, and this year in Mexico City—whose climate, even in August, is ideal. We hope that a large and representative group will attend from the United States and offer papers beforehand, as requested, to Dr. H. G. Perez, or Dr. R. Romero, Calle 66 num. 521c.-Merida, Yucatan, Mexico.—Ed.

CARRIWITCHETS.

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS.

7. Will the homœopaths give me their experience with these so-called inimical remedies? *Bor.* and *Acet. ac.; All. cep.* and *All sat.; Aloe* and *All sat.; Ammon. carb.* and *Lach.; Apis* and *Rhus; Arum tri.* and *Calad.; Canth.* and *Coff.; Caust.* and *Phos.; Cham.* and *Zinc.; Chin.* and *Dig.; Ign.* and *Nux vom.; Lach.* and *Sep.; Merc.* and *Sil.*, etc.—P. SCHMIDT.

8. How much effect upon homœopathic remedies does the habitual use of coffee, tobacco or alcohol have? Also, what effect will the habitual use of senna pods or of strammonium powder (by an asthmatic) have?—A PATIENT.

9. What directions for diet in connection with homœopathic remedies should the physician give to obtain the best results from his drugs? (This does not mean diabetic or nephritic diets, etc.) —E. WRIGHT.

10. Is succussion important in the preparation of homœopathic potencies, or would the remedy merely diluted in a quantity of distilled water equivalent to that used in running up say a IOM do as well?—D. V. THOMPSON, JR.

11. Can you really antidote a remedy given in dynamic dosage?—P. SCHMIDT.

12. I would like to ask experienced homœopaths how many times they have really needed to "antidote" their prescription?—P. SCHMIDT.

13. I shall feel greatly obliged if you kindly inform me of the name and price of any book on Therapeutics of Crying Children and where the book may be purchased. An article on this subject has appeared in the *Recorder* (in 1915?) but unfortunately I lost it. Perhaps some reader can enlighten me with the desired information. I think that some eminent doctor of America should write a book on the subject for the welfare of human kind.—DR. M. M. HAIDER, Tatarpur, Bhagalpur City, India.

FURTHER DISCUSSION ON QUESTIONS IN SEPTEMBER ISSUE.

What is the difference between an acute and a chronic remedy?

One might ask what is the difference between a superficial and profound remedy, for Kent employs these terms oftener than "acute" and "chronic". Every remedy may be either acute or chronic but experience plainly shows that certain remedies correspond especially to certain acute states. I am sure no one has ever given *Fluor. ac.* or *Calc.* for acute pains. These remedies may some day be so indicated but it would be the exception. No homœopath can deny to such remedies as *Acon., Bell., Spig., Coff., Cham.*, etc., the property of being more often used in acute than chronic states and of being superficial rather than profound. However, it is true that these remedies can, in high dilutions, act on a profound condition according to the ætiology of the case. For example chronic states caused by fear or exposure to cold can be cured by *Acon.* IOM. Is this not related to Hahnemann's important differentiation between non-psoric and anti-psoric remedies? He noted that a remedy with the same indication but deeper in action, like *Sulphur* for example, would cure when *Aconite* would not; similarly *Lyc.* cures certain cases which *Nux* does not relieve. Pure homœopaths will say that the true *simillimum* in these cases was *Sulphur* or *Lycopodium* and they will be right for there are many similars but only one *simillimum*. Just as one may open a strong box with many keys or with only one if this one fits.—P. SCHMIDT.

How do you select the homœopathic antidote?

Here is a subject for discussion. Can one really antidote a remedy in dynamic dosage? Granier wrote that this term should be banished from our language because of the error in the "anti". This prefix "anti" if it comes from the Latin "ante" means priority of place or time, as in the words antichamber, anticipate. If it comes from the Greek it means opposition, as in antisyphilitic, antipsoric. If we take the Latin source it does not correspond to what we wish to say; as to the Greek one, it is entirely contrary to the principle of homœopathy. This is why Roux pro-

posed changing the "anti" to "homœo", saying homœopsoric homœosyphilitic, homœosycotic. Furthermore Galen called every remedy given internally an "antidote". We can consider the word "antidote" in three different connections:

1. In the *dynamic* sense it means the dynamic neutralization of a remedy already given. As this neutralization can only take effect by similitude one should not say antidote but homœodote.

2. In the *chemical* sense we have the true meaning of this word employed by the old school as a synonym for "counter-poison", and this is its almost exclusive meaning today. Every substance capable of neutralizing another in a chemical manner is one not harmful against the poison introduced. It neutralizes the poison in the organic recipient as it would in a laboratory. It decomposes the poison, combines with it and transforms it into an inert substance much less dangerous. It is a question of union between the two substances. They can therefore not be contrary for they are expressly made for one another. Instead of saying "anti" we should say "pros"; therefore Granier called them "prosdotes".

3. In the *physiologic* sense, if you wish to diminish or dispose of a false or over-energetic action of a drug (and this is the interpretation which homœopaths usually give to the word antidote) you use what Granier called a "diadote", from "dia" meaning cutting across. For this one must have a diffusible substance which will hinder the action of the remedy which has been administered. Camphor albumen water and carbon are "diadotes" in poisonings. Diadotes should be substances which have not a long duration of action, like vinegar, ether, *eau de cologne,* etc. In the first volume of his *Chronic Diseases* Hahnemann says, "The best means of calming and diminishing the effects of a dose of a homœopathic remedy on a very sensitive subject, is to place below the nose of the patient, so that he may take a whiff, a bottle containing a suitable substance carried to a high potency".

Diadotes, then, do not act by the path of contraries nor by that of similars but possibly by one of substitution, whereas homœodotes act by the law of similars. We should, therefore, use these three words, homœodote, prosdote and diadote and give up the word antidote which is incapable of signifying any of these three.

Drs. Nebel and Vannier and most of the French homœopaths have substituted the term "drainer" which corresponds to diadote for the word antidote. The drainage remedy is intended to avoid the over-reaction of the organism to a remedy chosen exactly according to the principle of similars, and to open the routes of evaçuation: skin, perspiration, intestines, diarrhœa, kidneys, abundant urine. The idea being that the remedy can then eliminate toxins by channels which are free and open. This is why no pure homœopathy exists in France and why all without exception give *Solidago, Cratægus, Chelidonium, Ceanothus, Carduus,* etc., alone or together, along with a high potency, pretending that without these the patient would have too strong an aggravation! For my part I have never seen this need and have always been perfectly satisfied with the high and single dose. It would be interesting if our *confreres* who have had a long experience would tell us how many times in their practice they have needed to homœodote or diadote a remedy and what the results were. It is my opinion that a true antidote in the old sense cannot exist when one speaks of a complete and immediate neutralization of symptoms. One must choose a similar remedy which presents the greatest number of similar characteristics and with a dose rather lower one can diminish the annoying symptoms. I wish in this connection to interview Dr. Boyd of Glasgow who has conducted some interesting experiments on this subject with his Emanometer.

Often we read in a proving that a prover felt such pains that it was necessary to antidote them with a similar remedy (homœodote). If one can, on a healthy subject who in "proving" finds the symptoms too disagreeable, apply a homœodote, one can also do the same to a patient, and this new remedy while homœodoting may become a complement of the previous remedy, or again it may only neutralize the most violent effects. Under my care at present is a tenacious case of chronic bronchitis which is not improving and to which I gave, in desperation, *Sulphur* 200, one dose. For a week the patient complained of burning pains in the hands and soles and could not stand, and had a continual odor of sulphur in the nostrils, showing thereby a proving of *Sulphur*. These symptoms were the more curious as the other

remedies I had recently given produced no effect. I finally discovered the reason for this proving, for my patient admitted to having had six years ago, twelve intravenous injections of colloidal sulphur for her rheumatism. There is a case where one must be careful not to homœodote.—P. SCHMIDT.

FURTHER DISCUSSION ON QUESTIONS IN OCTOBER ISSUE.

Cold nose and profuse sweat under chin, when sewing, making her nervous. Remedy?

Is the cold nose red or blue or normal in color? Is it all cold or only the tip? Is this an objective or subjective phenomenon? Is it always cold or only at certain moments? Perhaps the symptoms are due to vasomotor disturbance caused by the position of the head or vertebral trouble which could be cured osteopathically; or perhaps they are due to pancreatic or gastric insufficiency, if the nose is red after meals, in which case correction of regime would cure. If it is a question of arthritic trouble in a sedentary patient there should be concommitant coldness of the extremities, and appropriate gymnastics with hydrotherapy would cure. If the question was asked as a repertory exercise one could use the following four characteristic symptoms: 1. Perspiration of single parts (p. 1301), 2. Coldness of nose (p. 325), 3. Perspiration of face (p. 390), 4. Perspiration of face only (p. 391), and the only remedy which fits these four symptoms is *Ignatia*. I do not see the indications for *Manganum* or *Sulphur*, and would like to know the exact reasons.—P. SCHMIDT.

Asthma near horses in previously vaccinated patients. Remedy?

Ictodes is exact but I wonder how this remedy could have been found "reading between the lines" in Kent. It appears in Knerr.—P. SCHMIDT.

Cramp 6" up in rectum wakens patient 2 to 4 a. m. Remedy?

I want to ask between what lines the three remedies *Berb.*, *Kali carb.*, and *Merc.* were found in Kent's *Repertory*? "Cramps in the rectum" is not in the *Repertory*. "Tenesmus," at night has *Merc.* "Rectal pain in general" at night has no *Merc.* "Griping" has only *Kali carb.*, but not at night.—P. SCHMIDT.

ANSWERS TO QUESTIONS IN JANUARY ISSUE

If the simillimum *is given on the perfect potency plane will the patient get an aggravation and if so, will it be less or more than if the remedy were given on too high or too low a plane?*

Probably if no structural changes were present there would be no aggravation. The higher the potency oversteps the plane of the disease, the greater the aggravation. Likewise, the more structural changes present, the sharper the aggravation. Again, we sometimes notice in absolutely fatal cases, where nature has surrendered, the remedy may act as a palliative and bring about euthanasia. If the patient has not had homœopathy before or only the lower dilutions, we may give the 30th or 200th potency. If he has had higher potencies, we may govern ourselves accordingly.

It is our opinion that most failures come about through the use of the incorrect remedy rather than the incorrect potency. Failure frequently results from carelessness in observing the rules concerning repetition of the remedy. Find the *simillimum* and give it, then practise patience and deliberation.—E. UNDERHILL, JR.

Are positive and negative symptoms equally important? For example, which is more valuable, craving for salt or aversion to salt or being made sick by salt?

First the loves and hates—the desires and aversions, and one is probably as important as the other—next come the aggravations and ameliorations.—E. UNDERHILL, JR.

If it is good for children to have exanthemata, in order to get rid of latent psora, ought we to give them homœopathic prophylactics or to cut short the disease by a homœopathic remedy?

It is not a settled fact that "it is good for children to have exanthemata". It is certainly far better for them to have these diseases than to have their susceptibility suppressed by artificial and unnatural means—serums and vaccines and other concoctions—invented by diseased and commercially perverted minds.

It is perfectly proper and safe to correct the susceptibility and prevent the appearance of these exanthemata by the administration of the constitutional homœopathic remedy. Every child should have the benefit of such prophylaxis. He should also enjoy the blessings of cleanliness and simple, wholesome living.

I do not believe the correct homœopathic remedy properly administered suppresses a disease. It cancels it—makes it nonexistent and thus frees the patient from it. In deeply chronic cases it cancels a portion, but unfortunately sometimes not all of the diseased state. Correct homœopathy is in no sense suppressive.—E. UNDERHILL, JR.

If a patient's chronic remedy is one of the great cancer remedies such as Kreos. *or* Con., *would you expect that patient, if untreated, to tend to develop cancer more than one whose chronic was, say,* Natrum muriaticum? *Would the constitutional remedy tend to ward off the cancer or would an aggravation cause the real appearance of a cancer?*

It is impossible at the present time to answer this question with any degree of certainty, but it would seem likely to assume that where a patient's chronic remedy was one frequently indicated in malignant disease, that patient might, if untreated, be more liable to develop such disease than one whose chronic remedy is unrelated to such pathological conditions.

We are not sufficiently informed as to the pathological end results of many of our remedies, and it is possible that a far larger group than is at present used may be needed to cover all cases of malignant disease.—E. UNDERHILL, JR.

If you have given the simillimum *and during an aggravation wrongly give another remedy partially similar, will it spoil the action of the* simillimum? *And if so, dare you repeat the* simillimum?

The partially similar remedy will probably cut short the action of the *simillimum* or warp its action and retard recovery. You may in this way spoil your case.

If you return to the *simillimum* it should then be given in a higher potency.—E. UNDERHILL, JR.

BOOK REVIEWS.

R. Planer, *Therapeutic Pocket Book* (Schwabe; Leipzig, 1928), 327 pp., $2.50. This is a delightfully gotten up small book treating of 137 remedies, including such unusual ones as *Ant. sulph aur., Atrop. sulph., Auripigmentum, Cerium oxalicum, Chromium oxidatum, Convallaria, Indigo, Lobelia, Mercurius auratus, Strontium carbonicum.* It contains a bibliographical list, a series of schematic remedy pictures which in very few instances reach four small pages in length, and ends with a repertory according to disease nomenclature. There is, however, one great criticism which is that practically all the indications are for disease conditions and diagnoses. There is not a "mental" or a "general" in the entire book. As a guide for regular practitioners using homœopathy it would be greatly liked. As a helpful shortcut for those who know their symptomatology it would be useful and often helpful; but as a method of learning the drugs it is utterly unhomœopathic and therefore, to many beginners, misleading.—E. WRIGHT.

BOOK NOTICES.

P. Chavanon, *Clinical Treatment of Diphtheria.*

G. Charette, *What is Homœopathy?* (Massart & Co.: Annonay).

R. Planer, *Therapeutic Pocket Book* (Schwabe: Leipzig, 1928) 327 pp., $2.50.

Dr. Schmidt, *Text Book of Homœopathic Pharmacology* (Madaus & Co.: Berlin), RM. 6.20.

K. Stauffer, *Homœopathic Pocket Book* (Madaus & Co.: Berlin) RM. 10.

W. Witzel, *The Significance of the Nutrition of Plants for Physiology and Pathology* (Madaus & Co.: Berlin), RM. 4.

Dr. Baumgartner, *The Physiognomy of Disease* (Madaus & Co.: Berlin.) RM. 35.

CURRENT HOMOEOPATHIC PERIODICALS.*

THE HAHNEMANN REVIEW

(Calcutta, India: Aug. 1928), I, 131-160.

Homœopathy and Some Useful Suggestions
J. H. Clarke, M. D., London 131
On the Homœopathic Treatment of Malignant Disease
M. Cahis, M. D 132
Clinical Cases
A. Moham, M. D 139
Clinical Cases
M. L. Shee, M. D 141
On the Method of Taking the Medicines
A. M. Sur, M. D 143

THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: Dec. 1928), LXIII, 881-970.

*Prenatal Factors in Infant Morbidity and Mortality
C. S. Raue, M. D., Philadelphia, Pa 881
Recent Advances in Pediatrics
E. W. Stitzel, M. D., Altoona, Pa 887
A Case of Bacteræmia of Otitic Origin
W. S. Piper, M. D., Clearfield, Pa 899
Hysteria, Suggestive of Intracranial Disturbance Because of the Presence of Symptoms and Signs Showing Involvement of Both Auditory Nerves
G. W. Mackenzie, M. D., Philadelphia, Pa 905
How Can a Physician Conserve Vision?
S. B. Moon, M. D., Pittsburgh, Pa 914
Electrocoagulation of the Tonsils
H. R. Waring, M. D., Pittsburgh, Pa 917
The Clinical Course of Primary Carcinoma of the Bronchi and Lung
D. R. Ferguson, M. D., Philadelphia, Pa 920
Hahnemann College Clinics 931

Prenatal Factors in Infant Morbidity and Mortality: Biochemical and pathological disturbances in the mother may unfavorably affect the growing fœtus and account for many of the conditions met with in the newborn and young infant. Focal infection, excessive vomiting, inadequate diet may endanger its life or interfere with its growth. There are certain conditions in the mother which may lead to overgrowth of the fœtus, dystocia, and resulting cerebral birth injuries. The death rate is greater for male infants. This may be due to some antibody in the mother's blood antagonistic to the male fœtus. The male also requires more vitamins and more oxygen than the female. Thyroid deficiency in the mother might account for overgrowth of the fœtus, with a subsequent dangerous delivery. Knowledge of such a deficiency might be of tremendous significance in preventing abnormal mental development in the child. Avitaminosis is of great

*Titles marked with an asterisk (*) are abstracted. All journals are in English unless otherwise specified.

interest as a cause of obscure hæmorrhage in the newborn. This has been proven experimentally on animals. A case is cited in which the mother, to save money, deprived herself and family of practically all vitamin containing food in their diet. She suffered from severe nausea and vomiting in the early pregnancy and 9th month. At full term she was somewhat pale and undernourished. Labor was rapid and easy. There was a post-partum hæmorrhage of 1000 cc. of blood. The baby died on the 5th day. Autopsy showed subcapsular hæmorrhages of adrenals and kidneys, dilatation and hypertrophy of the right ventricle of the heart, hyperæmia of the gastric and duodenal mucosa, petechial hæmorrhages in the mucosa of the bladder, and generalized icterus. This woman's prenatal diet was markedly deficient in vitamin B.

HOME AND HOMŒOPATHY

(Calcutta, India: Oct. 1928), IV, 73-112.

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(In French)

(Paris: Dec. 1928), VIII, 579-640.

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*Bone Pains (*Aurum, Mercurius, Asafœtida, Capsicum, Eupatorium*)
J-E. Emerit, M. D., Paris 615
Kali Carbonicum
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Bone Pains: Emerit considers in this article three types of bone pain: syphilitic, suppurative and those without definable pathology. It is well known, he says, that the cry of the osseus system is in no way proportional to the pathological lesions. Tubercular, actinomycotic, and often osteomyelitic lesions are relatively painless. Beginners in homœopathy comprehend the remedy by means of the disease, whereas master prescribers understand the disease by means of the remedy. In regard to syphilitic bone pains: Stauffer states that *Merc.* is suitable to the early forms of syphilis, whereas *Aurum* is applicable to the tertiary phenomena. *Aurum* also helps where long standing syphilis is complicated by the mercurial miasm. The osseus syphilitic trilogy is completed by *Asafœtida* which acts especially on the periosteum. *Aurum* pains are boring and tearing, so intense and continuous as to lead to suicide, worse by cold and in winter, from sunset to sunrise.

They elect the short bones (face, orbit, zygoma, nose, mastoid), are worse on the right, with a peculiar sensation of a cold breeze on the face. The only long bone frequently affected by *Aurum* is the tibia (pains in the long bones are often met by *Ang.* which goes on to necroses; and by *Fluor. ac.* with periosteal abscess, pains better by cold, often in hereditary syphilis). *Aurum* pains are accompanied by vascular fullness with throbbing, and often by fistulæ, exostoses, and suppuration. *Aur.* is a florid *bon vivant.*

Merc. pains are worse from heat, with constriction and numbness, and may elect the head (hemicrania with tearing pains into the teeth, ears or neck). Agitation, trembling and sweat which does not relieve, and concommitant caries, fistulæ, and exostoses, complete the *Mercury* picture. (In mercurialized patients, study *Aurum, Nit. ac.*, or *Thuj.*) *Merc.* as a child walked late had snuffles, ill-formed teeth, glands, commisure ulcerations; pimples in adolescence; later, fearful impulsions. He only flirts with suicide. *Merc.* helps in rickets, osteoporosis, and osteomalacia. *Asaf.* has burning pains and sensation of shocks, as well as boring, constriction and numbness. It has a sensation of expansion in the bones. Its pains go from below upwards, worse from slight touch, better from deep pressure, worse from heat. It has left frontal bursting headache and constrictive pains in the lower jaws, caries of the nose, tibiæ, etc., with hypersensitive fistulæ, and fœtid secretions. It is interesting to note that the hysteric remedies such as *Ambr., Asaf., Cast., Mosch., Orig., Valer.* all come from odoriferous substances, and that hysterical women aggravate their complaints by the use of perfumes which they no longer smell themselves, but which poison them. The brunette coloring of *Asaf.* often goes with syphilitic types (*Iod., Nit. ac., Plat.*) While the blonds (*Calc. carb., Puls.*) are the tuberculoids.

Syphilinum is also notable for nocturnal pains in long bones, coming and going gradually, with hard nodules, and pains in the bones of the skull, often linear (Cf. *Lach., Par. quad.*) *Kali bi.* has similar pains, erratic, in small areas.

Caps. is for bone pains in a cavity going on towards suppuration, e. g., acute mastoid (*Onos.*), with burning, pricking otalgia from cough or from draft, better by heat, driving patient out of bed. For phlegmatic, fat, lax, chilly, alcoholic patients. If it is too late for *Caps.* study *Asaf., Aur., Aur. mur., Hep., Puls., Sil.*

Eup. per. is for bone pains as if beaten, in back, arms and legs, pains worse than condition suggests, worse from motion, touch and draft, better by heat. (Cf. *Arn., Bry.*) *Eup.* pains occur chiefly in grippe or malaria.

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(In Dutch)

(The Hague: Nov. 15, 1928), XXXIX, 93-104.

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(In Spanish)

(Mexico: Dec. 10, 1928), I, 1-24.

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THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York: Dec. 1928), XXI, 995-1080.

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Abdominal Pregnancy
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*Diathermy in Gynæcology
DeW. G. Wilcox, M. D., F. A. C. S., Boston, Mass. 1051

Gastric Ulcer: From among the many causes brought forward to explain gastric ulceration Boyd assumes that one of the most probable factors in early ulceration is a non-specific, local devitalization of tissue, followed by secondary digestion and hæmorrhage into the damaged mucosa. The most probable cause of the primary devitalization is infection. He speaks of the vagotonic and sympatheticotonic types, as many believe that ulceration occurs only in individuals of a certain type. Acidity, in itself, does not produce ulceration but it is an important factor in tissue digestion and prolongation of symptoms. Under pathological aspects are mentioned number, position and type of the ulcers. Pain, vomiting and constipation are mentioned as the chief symptoms with an interesting discussion of each. The cycle in gastric ulcer is food, relief, pain, relief, the pain usually disappearing before the next meal, while in duodenal ulcer it is food, relief, pain. The most dangerous complication is perforation. A good picture of a typical case is given. Isolated, spontaneous pain in the tip of the shoulder, usually the right, is mentioned as one diagnostic symptom of perforation. One is warned not to be misled by the period of reaction after a perforation when there is a striking improvement in the symptoms. Operation should be immediate. Under differential diagnosis or perforation are mentioned acute surgical conditions and renal colic. Subacute perforation wth abscess formation is briefly mentioned. The other important complication, hæmorrhage, is well described. The hour glass deformity of the stomach and pyloric stenosis are given as the two most important sequellæ of ulceration, the former being caused by fixation at the point of ulceration to some neighboring organ, with scar contraction from an encircling ulceration from this point. At the end of this excellent article is a schema from Ryle on the differential diagnosis of gastric ulcer.

Diathermy in Gynæcology: Diathermy is the use of an alternating electric current of high frequency and high voltage for the production of heat within the tissues of the body. As the current is forced through the small active electrode it meets so much resistance on the part of the tissues that heat is immediately developed. This heat is sufficient to kill the infecting organisms, especially the gonococcus, as in chronic endocervicitis. It coagulates and cooks the tissues. A temperature of 115 degrees F. can be maintained from 10 to 60 minutes without injuring living tissues. The use of diathermy offers great promise in the treatment, and very probably in the cure, of many acute and subacute conditions due to infection by micro-organisms. Among the conditions in which it has been used by the author are chronic endocervicitis; gonococcus infection of the cervix, Skene's glands and Bartholin's glands; cervical erosions; urethral caruncle; cancer of the cervix; and hæmorrhoids. Surgical diathermy is particularly useful in cases of deep, obstinate infection which resist other forms of treatment. It gives a more thorough eradication of the trouble, is less mutilating, is rarely followed by infection, is less painful and causes less loss of time than some of the other forms of treatment, and is often easily used in the doctor's office. Its use is, however, not without danger, and it should only be used by a trained technician. (And it is not strictly homœopathic.—Ed.)

THE JOURNAL OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY

(New York: Nov. 1928), XXXII, 349-384.

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LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig: Dec. 1, 1928), LIX, 441-460.

The *"Schrifttum"* and the Law for the Combatting of Venereal Disease—I.
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Mental Fatigue Conditions and Psychoses in the Light of the Action of Homœopathic Remedies: Gottschalk continues his remedy indications for mental conditions as follows: For jealousy: *Hyos.*, *Lach.*; for fixed ideas: *Alum.* fears insanity; *Caust.* fears to sleep in the dark; *Cimic.* sees rats and mice; *Graph.* foresees misfortune and fears vomiting; *Iod.* fears insanity; *Phos.* fears places and streets (*Ign.*); *Sulph.* has grandiose delusions and religious insanity; for hypochondriasis: *Aur.* fears unknown happenings and death; *Chin.* has hypersensitivity, exhaustion, crazy dreams; *Lach.* has faint-heartedness, anger, dislike of motion, lax withered skin; *Nat. mur.* fears the future, loves solitude, is irritable on contradiction and consolation, has digestive weakness; *Nux vom.* has grumbling and anger after sleep, must lie late; *Staph.* has faintness, worry over health, deep melancholy; *Sulph.* desires to be very unhappy; for hysteria: *Aur.* is quarrelsome, doubting, uneasy, timid; *Cann.* has senseless gaiety followed by sudden frenzy; *Ign.* has flaming red face, changing mood, loquacity; *Nux vom.* has alternating love and fear of death, remorse; *Plat.* has dissatisfaction and cowardice, slams doors, self-depreciative; *Sep.* is worse from music, has religious insanity; *Sulph.* has taciturnity, brooding, anger with stamping and hair pulling; *Valer.* has horror of people and cold water, childish whistling, rage, and disgust, orates, breaks things.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig: Dec. 15, 1928), LIX, 461-480.

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(Palatine, Ill.: Dec. 1928), I, 1-47.

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(In German)

(Berlin: Dec. 1928), III, 502-541.

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REVUE FRANCAISE d'HOMŒOPATHIE

(In French)

(Paris: Oct. 1928), XLI, 273-319.

*Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists
A. Thooris, M. D. 273
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Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists: Dr. Thooris discusses first the types according to Sigaud, who, he claims, initiated the study of human morphology. Sigaud divided human beings into four classes: respiratory, digestive, muscular and cerebral. Chaillou and MacAuliffe in their *Morphologie Medicale*, (1912), completed Sigaud's description. The difference between previous static classifications and Sigaud's dynamic one is the same as that between anatomy and biology, between fixed images and those functions of the factors of action and time. In 1913 Thooris classified men into irregular and regular types, the morphology of function rather than the morphology of formation. In 1924 he added measurements to Sigaud's comments. Thooris' classification is as follows:

Deformation of evolutionary types: (1) None. Regular types. (2) Present. a—In the form of dilatation: Round types, "cubic rounds" who do not resist dilatation and "uniform rounds" who do not resist dilatation. b—In the form of retraction: Flat types—"flats" who resist retraction unequally and "uniform flats" who do not resist.

He then considers homœopathic typology. Almost every drug shows a definite type which is the portrait of the individual and which indicates the constitutional remedy. These types include not only morphology but psychology and pathology, and those remedies in which the type is exteriorized are rare. *Calc. carb.* is a privileged exception; "blond subject with blue eyes; medium stature, with tendency to obesity; big head, long-waisted, short-legged; with large, white, well placed teeth; thick bones; strong, rigid joints". Such a type description is not evolutionary. Only the *Calcareas* seem to run true to type from birth to death. Other remedies pass through phases: *Lach.* may become *Sulph.* and return to *Lach. Nat. mur.* may change to *Phos.* then *Sil.* and finish as *Carbo.* Homœopathy is more drawn to the particulars than the generals, to the differences than to the resemblances. Yet Hahnemann could not have divided into syphilitics, sycotics and psorics without regarding resemblances. Von Grauvogl seems to have been the first to classify by the exterior aspect. His "hydrogenoids" are fat, contain too much water, feel swollen. They are heavy, slow to move and to be moved, apathetic, chilly, with cold extremities, subject to rheumatism and gout. His "oxygenoids" are tall and thin, remarkable for their speed of combustion, because of demineralization they burn themselves. They are subject to diarrhœas and Basedow. Between the two are the "carbo-nitrogenoids", melancholy, psoric, with slow oxidation and accumulation of autogenous toxins, which they try to throw off in eczema, hæmorrhoids and aphthæ. They have corrosive leucorrhœa, oozing behind the ears and tend to arthritism. Napoleon was an example of this type. (*Morphology of Great Men* by A. Thooris, (1927), Legrand)

Vannier has a classification based on the characteristics of the Calcareas consisting of the "carbonics", the "phosphorics" and the "fluorics". The carbonic type in our nomenclature would be an irregular, cubic, round, digestive type; the phosphoric is a respiratory flat; the fluoric is a heredo-syphilitic. In Thooris' opinion the fluoric is a variety of the phosphoric.

Allendy has a classification based on metabolism: (1) Atoniplastics (fluids predominant) a—Anabolic: Aerobic, toniplastic (lung): lymphatic (spleen). b—Catabolic: lymphatic sanguine (uremic). (2) Paucity of fluids a—Catabolic: Anaerobic, toniplastic (liver, cholæmic). b—Excretory: atoniplastic (kidneys, arthritic).

Thooris' "flats" correspond to the catabolic and aerobics and the excretory types; his "rounds" to the anabolic and the catabolic aerobic types. Allendy likens his anabolic atoniplastic-lymphatics to the digestive type, the catabolic-aerobic toniplastic-sanguines to the respiratory type, the catabolic-anaerobics to the muscular type, and the excretory atoniaplastics to the cerebral type. The uremic diathesis is, therefore, respiratory; the scrofulous, digestive; the cholæmic, muscular; and the arthritic, cerebral. It follows that each type has its characteristic organ: the lung for the respiratory; the spleen for the digestive; the liver for the muscular; and the kidney for the cerebral. (To be continued).

THE SERVANT OF HOMŒOPATHY

(In Bengali)

(Calcutta, India: Oct. 10, 1928), II, 248-287.

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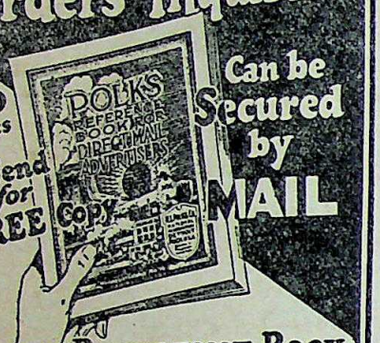

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THE
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THERAPEUTIC AND PATHOLOGIC DIAGNOSIS, THE PHYSICIAN'S RESPONSIBILITY*

PIERRE SCHMIDT, M. D.

"Homœopathic physician"—what meaning should this title convey?

The physician who, to the complete equipment of his university studies in medicine and surgery, adds also a thorough acquaintance with homœopathy and puts its principles into practice, only has the right to the title "homœopathic physician". He will have made himself especially familiar with the work of Dr. Samuel Hahnemann, founder of homœopathy, with the materia medica, with the repertories, and the laws relative to administration of remedies to the sick.

The study of homœopathy exacts of the neophyte a definite effort; for he must lay aside prejudices acquired during his university studies. But the method of considering any given case proves to be so different from that which he has hitherto known, that soon he sees the importance of this new method. Now he sees in the "cases" who come to consult him, not merely diseases which he must diagnose, but individuals, sick, for whom he must find the similar remedy in his homœopathic materia medica; a particular remedy for each, individually.

Also, he must avoid routine; he may not remember other cases resembling this one, which he has already treated; he must isolate the distinctive difference in the sick person whom he now considers, must find out his peculiarities, his individual characteristics. This is a theory essentially and indispensably homœopathic. Among the tangle of symptoms resulting from his examination, he must distinguish with care those which pertain to

*Read before the I. H. A., June, 1928.

the sick one himself, as a thinking and suffering human being, because of which he is burdened with illness, from those others which concern only a portion of his physical organism—a single organ, or group of organs.

The practical result is fully inherent in this great secret of nature, discovered by Samuel Hahnemann: To determine the symptoms representative of the individual himself who is ill; and not make the blunder of noting alarming symptoms to any organ which is the point of least resistance where the illness finds for itself an exit, through which it utters its cry of pain.

A true homœopath finds his task to consist first, in establishing a therapeutic diagnosis according to the fundamental laws of homœopathy discovered by Hahnemann and developed by Lippe, Hering, Allen, Kent, Nash and so many others.

This it is which makes homœopathy a method not to be surpassed, this "therapeutic diagnosis", I may call it, or "homœopathic diagnosis", which leads to the remedy immediately without waiting for a "morbid diagnosis"; which treats a patient without having to determine his exact sickness! Observe that I say "exact sickness", for such general terms as hysteria, nervousness, rheumatism, dyscrasic or cryptogenic state, idiopathic, and what not—these do not deserve the noble term, "diagnosis". This fine and learned terminology readily covers the ignorance of the doctor giving treatment, an ignorance not as to his science but as to the case he deals with—a very different matter.

The word "diagnosis" alone, connotes a pathological diagnosis, with verdict of morbidity. It is time to show to those who have not yet learned the fact, that there is a far more practical diagnosis: that is, one indicating from the very outset the necessary remedy. This is what Adolf Lippe meant when he said: "Here is a person of the *Phosphorus* type; here, one of the *Arsenic* type; here, of *Pulsatilla*". And he uses the terms consecrated to these meanings by Hahnemann in the *Organon*, 1811. Kent also tells in his *Lectures on Homœopathic Philosophy*, of a patient who asked him: "Doctor, what is the matter with me"? and he replied: "Why, you have *Nux vomica*", that being his remedy. Whereupon the old man said: "Well, I did think I had some wonderful disease or other"! That is a therapeutic, a homœopathic diagnosis.

I do not enlarge further upon the point; such diagnosis is clearly the first duty of the homœopathic physician. Frequently it leads to a prompt, mild and permanent improvement, to a cure of the patient.

But we are not at the end of our task; we face two other heavy responsibilities: one of these concerns the patient, and the other, the future of medical science. Upon us rest both of these responsibilities.

As to the patient—our task is not only to relieve but to CURE. Now, a true cure rests not solely on a disappearance of existing symptoms, but equally on advice given the patient, that he need not again fall into such a state. Such counsels, of hygiene, of directing work and time, of morale, of reading, of the whole attitude and control of life—these also presuppose a diagnosis. And here, at this point, the nosological diagnosis becomes not only serviceable but indispensable to the doctor. (See Kent's *Lectures on Homœopathic Philosophy*, 1919, p. 143)

The whole idea of diagnosis, in relation to the task of the physician, is it not just the discovery of that famous *causa occasionalis* of which Hahnemann discussed in such detail? (See *Organon*, paragraphs 7, 73, 77, 150) The homœopathic doctor must not simply prescribe pills or drops, but he must be a minister of nature, a "naturist", in addition to a homœopathist, whose first purpose is, after securing the symptoms, to give them a diligent, interpretative analysis covering their last detail, a complete semeiologic examination.

There are homœopaths, alas! who do not sufficiently examine even their patients, and who thus bring discredit upon the name and value of that medicine called homœopathic. That certain clever men may omit such a procedure in examination as we have described, and still by a judicious interpretation of symptoms, cure their patient, is of course possible; but certainly such is not a method which could be generalized. Perhaps a few instances may clarify this thought yet further.

A young man of 18 years of age sought consultation regarding frequent attacks of angina, which settled as often on the right side as on the left, and followed almost regularly exposure to cold. Painting with various collutoria and frequent cauteri-

zations and pulverizations in no way affected his condition and he asked my advice. The symptoms, as he gave them to me, pointed explicitly to *Tuberculinum* or *Sulphur*. Yet I gave neither of these remedies, because after further questioning I found that he wore low slippers and silk stockings, and that he took cold especially after dancing, or when his feet were cold. Accepting some simple hygienic advice, he wore thicker socks, shoes with rubber soles, gaiters in winter—and he had no more angina.

I acknowledge that possibly the remedy, had I given it, would have removed his tendency to the symptoms, in the bad conditions to which he exposed himself so often; but it seemed to me wiser to show him the mistake he was making, and to correct his state by simple hygienic measures. The therapeutic diagnosis was *Tuberculinum;* the morbid diagnosis was angina from exposure to cold; the prescription was, hygienic advice. Result: a cure.

A young woman in domestic service, aged 20, came to consult me regarding rheumatism in the legs. She had been treated allopathically for three months, but the salycilate was making her deaf and producing vertigo. She found herself increasingly weak, walking with difficulty, vague pains and great weakness in the calves of her legs. Questioning led to a clear indication of *Lycopodium,* but I did not give that until completing the full examination. On reaching the throat, I found a curious condition of the pharynx: it looked as if painted with a yellow orange varnish! Taking a culture, I found a large number of Klebs-Loeffler bacilli, of the short type.

Evidently there was here paretic trouble, sequelæ of diphtheria, of which the angina had not been observed apart from a faint drynes of the throat, the sick girl had no other local symptoms. This diagnosis enabled me to isolate her and to take the measures necessary in this disease. Naturally, I made no serum, but for symptoms which I need not detail here, I gave one dose of *Lycopodium* 200, without observing any result in the following 15 days. The throat remained the same; weakness was still there; no improvement was perceptible. Such total failure of reaction to the indicated remedy led me to give her a dose of *Diphtherinum* 200, to which the condition responded very well.

In Allen's *Nosodes* (1918, p. 40) there is the following comment upon this remedy:

Painless diphtheria,
Symptoms almost entirely objective,
Patient too weak to complain,
Patient apathetic,
Prostration,
Highly susceptible to diphtheritic virus,
Post-diphtheritic paralysis.
Remedy suitable when the most carefully selected remedy fails to relieve or permanently improve.

The girl's throat cleared up and resumed its normal aspect; and at the end of a fortnight, another examination (made by the *Inst. Off. d'Hyg.*) showed not a single bacillus. Since the weakness remained, I gave then one dose of *Lycopodium,* of which the effect was surprising—the patient got up, began to walk, and in ten days was able to return to her position.

Would *Psorinum* or *Tuberculinum* have had an equally good effect? How could one determine the suitable nosode in a case which does not react save only by determining most carefully the exact nosological diagnosis?

A young man was treated by a homœopath for submaxillary swelling. The homœopathic treatment was changed frequently during several months, but without result. The doctor examined his neck each time, believing that here was a ganglionic condition. The patient consulted another physician who found in his face, head, and chest no remarkable signs; but on examining the spinal column, the physician found evidence of Pott's disease. The swelling was only a cold abscess arising from the third cervical vertebra. It was a tuberculosis of the bones of the spine, causing a suppuration which, descending, went between the inter-aponeurotic spaces and settled in the submaxillary region.

The patient followed hygienic advice and suitable treatment until completely cured. Rest, mountain air, diet in accordance with the morbid diagnosis, a remedy based on the therapeutic diagnosis, made possible this desired result.

A patient, 55 years of age, was subject to colds in the head,

was neurasthenic, and had suffered for six months from sudden attacks of suffocation. He had been treated by various allopathic physicians with all known anti-spasmodic and vagotonic medicines with no improvement whatever, but rather an increasing decrepitude. The patient walked with head bowed, had frequent loud eructations, spat continually, was afraid to swallow even his saliva. Eating was a veritable tragedy for him, for he remembered that his first attack had occurred while eating, and he refused to take any liquid food, since this affected him more than solids. Finally he gave up his doctors, for they but told him he was nervous, that he must make an effort to recover his health for himself, and that his attacks should be treated with contempt. A first examination revealed nothing obviously abnormal. For a time psychotherapy seemed to alleviate his fears. But neither *Mephitis, Ignatia* nor *Lachesis* could stop the attacks which though less frequent still did recur too often. But after taking cold, one time, laryngitis set in, causing a husky voice. However, remedies indicated had no effect. According to all homœopathic principles, the case was incurable. Examination of the larynx showed a paralysis of the right vocal cord; external examination revealed a thyroid tumor, very hard, and as large as a tangerine, on the right side. This was the cause of the constriction of the recurrent nerve. His loss of weight, age, and complexion, and the development of symptoms, authorized the belief that here was a case of thyroid cancer, primary or metastatic it could not be determined. The prognosis was clearly not that of mere laryngitis. But the diagnosis indicated a very serious prognosis. Unfortunately the patient found homœopathy too slow, and returned to an allopathic physician, who applied radium needles to the tumor which reduced but ulcerated and within eight days, the poor patient died under terrible sufferings.

And again it is clear that the physician must know WHAT he is treating quite as well as WHOM he is treating. What can be said of those who, not comprehending the case, called it "nerves", and ordered the sufferer to cure himself?

A young man of 20 had been treated for two years by a homœopath with *Aurum, Calcarea, Ignatia, Pulsatilla,* a. s. o. He was in a neurasthenic state caused by frequent sudden attacks of vertigo which came upon him while working. He became so distressed, and depressed as actually to weep hot tears. He worked in a bank, but his condition forbade his remaining there any longer.

The remedies hitherto prescribed had been given for mental symptoms, symptoms chosen somewhat at random, without regard to their due significance—for mental symptoms have also their hierarchy, and must be known in their relationships. A complete examination showed that *Natrum sulphuricum* was the indicated *simillimum*. A thorough physical examination revealed an advanced myelogenic leukæmia with probable tuberculosis of the bone marrow. A homœopathic prescription, an immediate sojourn in the mountains, with suitable diet, transformed this young man in a few months. Blood tests enabled me to follow the course of his steady gain and to control scientifically and objectively the course of subjective improvement as this followed.

But it was the two-fold diagnosis, therapeutic and nosologic, which enabled the physician to direct this unhappy youth toward the health from which he had so widely strayed.

A Boston physician told me of being called by a homœopathic colleague in whose care was a young man injured by being impaled. He had fallen sitting upon a wooden paled fence and suffered excruciating pains in the rectum. The pain had been somewhat relieved by doses of homœopathic *Arnica* administered by a homœopathic doctor called in the emergency. The sensation as though there were a splinter in the rectum, suggested to the doctor *Nitric acid.*, then *Hepar.*, then *Silicea*. But the young man still suffered. After a few days of continued pain, the family insisted upon a consultation. The second homœopathic doctor, summoned, recalling Section 7 of the *Organon*, made an examination of the "site of pain", and found indeed a splinter deeply imbedded in the rectum. The simple extraction of this splinter, and a diet for a few days, completely restored the patient. The wound closed without treatment.

Here evidently was an accident, not a sickness. Hence the physician should in such a case establish immediately the pathological diagnosis and not prescribe before he is sure whether there is a "local cause" or not. Had the mistake been made by a young

practitioner, by a beginner, I should not comment upon it. But it was an occurrence in the experience of a man of long practice, over several years in general practice. And this seems to me to call for attention.

I beg that the ideas presented in this brief paper may be understood exactly as I intend them. Far be it from me to sermonize, or to give undue emphasis to nosologic diagnosis. But it is indispensable that the conscientious physician be familiar with the interpretation of symptoms, with all that goes to insure a complete pathologic diagnosis, so, that he shall not be in danger of making such blunders and oversights as that just cited.

Our responsibility demands that we establish a therapeutic diagnosis, but not less, a pathological one, as well. For the definition of a homœopathic physician is, a physician who has *added* something special to his other education. So that we must not, once entered upon practice, curtail this new special information, and neglect physical examinations. And it must be added that very often a minute study of symptoms reported by the patient, will lead the doctor to conclude that there is a local cause which at first did not seem apparent. And the doctor must never forget to develop the essential quality: Good sense.

Nevertheless, whether in case of accident, or in case of illness, the distinction must be from the outset observed. As a homœopathic physician he must make his therapeutic diagnosis; for if he prescribes for names of things, and not according to Hahnemannian rules he must be responsible for the failures that will result. Pathological diagnosis will claim his first attention only in cases of accidents or indispositions.

We trust that in this study we have given each method its due place, insisting that we cannot omit either one or the other kind of diagnosis.

We always must have those two paragraphs of the *Organon* in the mind (paragraphs 3 and 4):

The physician is likewise the guardian of health when he knows what are the objects that disturb it which produce and keep up disease and how to remove them from persons who are in health.

If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (*knowledge of disease, indication*), if he clearly perceives what is curative in medicines, that is to say, in each individual medicine (*knowledge of medicinal powers*),

and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (*choice of the remedy, the medicine indicated*) as also in respect to the exact mode of preparation and quantity of it required (*proper dose*), and the proper period for repeating the dose; if, finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent, then *he understands how to treat judiciously and rationally, then only can he merit the title of genuine and true physician or a master in the art of healing.*

GENEVA, SWITZERLAND.

In all chronic and lingering cases, the symptoms appearing last, even though they may appear insignificant, are always the most important in regard to the selection of a drug; the oldest are the least important; all symptoms between have to be arranged according to the order of their appearance. *Only such patients remain well and are really cured, who have been rid of their symptoms in the reverse order of their development.*—CONSTANTINE HERING.

Kali sulph.—There is no remedy so competent for rattling in the chest when that state has followed an acute attack of inflammation. When a child has passed through broncho-pneumonia and seems to have recovered and after every change in the weather to cold the child coughs and rattles in the chest, then it is that this remedy cures.—KENT.

SCIENCE IN THERAPEUTICS

REGINALD B. LEACH, M. D.

Among other terse admonitions, in his encyclical of 1903, Pius X said: "The *truth* is not to be feared".

Both the science and the art of medicine are dependent for their very existence upon the operations of natural phenomena, so every exhibition of a *law* newly discovered or a scientific explanation of some *truth* long followed, should meet with impartial contemplation by all students hopeful of scientific advancement.

The writer trusts he has not departed from the legitimate bounds of a liberal scientific faith in this attempt to elucidate his belief and the natural basis upon which it is grounded, asking of his peers only that courtesy accorded others whose chief purpose in life is the progress of that branch of the liberal arts for which we all labor.

The mission of medicine is to *cure* and the materials for its fulfilment are found in the provident storehouse of Nature, where are found the remedies for many maladies, if not a panacea for every ill. But, as empiricism never devised a brilliant operation in surgery, so it can never lead to a scientific and successful use of medicaments.

The highest and only calling of the physician is to heal the sick and, if possible, to prevent the well from becoming sick; and the highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation or obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons; while scientific prophylaxis of disease is the timely introduction into man's economy of the *simillimum* to a preventable disease, which spontaneously seeks to occupy those parts that otherwise would be occupied by the natural disease in its manifestation of signs and symptoms in such numbers and certainty of recurrence as to merit the honor of a specific title in the index of maladies to which man is heir.

Chance having taught Hahnemann that the excessive doses he was using often produced an aggravation of the symptoms, while less of the remedy would control them, he instituted a series of experiments resulting in the discovery of the fact, hitherto

considered one of the lesser and more curious features of medicinal action, that a similarity of symptoms existed between those produced by the remedy and those produced by the disease over which it proved curative. This fact he epitomized in the phrase: *"Similia Similibus Curentur"*, in contradistinction to the current belief of his time, which he expressed in the phrase: *"Contraria Contrariis Curentur"*.

This innovation, in combatting *non*-surgical disease, incited considerable strife among his contemporaries, especially among the druggists, whose "shot-gun-prescription" business was threatened, as Hahnemann advocated the single remedy only, and but little of that. This conflict continued, with but little abatement, for more than a century, during which unwarranted bitterness oftimes took the place of unbiased research and logical proofs. Philosophy would have suggested tolerance.

The attitude of the early opponents of *similia* may be summed up in the language of one writer who said:

> The mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a larger dose of the same drug in well persons, does not constitute a homœopathic medicine, for this rule was known to Hippocrates, yet Hippocrates was not a homœopath.

All of this, it seems to me, was poor logic but a plausible and safe assertion, as Hippocrates had been dead more than twenty centuries; and, as far as we know, there was as little consideration of the Law of Similars, until Hahnemann's day, as there was of a religious reformation until the crucifixion of Christ.

In fact, if that be logic, then it is logical to assume Shakespeare to have been an avowed homœopath. At least it is evident that he knew *something* of this natural law, which we call *similia*, when, in Act 1, Scene 2, of *Romeo and Juliet*, "The Bard" prompts Benvolio to try to assuage Romeo's grief in the following stanza:

> Tut, man, one fire burns out another's burning,
> One pain is lessened by another's anguish;
> Turn giddy and be holp by backward turning;
> One desperate grief cures with another's languish.
> Take thou some new infection to thy eye,
> And the rank poison of the old will die.

All cultured physicians of our day recognize the Law of Similars as one of nature's laws and, at times, consciously or unconsciously, prescribe accordingly, yet such physicians are not

necessarily homœopathists. On the contrary: The homœopathist is one who, *as a rule,* prescribes according to the mandates of *similia,* using whatever else he must as the exception.

In other words, every democrat may not always vote the straight democratic ticket, however much he believes in the principles and tenets of democracy, but he would at all times vote the democratic ticket *if* he believed the remedy, in the person of the democratic candidate, was the one most likely to effect the cure hoped for in the body politic.

On this same principle, the true physician, of whatever school, at all times practises his profession for the best interests of his patients and prescribes as his general knowledge of medicine dictates, regardless of the theory relevant to his prescription. This is not only his *right,* but it is his *duty* so to do.

Men in all ages have unconsciously taken their mental bias from the common beliefs of their time, and the candidate for medical honors, while professing liberality of belief, often proves himself dogmatic and exclusive; yet this very attitude is a basis for progress; for, without opposition in all things, the world would soon sink into the conservatism and consequent bigotry of mediæval times.

As the tree is known by its fruits, so must we be judged by the results of our efforts; and, as Hahnemann gave to the world the Law of Similars, let him be judged accordingly. Meantime, let's honor ourselves not only by conceding him this distinction, but also by crediting him with being the so-called "father of the *germ* theory", *because* it is of record that, under date of 1831, and under the title of "The Mode of Propagation of the Asiatic Cholera", he composed the following almost perfect picture of *germs,* when he said:

> On board ships, in those confined spaces filled with mouldy, watery vapour, the cholera *miasm* finds a favorable element for its *multiplication* and *grows* into an enormously increased *brood* of those excessively minute invisible, *living creatures,* so inimical to human life, of which the contagious matter of cholera most probably consists.

I believe it is obvious that, in this characterization, wherein he refers to the multiplication and growth of the cholera *miasm,* Hahnemann did not mean to imply that *microscopic* emanations from cholera patients *multiplied* and *grew,* but that "those excessively minute", or *microscopic* things *in* those emanations, *multiplied* and *grew.* Ironically speaking, we might safely say, Hahnemann simply plagiarized one of our synonyms for *germs* when, 12 years before Koch's birth, and long before the advent of trustworthy microscopes, he so precisely surmised the presence of those *"living creatures"* which, 52 years *after* his definition of *miasm* was published,* Koch so unerringly isolated, and thus *scientifically proved to exist,* those "invisible *living creatures",* or Comma bacilli, which we *now know* to be the cause of cholera Asiatica.

In fact, had Sternberg been more solicitous of the welfare of the men under his command, he might have advised his medics of '98 to better advantage, for there are many who still believe there would have been fewer cases of typhoid and fewer deaths therefrom, among our soldirs of '98, had that particular Surgeon General considered as worthy of emulation Aristotle's advice to his friend, Alexander the Great, to whom he wrote: *Do not let your men drink out of stagnant pools. Athenians, city born, know no better. And, when you carry water on your desert marches, it should be first* BOILED *to prevent its getting* SOUR.* Right here we might say: When "The Mighty Stagirite" used the word *"sour",* he too plagiarized another of our synonyms for *germs,* yet this pre-eminent pupil of Plato, the acknowledged "father of logic", although he lived more than two thousand years ago, certainly "knew his *Allium cepa".*

The Law of Similars was a novelty of such character as to *seemingly* oppose all advance in the treatment of disease. Because of this belief, it met with the combined opposition of its author's contemporaries. Had there been no *truth* in his claim, it might long since have been lost to us, as have been so many of the theories to which his age gave birth; but, instead, like the religious belief so ably defended by Gamaliel, (of which we read in the Book of the Acts), although always on trial, it has lived and thrived, and now, at the end of a century and a quarter, retains all of its original force and vigor.

*Leipzig, Germany, 1831.

*Plutarch says, in his *Biography of Alexander the Great,* that that King died "at a time when he was engaged in devising great plans for drainage of the fever-stricken marshes around Babylon and for the irrigation of the district". Other writers say he, Alexander, died of a fever which he contracted while thus engaged.

Controversies have been carried on in our journals for more than a hundred years because of another of Hahnemann's revolutionary ideas, known as the *infinitesimal* dose; but time and experience have *proved* the virtue of his asseverations and *our* patients are the beneficiaries of his acumen and perseverance.

For instance, in 1890, at Saranac Lake Sanatorium, the deservedly distinguished *"Tb."* specialist, Trudeau, was prescribing tuberculinum in 10 milligram doses. In 1906 this same indefatigable experimenter in internal medicine published the statement that: *"While in 1890, I used 10 milligram doses of tuberculin and* LOST *my patients, I am now using this same remedy only in doses of 1/150,000ths of a milligram, and am* SAVING *my patients.*

This, in homœopathic nomenclature, is the 8th potency or 8th decimal dilution.

That Hahnemann and Trudeau were eminently correct, in their deductions, both believing that some day this or even a much smaller dose might be weighed or measured or otherwise scientifically proved active, was certified to at Philadelphia, in 1913, at which time and place Boericke & Tafel, manufacturing chemists, *photographically* effected a distinct impression of an object through a maple plank ½-inch in thickness, using only 1/10th grain of pure radium as the sole source of light.

This same speck of radium was then triturated up to the 12th potency and a "very brilliant picture was made by exposing an object and the necessary plates to its rays". The 12th potency is practically 670,000,000ths of a *milligram.*

This potency was then triturated up to the 30th potency and again, under the same technic, after 48 hours' exposure, the object photographed showed distinctly on the plates. The 30th potency is, to all intents and purposes, *one-billion trillionth* of a *milligram.*

It is reported by Prof. M. T. Bogart, of the Department of Chemistry at Columbia University, that oil of roses has been detected in a solution of one part to 120,000; camphor in one part to 400,000; musk in one part to 8,000,000; and mercaptan, (a derivative of an alcohol in which the oxygen has been replaced by sulphur), is discoverable by the olfactory nerves if but 1/400,000,000th of a grain comes in contact with those nerves.

A natural query might be: Just what is the limit in potentizing, after which a remedy has no more physiological toxic effect? At this time, I believe we should admit *we do not know.* I say this because, within the past few months, Bronfenbrenner, of the Harvard Medical School, while working with the botulismotoxin, found that particular poison capable of killing mice, even when the dose used was in the 21st decimal dilution, or but ONE-MILLION-BILLIONTH of a GRAIN. (This is the toxin found in sausage and in canned meats).

Despite such contradiction of a common belief, many still remain sceptical of the *infinitesimals.* If this be true, how shall we convince them of the contagiousness of smallpox and of measles, the suspected morbific causes of which, so far as I am informed, have thus far escaped identification,* being as they doubtless are, ultramicroscopic or too *infinitesimal* for present day instruments to reveal to the ever-watchful eye of the discriminating microscopist; yet these same "invisible, *living creatures,* so inimical to human life" are admittedly potent in probable contagion.

If, as some still contend, "there is nothing to the *infinitesimals",* what shall we believe about those photographs, made with but *one-billion-trillionth* of a *milligram* of radium as the sole source of light, or of Bronfenbrenner's 21st decimal dilution of the botulismotoxin as a rodent destroyer?

If there is nothing to the *infinitesimals,* what about the modifying influence of vaccine upon variola? We do not affirm that vaccination will prevent smallpox every time, but experience has taught us that the properly vaccinated, if he contracts variola, undoubtedly suffers less than does the unvaccinated smallpox pa-

*Noguchi, who first isolated the specific morbid organism of yellow fever (so it is claimed), calling it the "Leptospira icteroides", recently died of yellow fever, at Accra, African Gold Coast. His death follows that of Prof. Adrian Stokes, of London University, the Professor's death having followed that of Dr. William Alexander Young, Director of Medical Research, at Accra. All of them are reported as having died of yellow fever, against which they were supposed to have had an antitoxin, invented by Noguchi.

The organism producing scarlet fever, according to the Research Department of Park, Davis & Company, discovered by the Doctors Dick, of Chicago, is known as a hemolytic streptococcus and same has been made to produce scarlet fever in volunteers, at Chicago, one of whom was a nephew of the Drs. Dick, the others being students at Rush Medical College.

tient. But who ever isolated this potency for good, this *miasm*, this germ that dwells in vaccine? No one. Why? Simply because, so far as I can learn, this protective dynamis in vaccine is one of those *infinitesimals* "accepted without prejudice".

The student of *similia*, however, is not so complacent. Studying the signs and symptoms of vaccinia and comparing them with the signs and symptoms of variola, he admits the possible limitation of physical demonstrations, but, in possession of a *law* that counsels logical deductions, he approves Hahnemann's argument on this subject, wherein he says:

> It is well known that, when variola is added to cowpox, the former, by virtue of its superior intensity as well as its great similitude, will at once extinguish the latter homœopathically and arrest its development. Cowpox, on the other hand, having nearly attained its period of perfection, will, by its similitude, lessen to a great degree the virulence and danger of a subsequent eruption of smallpox.

On this same principle, applying this same thought to the *curative* action of drugs, Hahnemann argues that:

> It is only by virtue of its great similitude, combined with greater intensity, that the drug disease is substituted for the natural disease, thus depriving the latter of its power to affect the vital force.

Because of what has gone before, and much that time will not permit of discussing, while he lives and continues to enjoy the confidence of some of his fellowmen, the writer must believe the Law of Similars to be *one of the fixed stars* in the firmament of internal medicine; and, whenever one of his patients presents an agglomeration of signs and symptoms suggesting to his mind a certain *simillimum*, the author must prescribe that remedy.

PARIS, TEXAS.

The American Institute of Homœopathy meets at the Mount Royal Hotel, Montreal, beginning Monday, June 24. This will be a program replete with things in which all physicians are interested, and will be followed by the trip to Quebec and thence to Europe on board SS. Duchess of York. Those who have time to take this trip will find it a source of great pleasure and profit, and the return trip on the Lapland will renew pleasant memories of the floating convention of 1927. Certainly the members of the International Hahnemannian Association should attend the American Institute convention after our convention closes, for there should be friendly cooperation between the two organizations.

SUPERIOR CLINICAL KNOWLEDGE ONLY OBTAINABLE IN PRIVATE GENERAL PRACTICE*

DANIEL E. S. COLEMAN, PH. B., M. D., F. A. C. P.

There is a wide-spread belief, not only among the laity but among many physicians as well, that great clinical experience can only be obtained in large hospitals where vast numbers of patients apply for treatment. Again, we hear of the superiority of group medicine over the services of the individual physician.

From my graduation in 1901 I have been connected with four hospitals as interne, visiting and consulting physician. One of these, the Metropolitan, was the largest general hospital in America. My private general practice has been active and continued. The conclusions based on personal experience are as follows: Hospital practice is valuable, and I do not wish to underestimate this value, for perfecting our knowledge and technique in physical diagnosis, for affording opportunities for observing many and varied manifestations of disease, for acquiring experience in laboratory and *post mortem* findings, and for broadening our medical and surgical horizon by association with our colleagues.

No hospital or laboratory experience can replace, or compare with, in a practical way, the work of the observing general practitioner. Sir James Mackenzie was originally a country general practitioner of medicine and surgery. His large practice enabled him to acquire knowledge which meant the revolutionizing of our conception of diseases of the heart. Before his notable contribution to medicine, these diseases were absolutely misunderstood. To him, a general practitioner, belongs the honor of modernizing cardiology. Let me quote a few of his remarks: "The progress of medicine will be hampered and delayed till the general practitioner becomes an investigator. The reason for this is that he has opportunities which no other worker possesses—opportunities which are necessary to the solution of problems essential to the advance of medicine".

In hospital practice our observation of individual cases is too fleeting in character to enable us to acquire the necessary clinical

*Read before the I. H. A., Bureau of Clinical Medicine, June, 1928.

knowledge required for therapeutic perfection. We see only a limited phase of the disease history of each individual patient. Many are in the last stages of their respective pathology. It is only by observing a number of patients through their clinical life histories that we can hope to become masters of the art and science of medicine. Again, in hospital practice the clinical material is so divided and sub-divided, that each individual physician and surgeon is limited to a comparatively narrow field. I remember one surgeon while operating on the abdomen, say: "I am not supposed to go into the pelvic region, that branch belongs to Dr. X". I heard of another, while operating for a bubo which proved to be a hernia, going to the telephone and calling up another surgeon to operate. Herniotomy was not part of his individual specialty. So many of the so-called modern hospitals resemble a well-known automobile plant, where thousands of workers have their individual duties confined to one special performance. One rivets, another bolts, etc., etc. I know of a great hospital centre whose dental specialist performed his extractions by making a flap of the mucous membrane overlying the root. He would then drill through the bone and lift the offending tooth from its bed. He claimed to avoid trauma, lacerations and what not, by this method. Marvelous! What dentist cannot pull an ordinary tooth without undue trauma or lacerations? I remember when I was interne at the Metropolitan Hospital, some twenty-seven years ago, that we often were obliged to do extractions. Even we did not get undue trauma or laceration. Granulations occur rapidly after the extraction. This so-called flap operation always makes me think of having one's hair cut by removing the scalp and pushing out the hairs. This institution, truly great as a representative of group medicine and surgery, is subject to the same imperfections characterizing all finite things. I in no way wish to depreciate its service. It lacks, as all such institutions must necessarily do, the experience gained in general private practice. They are not extracting so many teeth at present at this centre I understand, but are directing their energies to the removal of prostate glands. This institution has never had any trouble to make both ends meet. And by the way, the prostate does not need to be removed, x-ray will cure the hypertrophy.

Some years ago a very important patient of mine had his duodenal ulcer healed by proper diet and medication. X-rays taken before and after treatment confirmed the cure. He was slightly below weight, but I urged him to be careful of his diet. He went along for months in apparent health. A friend induced him to visit one of the "great hospital centers" and be "built up". He did so against my advice. He was told that he was fourteen pounds below weight, and that they did not know whether he had a duodenal ulcer. I know he did and the x-ray films proved it. He was immediately put on a "building up" diet and stuffed with food until he gained the necessary fourteen pounds. The result was the return of the ulcer. Again, an example of the lack of knowledge gained only in general practice.

A patient over eighty years of age, while on his summer vacation, lost his way in the woods and was obliged to walk many miles (he said ten). I was staying at the same hotel and when I returned in the evening I found him sitting before the door of my room. He claimed to be "all in". I examined his heart. If it had been my first examination I would have concluded that he would not live through the night. Instead, I gave him *Arnica* 3 and told him to go to bed and sleep. I did the same. I had been listening to the vagal irregularity of his heart, off and on, for about twenty years and I knew, notwithstanding the exaggeration of this irregularity brought on by over-exertion, that he was in no danger. Knowledge gained in general practice again proved its worth.

While on my vacation one summer, I received a hurried call from the daughter of a patient who had been taken to the hospital in a "most serious condition". I returned to the city and found her suffering from a form of hysteria which I had observed before in her during my years of association as family physician. It seemed that a doctor and nurse had stood at the foot of her bed the night she was admitted to the hospital, and discussed the possibility of her lasting until morning. I prescribed for her and she recovered rapidly. That was fourteen years ago and she is alive and well today. During that time she had only one relapse. *Gelsemium* was her chief remedy.

In 1915 a patient consulted me for symptoms indicating hy-

pertension. Her urine examination revealed chronic interstitial nephritis. She was then 68 years of age. Her systolic pressure was 220. Under remedies, principally *Cratægus* tincture in five-drop doses four times daily, her pressure fell to 183 in about one month. During the many years that I attended her the pressure would vary from 168 to 283. I see one record where she feels "perfectly well" with a pressure of 250/100. This was in 1923. She was on her way to Europe and only dropped in with her daughter who was ill. My experience with her case prompted me to say nothing about her pressure, she never did know the exact readings. She went to Europe, had a good time and returned. Death finally occurred from senile myocardiac degeneration at the age of eighty. I could give many more medical case histories showing the necessity for long continued observation. The experience gained in general practice is no less valuable in surgery. The treatment of fractures has played no small part in my practice. Often we reduce one that we never expect to be satisfactory. If the patient was not under observation for a period of time, a false conclusion would be reached.

In 1926 an old lady fractured both bones of the forearm. Reduction was most difficult and it was impossible to line up both bones. An x-ray would always show a misplacement of one of the fragments. Time passed. She now has perfect function at the age of eighty.

A fracture of the humerus proved to be another difficult case. Apposition and retention of the fragments proved to be a perplexing problem. I succeeded however, and today she has a perfectly straight arm.

I have had fractures of the hip in old people, difficult Potts fractures, and many others of a discouraging nature recover satisfactory function after a period of time.

We all know how time alone will tell the result of many operations. The short sojourn at the hospital is of slight prognostic value.

The curriculum of a medical college today is far different from the time when most of us were students. The laboratory with its full time paid teachers plays a prominent part in present

day instruction. This development in practical laboratory methods is, we must agree, a valuable asset to scientific accomplishment. So much has this idea taken root in some minds that the most grotesque conclusions are reached. I remember a paper presented some years ago by a laboratory professor engaged in drug experimentation on animals. I believe that this doctor's experience in the practice of medicine was about nil. His remarks gave me a good laugh. Referring to materia medica and trying to prove the truth of homœopathy he said: "Are we to let this important branch be taught by a lot of pill peddlers"? An extraordinary way of proving the value of these "pill peddlers". When we recall the names of Lippe, Hering, Dunham, Allen, Deschere, O'Connor, Talcott and many other giants in medicine who "peddled pills" and taught, our idea of proficient medical instruction must be somewhat different from a man whose experience is confined to experimentation on guinea-pigs, rabbits, etc. A successful teacher must be familiar with his subject. He must possess practical knowledge based on actual experience. This can only be acquired in active private practice, the hospital alone, useful as it is, is not sufficient. The experience of both is necessary for an ideal. When a lecturer speaks on *Bryonia, Sulphur, Rhus tox.* or any other remedy, it is absolutely necessary that he know exactly what has been and can be accomplished by each medicine in its application to individual diseases. A laboratory can never make a man competent for such work. Animal provings are useful for adding to the sum of our conception of drug action, but it should occupy a minor place in the curriculum of our colleges. He who teaches therapeutics, should know therapeutics from actual experience in active practice.

In the old days not only were the homœopathic colleges honored by eminent practitioners of medicine, but the "old school" colleges were manned by men whose names will go down to medical history. Loomis, Janeway, Austin Flint, Thompson, and many others served humanity by imparting the fruit of their wide medical experience to students of the past.

NEW YORK, N. Y.

DYSCRASIC LATENCY*

J. W. WAFFENSMITH, M. D., H. M.

Mr. J. S.—72 yrs.

March 13th, 1928.
Florid complexion; short, heavy set
Silkiness of hair
Chilliness
Frontal headache
Red discoloration of face
Pain behind sternum
Dryness of mouth, and behind sternum
Thirst
Mitral insufficiency
Frequent urination
Agg. night

℞—*Bryonia* 500 B. & T.

March 16th, 1928.
Improved to such an extent he dressed and walked around the house
Followed by relapse
Chilliness
Diminished breathing
Air hunger
Tightness in region of middle lobe of right lung
Pain in middle lobe of right lung, agg. 3 a. m.
Crepitant and mucous rales
Thirst, agg. a. m.
White expectoration
Tongue white
Temperature 102
Pulse intermits every fourth beat; hard

℞—*Kali mur.* 3x.

March 18th, 1928
Cough, agg. night
Pain in joint of index finger of right hand
(Old arthritis returned)

*Read before the I. H. A., Bureau of Clinical Medicine, June, 1928.

Face flushed
Constipated
Coryza thin
Expectoration profuse; whitish
Tongue discolored white

℞—*Kali mur.* 200 B. & T.

March 20th, 1928
Thick light green expectoration; bloody
Nose bleed
Burning heat
Face red
Thirstless
Pulse markedly weakened
Temperature persists
Apathetic; hopelessness

℞—*Phosphorus* 30 B. & T.

March 21st, 1928
Better
Temperature 100
Marked offensive penetrating odor from mouth and body
Indican appeared heavy in urine
Numerous hyaline casts
April 19th, 1928
Steadily improving
No indican and rare hyaline casts

This case is not presented on account of unusual features or treatment. Here is a patient who was under the strictest homœopathic care. There were no enemas, cathartics, or heart stimulants given. No hydrotherapy or local applications used.

The arthritis although very painful and angry looking, was considered an elimination symptom, a modified expression of a sycotic miasmatic condition which had been previously treated.

Orange juice and water were freely and exclusively allowed.

There was no outside interference in the simple and rational homœopathic management of the case.

The patient presents a broncho-pneumonia in a man seventy-two years of age, plus an organic mitral insufficiency and a nephritis; and last, not least a deep-seated constitutional state.

Bryonia was indicated, and improved to such an extent that the patient felt the urge to arise and be about the house.

Why did the remedy, carefully selected, cease to hold and carry the case through to a normal state? The later improvement indicates he has not reached the terminal chapter of life.

The exhibition of the pneumonic process presents a picture of *Kali mur.* and the reaction verifies its similarity to the disease in ascendency.

The pain, the air hunger, are diminished; the expectoration becomes free under the beneficent effect of the mild homœopathic dose. With a marked improvement in the pathological state of the lung tissue, why does this case not continue to improve? The heat becomes more intense to the patient; the general debility increases; the action of the heart and other objective conditions indicate a slipping away.

Something of more importance, of a deeper significance is to be reckoned with. How are we to meet the pressing problem? Time is short and action must be quick before the life force is submerged by the awakening destructive force.

The case is carefully studied from other angles, the family history offers nothing important. Nothing objectively shows the character of the force which must be faced.

The following grouping of symptoms is used as a basis for study, *viz*:

Florid complexion
Blond type
Silkiness of hair
Red discoloration of face
Burning heat
Nose bleed
Green and bloody expectoration
Thirstless
(Changed from thirst)

Here was a rapid, destructive central process; hæmorrhagic tendency; marked circulatory congestion centered in head; and an important change in color of sputum. The acute pulmonary condition which developed the thirst has been replaced by thirstlessness, an indication of chronicity included in the remedy picture.

The tubercular dyscrasic latency appears unquestionably in the picture, and *Phosphorus* is the *simillimum*.

Within twenty-four hours we have a significant symptom appearing, namely, offensive, penetrating odor from mouth and body, charging the atmosphere of room similar to a putrid fæcal evacuation. Apart from the eliminative value it was a new symptom, foreign to the case, remaining but two days. It was in this case the miasmic red strand, a pivotal symptom around which improvement centered, to remain only until it was definitely established.

Here was a short, heavy set person of phlegmatic temperament. This type does not conform to our standard conception of the remedy. No doubt in the early period of his life it was indicated, and evidently continued to be indicated in a latent manner.

In this great crisis of his life the most virulent constitutional state found occasion to endeavor to express its early type. The age, the organic changes in the heart and kidneys interfered with the ability to reproduce an early expression.

It aimed its blow in the pulmonic area, was met by a suitable organic similar which produced a favorable reaction in its sphere.

We at last are face to face with the real issue, the inner constitutional state. It may be obscured very often by excessive attention to detail, but ever must be studied as embracing within its circle something not only including detail but the larger basic fact.

We must study that constitutional state in relation to the variation of detail as it presents itself in an individualistic study of each and every case in a unified grouping.

NEW HAVEN, CONN.

Conscientious man, 50, married; many years' experience in homœopathy and drugless methods. Expert in handling potencies, wishes assistant's work with a doctor. Address: The Homœopathic Recorder.

WITH A PAUCITY OF SYMPTOMS

ALFRED PULFORD, M. D.

The appended cases are cited, not to show any particular skill either in the selection of the remedy or in the art of prescribing, but to show what the indicated remedy will do in cases that do not get well otherwise or of themselves; and to show that frequent repetition and plus-ing are not necessary, that they too frequently spoil the case, and that a change of potency is only necessary in most cases because we have spoiled our cases by too frequent repetitions. We own up to this ourselves for we are as guilty of it as you are, but that does not lessen the crime any, and we are more to blame than you because we know better, and if you do not you ought to.

CASE 1.

About 3 years ago V. C. H., a real estate dealer, walked into our office and said he had been referred to us by one of our patrons. After carefully taking his case all that our efforts and questionings revealed was: For the past seven years he had had every night without exception a gnawing pain in the stomach, for which he had tried persistently to get relief. Numerous stomach specialists had been consulted but in vain. Money had been no consideration in the matter, neither had it been of any benefit up to the time he had found homœopathy. We took up Kent's *Repertory*, third edition, and turned to page 520 and there found tucked away in modest type: "Pain, gnawing, night: *Abrotanum*". He was given a 2 dram vial of the 30x to take one dose and repeat only if absolutely necessary. To date it has not been necessary to repeat and the pain has not returned. He has become a real booster for homœopathy. This case fully illustrates the futility of animal experimentation for medical prescribing. What animal proving would have furnished us a clew in this case?

CASE 2.

This case from the strictly prohibition town of Champaign, Ill., will best be illustrated by the patient's series of notes. The patient, a real estate dealer, about 60 years old, wrote May 15,

1926: *"About seventeen years ago you treated a brother of mine and did him a lot of good. I was wondering if you could do anything for me. I have a chronic case of syphilis. Have taken treatments of mercury and salvarsan but without any benefit whatever. My case is of thirty years' standing. Have excruciating pains in hips nights, no appetite, restless sleep, forgetful, mind becoming affected, and working makes me very nervous. Those are my symptoms. If you have any idea you can help me I will take treatment.* He was sent a dose of *Hepar. sulph.* 30x on two counts, first, the symptoms pointed to no remedy and he could not come to us and could not afford to have us come to him, and, secondly, as an antidote to the mercury and salvarsan. He had *Placebo* in the interim. November 18th, 1926, he writes: *Have been gaining in weight and feel some better, but still have pains in my hips mornings, however not so severe, for which I am thankful.* More *Placebo*. December 20th, 1926: *Have gained in weight twenty pounds and pain in hips abating. I used to feel badly every day, but now I have some good days.* More *Placebo*. February 5th, 1927: *No change from last report.* One dose *Hepar* IM. March 22nd, 1927: *Am happy to report that I am feeling a great deal better every day, thanking you for your interest in me. Placebo.* July 18, 1927: *Am feeling a great deal better, for which I thank the Lord and yourself, as I was in awful shape until I began your treatment.* More *Placebo*. August 24th, 1927: *Have derived a vast amount of good from your treatment, but no change from last report.* One dose *Hepar* 10M. November 3rd, 1927: *Am feeling real well and my old self again. My sincere thanks to you, but think I ought to stay under your observation for a while yet. Placebo.* December 26th, 1927: *Am feeling so good that I hate to quit you.* Patient discharged. To date he has remained in the best of health and has needed no more medicine.

The above case is one of many that confirms these things, first, that the best results are obtained by a none-too-frequent repetition of the drug; that the *true simillimum* will stop the downward course of any remedially curable disease in any stage and start the patient on the road to recovery at once; that if you have to repeat at all, or at least too often, that you have perhaps a somewhat similar remedy, but not the *true simillimum* and, last-

ly, that the selection of the potency of the drug is based solely on the law of dynamics, i. e., the truer the force is directed to the object to be moved the less the power necessary to be developed at the source, in short, the nearer to the *true simillimum*, the higher the potency required to do the best work.

CASE 3.

About five years ago Miss B., aged 18 years, was brought to us. For about 10 years she had been the victim of diurnal enuresis, to the extent that she was unable to go anywhere. The least excitement or motion would start the urine to flow, other than this no symptoms could be elicited. After three months of bungling treatment we found ourselves no better doctor than our predecessors. One day the mother turned to us and said: "What makes my daughter so thirsty at times? She will go a long time, then it seems that she cannot get enough to drink". Well, excitement causes motion, naturally, and *Bryonia* is decidedly worse from motion, but even that alone is not sufficient data on which to prescribe *Bryonia*, but, when you add to that the great characteristic —"Great thirst at long intervals"—which is found under no other known remedy—there is absolutely no other choice. It is needless to state that a single dose of *Bryonia* IM brought untold joy to all concerned, for now the young lady can go anywhere at any time.

CASE 4.

Is that of a special representative of the U. S. Steel Corporation, a man about 65, who developed a very choice specimen of carbuncle around the occipital region which measured eight inches in diameter. A most malignant, foul, odorous mass of a dark, purplish hue, that stank to heaven and burned like fire. We started to make a thorough botch of this job. Nothing that we could get gave us a clew to the remedy. *Anthrax, Arsenic, Lachesis, Rhus* and *Tarentula cubensis* were given, but for two weeks we got nowhere excepting a chance to lose our job. In order to keep down the odor and help us out in our bungling we had the part fomented with *Calendula* and then applied dry charcoal, but this got us nowhere and we were beginning to despair of being able to do anything, and to add to the complications the nurse volunteered to the patient that she had nursed patients with what had been the largest carbuncles known, but that she had never seen one as large as this and that all those she had seen died. Needless to say she lost her job. While things were going from bad to worse the patient volunteered this: "Whenever my bowels start to move the stool will get part way out and then will slip back and can only be expelled with the greatest difficulty". Needless to state he got a single dose of *Silicea* IM and *Placebo*. His pain was promptly relieved and a mass almost as large as a child's head suppurated out and left a cavern that was fearful to behold. He received two more doses of the IM and one of the IOM and made one of the most brilliant and record-breaking recoveries we have ever seen and it is surprising how nearly the signs of the scar have been obliterated when one considers the extent and the jagged edges, for there are parts along the line almost invisible and the patient feels better than in years.

CASE 5.

This gentleman, an ice dealer, about 40 years of age, had about fifteen years ago a case of gonorrhœa treated by that "ultra-scientific method"—suppression. As soon as the discharge stopped, his bowels, which had always been regular before, became constipated, growing gradually worse and resisting every effort to rectify the condition. He spent money freely but in vain trying to find relief. He finally moved from Columbus to Toledo as his business interests were centered there. He was referred to us for a condition of his wife, and while here he volunteered: "I have never had any use for homœopathy myself, but since you have done so much for my wife I am going to let you see what you can do for me". His case was carefully taken but revealed nothing on which to base a prescription. On the knowledge of his suppressed gonorrhœa he was given one dose of *Medorrhinum* IM. The relief was prompt and to date has needed no repetition. This is the second case of this kind that has come to us with the same result.

CASE 6.

This young man who had inherited the tubercular diathesis came to us eight years ago, the victim of much mishandling, a

poor, weak, scrawny, emaciated lad who was expected to die at any time. Auscultation revealed bubbling and crepitation all over the chest. There was thick, greenish expectoration, no cough, debilitating night sweats especially after midnight, no other symptoms. He was under observation for three years. During the first three months he received each month one dose of *Tuberculinum bovinum* 30x and *Placebo* in the interim. From the very first dose improvement began. He then received one dose of the 30x each three months thereafter until discharged. The potency was never changed. The father was just recently at our office and tells us that the son has never had any other treatment than that we gave him; that he is now in the best of health and weighs 185 pounds and is one of the most promising commercial art students at the O. S. U.

CASE 7.

This gentleman, about 35 years of age, of French birth and of tubercular inheritance, developed sinus trouble. Two operations and a regular attendance at the specialist's office twice a week for three years resulted in naught but financial benefit to the specialist. His tubercular inheritance; his constant desire to go somewhere; his thick green discharge; his aggravation from cold and damp and his debilitating night-sweats after midnight tempted us to give him one dose of *Tuberculinum bovinum* 30x. The result was almost miraculous. There was a change within 24 hours. While he is still under observation there has been neither change of remedy nor repetition and the improvement is going on rapidly.

CASE 8.

Dr. G. Blase is reported by P. D. and Co. to show the superiority of vaccines in the treatment of whooping-cough, to have treated fifty-two cases by the seral method and two hundred fifty cases by other methods. The cases received eight injections and recovered (?) in eight to sixteen days, while those treated by other methods lasted three to five months. Contrast that doubtful method with homœopathy which cures whooping-cough while you wait. Mr. G., a patient of ours, just fresh from the ranks of allopathy, spoke of his little boy whom our allopathic friends had been treating for over two months for a fully developed case of

whooping-cough. All he could tell us was that "the boy woke regularly at 3 a. m. and on waking his upper lid puffed out". Could we send a remedy? We sent a powder of *Kali carb.* IM. The child had a slight cough that night and no cough since; is now in the best of health and has been the means of fully converting the mother to homœopathy.

CASE 9.

We were asked to see a little lad of about three years of age. Perhaps those who hold such veneration for allopathic diagnosis will be quite shocked when we say that we hold his diagnosis in contempt. This little lad had what we believe to have been a masked case of scarlet fever whose prodrome was said to be confusing, so much so, that it baffled the august skill of both the allopathic fraternity and the health board combined. The rash failed to show up properly and the allopaths unfortunately had no *Bryonia* to bring the rash to the surface. They started in to cure the rash, with the little patient going moribund as fast as he could go. Here is what we found: A little, helpless, puny, whimpering, almost lifeless child whose little limbs were drawn up in a tension, his whole body was tense; parts ulcerated from head to foot; skin angry red, tense, and shiny over lower parts of thighs and knees; skin where not ulcerated looked like the skin of a ripe tomato that had been scalded prior to being peeled, desquamating in large sheets, one desquamation following another rapidly. Oxide of zinc ointment was used to heal up the ulcers and the body otherwise dusted with aristol powder and God alone knows what he had been given internally. It was one of the most pitiable cases we have seen in all our forty-three years' practice. We could hardly suppress the tears. On top of all the suffering he was tortured with good scrubbings with soap and water. The nurse was shocked when we stopped the soap and water for moist cornmeal and the aristol for rice-flour. The little fellow was given a dose of *Sulphur* 30x with no result. As we could get no data on which to base a prescription, but feeling firmly in our own mind that it was a case of suppressed rash and that *Sulphur* was the only logical remedy he got a single dose of the cc. The reaction to this dose was prompt. Within twenty-four hours there was a change in his disposition and in rapid succession a rapid re-

gaining of strength, a return of appetite, a more normal pink to the skin, a decrease in the size of the desquamations and a rapid healing of the ulcers. In two weeks the lad was almost normal and that without change or repetition of the remedy. At the end of three weeks he was able to have his wish gratified that "he be allowed to go outdoors and dig in the dirt". All of this on a single dose of a single remedy.

CASE 10.

Mr. H. W., age 37, came to us with a beautifully complicated case of asthma, cold and stormy weather only, and a scaly eruption over the entire body which was extremely red, fingers cracked and bleeding and covered with vesicles and scales exuding a watery fluid, itching and burning intolerably causing him to scratch continually. His wife said that she got nearly a dust-pan full of scales every morning from the bed before she could make it up. Aside from the asthma and what we could see, he could give no other symptoms. On April 13th he received one dose of *Arsenic* IM and has had no other medicine since. At the present writing the entire train of symptoms have improved rapidly and the skin is almost clean.

TOLEDO, OHIO.

DISCUSSION.

DR. UNDERHILL: I have an interesting case of a girl, 12 years old, who came in with eczema of the scalp, all her hair had come out and it was dry and very scaly and this condition was of a year and a half standing. Upon the symptoms of the patient I gave her *Pulsatilla* 200; that began to work right away. Inside of six months there wasn't a vestige of eczema on her scalp, her hair came in, today she is perfectly well and healthy after about a year of prescribing. She had only had one dose when her mother came in with her and said: "Doctor, I am discouraged". I said: "Why"? "Well, Eleanore has the same old catarrh back again". I had been negligent in taking the case in that I didn't find out about the catarrh, but I found out now about the catarrh and that she had had for years a persistent nasal catarrh, thick greenish, and greenish-yellow mucus. They had taken her to a specialist who had been very successful in "curing" the catarrh, suppressed it. In about a month or two after the suppression the eczema came out. I said, "It is plain to be seen the eczema came out because the catarrh was suppressed. Now the eczema has been cured and the catarrh has come back. We will get after that and see what we can do". I repeated the *Pulsatilla* 200 and I think, since then, I have given her the IM. She has no catarrh and no eczema at the present time.

DR. WRIGHT: Since we are reminiscing for a moment on cases of skin

diseases, I might tell of a little boy of three whom I had in the out-patient department. His mother was the patient, she said: *I wish you could do something for this child, his face has had this horrible eczema since he was two years old.. I have had him to every doctor, and they have given him yellow salve, white salve and black salve and none of it has done any good.* I looked at the child. He had no symptoms of any suppression. Finally the mother remarked: *Every time he goes near the stove his face gets burning red,* and immediately I thought of *Antimonium crudum.* I gave him one dose of the 2C and by the end of five weeks that child was clear for the first time in a year and a half, and has stayed so.

DR. OLDS: In relation to this *Kali carb.* case of whooping-cough, I want to confirm that, or to recall the time several years ago when we had an epidemic of whooping-cough. A young lady came into the office. She had been taking care of some children who had whooping-cough and she had started in with a very persistent cough that looked like the beginning of whooping-cough. She had the identical symptoms Dr. Pulford's case had. It was a 2 o'clock aggravation of the cough, and one dose of *Kali carb.,* I don't remember what potency, and in twelve hours it completely disappeared.

Another thing that came to my mind, while these cases, particularly that *Abrotanum* case, were recited, was a subject that I think has not been treated of in this convention, and that is on the poisoning of our patients with aluminum. I believe that a great many of our stomach cases at the present day, as well as others, are due to aluminum poisoning. I want to refer you to a book by Dr. Charles Betz of Toledo, Ohio, who has written quite extensively on this subject, and rather proves his case. In my own experience I feel that he is right, that we are bucking up against aluminum poisoning a great deal of the time. He has demonstrated that the ordinary individual who has all of his food cooked in aluminum utensils, his coffee made in an aluminum percolator, who uses all aluminum utensils and alum baking powders, is taking from 13 to 15 grains of aluminum hydroxide every day. That ought to be enough to poison anybody.

I have found in certain cases of stomach ulcer that where those things are prohibited my case comes along very much better than it would otherwise. I think that is something for the membership to look into.

DR. PULFORD: Mr. Chairman, I wish to confirm what the doctor just said. Dr. Betz in Toledo proved his case through whatever he did on homœopathic methods and he is right on that.

DR. OLDS: I might say further, if anyone wishes to prove this thing out for himself, here is a very simple proof (as to the aluminum): Take a quart of water and boil it in an aluminum utensil for about twenty minutes. Boil it vigorously, pour that into a clear glass jar, then take some other utensil like agateware or porcelainware, and boil the same amount of water and pour it into another jar and let it stand all night and look at them in the morning. One will look like milk, the other will be clear.

CHAIRMAN, DIXON: Any further discussion?

DR. PULFORD: Nothing excepting that in the present undeveloped state of homœopathy, we are having to zigzag a lot of cases around. We are having to use a lot of physiological remedies which we wouldn't if the thing was completed. It is up to us to go ahead and complete the unfolding of it. We are standing still; we are dormant, and we should be going ahead and getting ahead and curing a lot of cases that we are zigzagging from one remedy to another.

SEQUELÆ—COMPLICATIONS—PROLONGATIONS. NEVER WELL AFTER—WHY? WHY?

GEORGE E. DIENST, M. D.

An acute disease whether from bacterial origin or from some innate tendency to certain forms of acute outbursts of febrile or exanthematic phenomena, is self-limiting, and when not interfered with results in resolution or death. If benign, the only rational form of therapeutics is to aid nature in throwing off the infection and limiting its duration. If malignant, the same form of therapeutics applies.

Since there is much said in literature and in parish gossip about the sequelæ of acute disease and the many complications which arise in consequence of the infection the question naturally arises—are these complications and sequelæ natural outgrowths of acute disturbances?

For instance, granting that the treatment rendered in acute disease is rational, is it necessary and unavoidable that asthma should follow whooping-cough, that nephritis should follow scarlet fever, that pneumonia should complicate or follow measles, that prolonged illness should follow typhoid fever, that pulmonary tuberculosis should follow pneumonia, and that paralysis should follow diphtheria? We answer emphatically NO! Neither is it necessary for death to follow any form of acute disease, except in the aged, or in those whose vitality is very low.

Let us, for instance, take a case of Sydenham scarlet fever. You are called to the bedside of a child say 12 years of age and you will find that it has been sick two or three days. The eruptions are now on the surface and are perfectly smooth and of a bright scarlet hue; sthenic type with active delirium, and during early stages vomiting, violent and cerebral symptoms prominent; restless sleep with crying out, twitching of muscles, grinding of teeth and constant motion of mouth, as if chewing: when aroused from sleep, child is violent and full of fear, striking at those around it; eyeballs red with wild look about eyes and redness of face; throbbing of carotids; involuntary moving of hands to head, bending head backward, as if too heavy; head hotter than other parts of body; lips, mouth and throat very red; throat bright-red and swollen and tongue coated with elevated papillæ; tympanum markedly congested, and congestion extending to external auditory canal; violent tonsillitis and angina, with stitching pain and spasmodic contractions, inability to drink, liquids return through nostrils; violent thirst with or without dread of water; suffocating sensation on turning head or touching pharynx; *calor mordax*. Or the rash fails to come out and the child becomes pale or livid. Rolls head into pillow, moans, whimpers and screams, jumps out of bed and wants to walk in his sleep; pulse small and accelerated. This is a clear case of scarlet fever and should have no complications, nor sequelæ if properly treated.

There is only one remedy indicated which, if given in the proper potency, will modify the disease, shorten its duration, prevent complications and avoid all sequelæ. This is true, absolutely, and yet we understand very clearly how ill-chosen remedies, poor nursing may change the tide to that of a very malignant form, prolong the duration of the disease, and endanger the child's life, and, should it recover, we will have something more insidious than scarlet fever to deal with. All this is true when improper therapeutic measures are employed.

We object to any variation or any method contrary to that strictly indicated, and no physician has a right to prescribe any remedy which is not strictly indicated in the disease. You ask, how can we know the indicated remedy? This can be known only by hard study and careful observation.

Now, I do not want to be hypercritical, but many years of observation have taught me that the average physician is neither a student nor an accurate observer. In years of experience dealing with scarlet fever where I have had some severe malignant cases to deal with, I have lost but one case and that was due to congenital syphilis which I had no means of knowing until long years after the death of the child. Neither have I had a case of scarlet fever followed by the usual complications we read about.

The remedy indicated does not only modify the disease, shorten its duration but aids nature in throwing off the toxins and leaves the child as healthy as it was before. We might refer you to all forms of acute disease but this takes time and space, of neither of which have we a surplus. In treating acute diseases, all should end in complete recovery. To aid nature, therefore, in healing the disease without complications or sequelæ a careful knowledge

of the indicated remedy is absolutely imperative. He who does not understand the action of the curative indicated remedy should not rest until he has found it. For, without this knowledge he has no moral right to practise medicine.

Complications arise predominantly from faulty selection of the first remedy, the alternation of remedies and their too frequent change.

AURORA, ILLINOIS.

CARBO VEG. CASE

G. BURFORD, M. D.

Case—*Patient æt. 75; with malignant disease of colon: recurrent crises of myocardial failure of influenzal origin.**

The outstanding symptoms of the primary condition (pain-hæmorrhage-tenesmus, etc.) were well under control, when influenza swept through the household, two of the nurses becoming victims, and later the patient. In this latter case there was a limited rise in temperature, but no heightening of the aforetime malignant symptoms. The general well-being was, however, obviously lessened. Dr. J. H. Clarke saw the case in consultation with me; and independently diagnosed the condition as influenzal.

A few days after this onset I was summoned urgently one evening on the ground of "heart failure". There was no unusual restlessness, but the patient, though feeling chilly, insisted on the windows being opened; complained of great oppression at the chest; respiration had increased in frequency and lessened in amplitude (Stokes-Adams type repeatedly observed). The whole body was cold to touch, notably knees, hands, tip of nose, and other parts distant from the circulatory centre; there was no asystole; pulse-rate averaged 124 per minute. Patient was packed with hot water bottles from shoulders to feet with no notable result.

A dose of *Carbo veg.* IOM. was given and repeated at first every five minutes, and later at longer intervals. In about an hour the pulse rate began to lessen, the respirations to be easily observable, the skin less chill, and the capacity for swelling somewhat easier. At the end of the second hour all the noticed symptoms had vanished and the patient was sleeping naturally.

*Repr. from *The Homœopathic World*, LXIV, page 7.

ANTIMONIUM OXYDATUM (Ant. o)*

JOHN H. CLARKE, M. D.

SESQUIOXIDE OF ANTIMONY. SB O TRITURATION.
2 3

CLINICAL: Acne. Boils. Debility. Dysuria. Glands enlarged. Gonorrhœa. Impotence. Night sweats. Perspiration, excessive. Prostate, affections of. Pustules. Testes, atrophy of. Urine, disorder of.

CHARACTERISTICS: The symptoms of *Ant. o.* have been obtained from the effect of the fumes in antimony works. The record is in Allen's *Encyclopædia* obtained from *Alg. Hom. Zeit.* 20, 122, and *Rev. de la Med. Hom.* 2, 194. The head, chest and urogenital organs were chiefly affected and a complete relaxation of the whole organism with depression. Pustular eruptions were also well marked. Probably in *Ant. o.* we have the purest antimony effects of all the antimony provings. The chief localities are the same in all, but *Ant. o.* has more pronounced action on the genito-urinary system than the others, producing dysuria, strangury and gonorrhœa-like discharge, impotence and atrophy of penis and testes. In the head there are lightning-like pains from front to back; occipital pains; and pains behind the glabella. Stitches prevail in the chest. There is extreme weakness, depression, restlessness and profuse sweat.

Ant. ox. enters into the compositions of "James' Fever Powders", a famous remedy of long ago, which consists of one part of Ant. ox. to two parts of Calcium phosphate.

RELATIONS: Compare *Ant. l.* Red urine, *Oc. c.* Impotence, *Lyc.* Pains in head from before backward, *Anac., Bell., Bry., Naja., Nux.* Sleepiness with headache, *Gels., Lach., Puls.* Difficult tenacious expectoration, *K. bi.*

SYMPTOMS.

1. MIND. Depression and general relaxation.
2. HEAD. Violent headache; with tearing in limbs. Slight headache increasing to intolerable degree. Continuous fatiguing pain immediately behind the glabella. Lightning-like stitches from front to back, disappearing suddenly but leaving frontal headache. Stitches and burning in occiput and nape. Violent stupefying pain in occiput, worse evenings, so exhausting he falls into unrefreshing sleep.

8. MOUTH. Tongue coated white.
10. APPETITE. Diminished or lost.
12. ABDOMEN. Distended with incarcerated flatus. Colic, without diarrhœa.
13. STOOL AND ANUS. Diarrhœa; troublesome, frequent, with griping, consisting of food evacuated soon after eating.
14. URINARY ORGANS. Indescribable lameness in urinary apparatus. Pains and urging at neck of bladder and burning in urethra during urination. Discharge of a few drops of mucus from urethra. Gonorrhœa-like discharge from urethra. Painful discharge of urine, *guttation*. Dysuria with mucous discharge causing burning in urethra. Strangury. Urine, deep orange-yellow, almost red. Deep-red and bloody urine, causing burning in urethra, a whitish mucus exuding after urine ceased.
15. MALE SEXUAL ORGANS. Atrophy of penis and testes. Penis flaccid. Loss of feeling and sexual appetite. Impotence. Burning in glands. Pain in testes. Pustules thick on genitals.
17. RESPIRATORY ORGANS. Cough; violent, shattering, dry, with stitches in chest; dry, painful, ending in difficult expectoration of tenacious mucus. Respiration difficult, with sibilant rales all over chest.
18. CHEST. Very great constriction, with stitches. Oppression, constriction and irritation to cough. Lancination along edge of ribs and in neck. Sharp stitches through chest to shoulders and back. Violent stitches with dry cough.
20. NECK AND BACK. Swelling of cervical glands. Sensitive pains in loins. Sharp pains in sacro-lumbar regions. Pustules on neck and body.
21. LIMBS. Pain in all the limbs. Spasms. Pustules on nates; bends of limbs; on thighs and scrotum.
24. GENERALITIES. Weakness and relaxation of the whole organism. Excessive general irritability. Great sensitiveness.
25. SKIN. Pustular eruption like pocks on body generally, esp. neck, lower abdomen, genitals, bends of limbs.
26. SLEEP. Restlessness preventing sleep. Sleeplessness. Dreams, fatiguing, anxious; frequent starting.
27. FEVER. Of intermittent type. Perspiration; profuse with general weakness; debilitating during sleep; tormenting, pouring sweats every time after sleep, followed by great exhaustion. Excessive night sweats.

*Repr. from *The Homœopathic World*, LXIV, Jan. 1929, p. 12, supplement to *The Dictionary of Materia Medica*, in which this does not appear.

THE INFLUENCE OF THE AGE OF INDUSTRIALISM ON HOMŒOPATHY*

JULIA M. GREEN, M. D.

Imagine walking through the main street of the small town or village of long ago. As the square is reached, the church spire rises far above adjacent buildings and forms the only aspiring vision. Town hall and schoolhouse, with the general store, complete the picture, except for the village green with, perhaps a statue or two. On the main street nearby in inconspicuous houses are the doctor's and the lawyer's offices.

The deacons of the church and the selectmen of the town are the governing bodies. Religion, as expressed by the church, is the strongest influence. The lawyer is respected and often feared. The doctor is known to all, often well-beloved by all as a friend and family counsellor. The one or two wealthy men wield an influence quite disproportionate to their wealth. If they are hard, grasping men, woe to the rest of the citizens. Industrialism is represented by farmers, storekeepers, a carpenter, a horseshoer and one or two more. These people are underlings.

We do not have to imagine walking through the city of the recent past, we have all done it. What stands out? Not the churches, for these are often nestled down beside tall structures; not the buildings housing the city government; not the schoolhouses, imposing and beautiful as these often are; not professional offices, for we must hunt for them. No, what stands out today are the evidences of this age of industrialism—huge manufacturing plants, lofty office buildings, large apartment houses, luxurious hotels, spacious department stores, massive railroad stations, intricate arteries of travel, and the ever present automobile.

There are two words which characterize the significance of these changes, *organization* which for a long time stood almost alone, and *cooperation* which has become an increasing influence. Organization has as its corollary specialization. It seems as if everything is organized and specialized to the *nth* degree. This is the age of industrialism. Who rules? The rich man rules with his money, for all sorts of people are after it; he can create for

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good or for evil, and a study of the best ways to spend money has become a profession.

The business executive rules with his brains. He is highly trained, greatly respected, much sought for advice.

The efficiency man rules through his ability to save time, labor, money.

The professional man who rules first is the salesman who has become extremely skilful.

The next professional man is the lawyer whose opinion on various business matters commands huge fees from corporations which are thus saved loss of much larger sums.

These people rule—big money, big business, salesmanship.

Who are ruled successfully?

The specialized worker who does one mechanical operation over and over. His wages are low but much better than they used to be.

The rapid worker who is paid medium wages for speed in production.

The skilled worker who can command a comparatively high wage.

Who is satisfied among consumers? And with what?

The consumer says *What do I get?* He wants the best product for the least money, the largest return on his investment, the greatest showing for time spent.

Consequently reforms in industry have loomed large on the horizon of modern development. We hear much about efficient production, the least waste of time and effort; we read of the value of satisfied workers, of better working conditions, fewer hours, higher wages, more opportunity for higher culture.

Where does homœopathy find a place in this picture? Almost nowhere. Why? Because homœopathy has stayed behind these times of rapid industrial progress. Its devotees have been content to practise in the fashion of the doctor of the old time town. Patients are cured in this way, they say.

Yes, of course, but the business world does not know about it. We have not presented the heads of industry our claims for consideration in their requirements. These people look at things large, as large as their buildings and railroads and banks. Money

is contemplated in millions and people in thousands. What Mr. Smith and Mr. Jones received in terms of health at the hands of a homœopath against whom they have heard much prejudice, does not sink into the minds of business magnates.

Their salesmen convince them of the value of many things pertaining to their business. They must convince them of the economic value of homœopathy. Lately the importance of regular health examinations is presented to them, but almost wholly from the standpoint of diagnosis. The value of sanitation and hygiene they know. Many large industries have physicians for their employees. Yes, but where does the homœopath come in? I know a huge business concern in New York employing several hundred engineers, men of great intelligence and broad training. One of them, a devotee of homœopathy, tried to give its benefits to some of his fellow workers. The result was a strong reprimand from the head of the concern and the order to stop talking homœopathy or sending employees to outside physicians under penalty of losing his job. The company has its own physicians. This sort of thing makes for retrogression and discontent.

What we need is trained salesmen of homœopathy to go to these rulers of industry and convince them of the economic value of homœopathically treated employes. Such salesmen can translate into money value: increased vitality and the contentment of health, greater longevity with a much longer period of efficiency at one's job, the benefit to business of the fruits of ripe experience, of a much more rapidly decreased death rate and increased birth rate of healthy children, the great importance to business of the eradication of inherited chronic tendencies to disease and elimination of the effects of strong drugging. The business man is keen for such things; he could take them all right. These salesmen must be laymen; it is rare that a physician is a salesman, for it takes business training and not professional training to make one.

I know full well that the question will be raised of scarcity of homœopathic material on which to base the salesman's plea. This is another subject, a correlated one.

Organization and cooperation as keynotes should come to mean as much to homœopathy as to business industry. There

are medical organizations galore but not much cooperation. Petty jealousies and medical politics tend to destroy even the best intent for it. If big business should come in and demand cooperation for the sake of the vast benefits homœopathy could supply, would not large visioned cooperation ensue? I think it would. The law of supply and demand requires it. Business firms band together in companies for mutual benefit. Why should not physicians? The old time isolated office is outgrown.

For some years there has been a tendency among physicians to have offices in one building; now we begin to see a new professional building in the large business blocks. A doctor may choose the size and shape of his suite.

So far this grouping is mostly for benefits to the physicians of the group. Presently it will be for benefit to the community served. Now we see a sort of out-patient sanatorium called, perhaps, a health center, run entirely as a commercial proposition for the money to be made out of it. Presently this will change into a community health centre for the good of the people.

For this is the trend of the times: a new suburb is opened; people of moderate means build homes there. Small stores, a school, a branch library appear. The residents demand a local church, but there is not enough wealth to support all the denominations represented; therefore organization with cooperation to meet the common needs; therefore a community centre church. There should be a community health centre too, a building to house a group of physicians, each one trained to do well a part of medical service, all working together for the maintenance of health, keeping fees within specified limits, pooling them if so agreed.

In these groups the homœopath should have a place as specialist in medical prescribing. Business magnates will demand this when they see the benefits; the people will demand it as soon as they see the results; the demand will create a supply and all will be well.

In the balanced community the physician will emerge from obscurity and take as prominent a place relatively as he had in the old-time village life. His influence cannot be greater or better than that, but it will be different, while still holding the friendship and regaining the confidence of the people.

The homœopathic physician belongs in the group of those most useful to the leader in industry, for he can be an inestimable aid to him, as much so as his salesmen, his lawyer, his secretaries, departmental managers, etc.

It needs just a little imagination and calculation to bring out clearly the power of the homœopath. A few good prescribers in key positions would turn the tide of homœopathy. Physicians and laymen must work together to accomplish, just as business heads and lesser trained assistants work together.

Let us try to reach this goal eminently worth while for its benefits to humanity and give homœopathy its place in the Age of Industrialism.

WASHINGTON, D. C.

CARBO VEG. AGAIN

G. BURFORD, M. D.

Case—*Patient æt.* 60; *with malignant disease in neighbourhood of splenic flexure; no hæmorrhage and but occasional vomiting; pain sometimes acute; marked cachexia.**

On a recent consultation I found this patient in bed, with the clinical symptoms of adynamia—skin cold, shabby pulse, swallowing difficult, and consciousness scarcely maintained. This condition was the issue of a definite distension during the previous few days. The patient had a single dose of *Carbo veg.* 10M.; and instructions were given for a supplement of *China* 10M. during the night if necessary. It was not necessary. I awaited the denouement with some anxiety; but the following morning, instead of dissolution, ostatitis had plainly heightened; the crisis had dwindled during natural sleep; capacity for taking food in some degree returned; and the *tout ensemble* was that of definite improvement. The stimulus toward recovery continued to operate for three or four days, when the patient, charmed by the consciousness of returning vigour, elected to drive to the adjacent village and effect some purchases. Such senseless trifling with the situation stifled further improvement; and changed the venue altogether as regards further aid from *Carbo vegetabilis.*

*Repr. from *The Homœopathic World,* LXIV, page 7.

PULSATILLA AND *KALI-SULPHURICUM**

F. E. GLADWIN, M. D.

Science of today is truly wonderful. It throws light on so many things that otherwise would remain in darkness.

My neighbor had a little waif dog that looked something like a Scotch terrier. In order to ascertain its breed a veterinarian said he would take some of its blood to the university for examination. He reported the result to be seventy-five per cent Scotch terrier, twelve and a half per cent fox terrier and twelve and a half per cent hound. Someone has evidently been examining the blood of *Pulsatilla* and while they didn't give the per cent of each, they found her ancestors to be *Calc. phos.*, *Kali phos.*, and *Kali sulph.* The fourth ancestor is still an unknown quantity.

Pulsatilla shows her heritage, in fact she hasn't vim enough to get away from it. See her standing there, dull of mind, tearful, anxious, sad, restless, oversensitive, aggravated by physical exertion. She is ameliorated by motion, aggravated by touch and aggravated in the evening. These mental symptoms and modalities we all recognize as characteristics of Pulsatilla, but do they mean Pulsatilla? There stand her three ancestors, each claiming them all. *Silica* claims them also. *Silica* has many of Pulsatilla's symptoms. Could it be possible that he is that fourth ancestor? Here we have ten good generals, all of them characteristic of Pulsatilla and her three ancestors. Continuing with the characteristics of Pulsatilla we find her changeable, timid, better in the open air and when walking. These bar *Calc. phos.* Pulsatilla has wandering pains, is aggravated in a warm room and on waking in the morning, and is ameliorated in the open air. These symptoms bar *Kali phos.*, but *Kali sulph.* still remains steadfast. Indeed Pulsatilla resembles her ancestor Kali sulph. so closely that it is easier to tell wherein they differ than wherein they are alike.

Pulsatilla	*Kali Sulph.*
Mild, yielding, timid, sullen, whining, peevish, irresolute.	Obstinate, easily angered, timid, very irritable, cannot make up his mind to act.

*Read before I. H. A., June, 1928, Bureau of Materia Medica.

Usually thirstless but sometimes she has thirst. Then she drinks often and but little at a time as it provokes an inclination to vomit.	Burning thirst, desires cold drinks though cold drinks cause nausea.
Thirst for beer in the morning.	
Desires sour things, refreshing things, herring, lemonade.	Desires sour things but likes sweet things better.
Aversion to pork and fat things.	Aversion to eggs.
Catarrhal discharges, white, yellowish, greenish and bland.	Catarrhal discharges, yellow, bright yellow or greenish and more likely to be excoriating.
Fears ghosts in the evening and at night.	Dreams about ghosts.
Absent-minded, silent mood, sits silently with hands folded.	Seems to be thinking of something far away.
Anxiety, has no rest at night from heat. Anxiety in evening after lying down.	Anxiety in bed in evening, during the night on waking.
Flees from his work, shuns business, aversion to work, seeks consolation.	Aversion to work, to business, to company.
Dreads people, frets him to answer, confused, fretful, chilly; confusion as after intoxication or watching.	Confusion of mind in morning in warm room, ameliorated in open air.
Disgusted with everything, tearful, easily discouraged.	Dullness of mind, discouraged and discontented with everything.
Mental labor fatigues and affects the head. Aggravated by mortification, fright, vexation, excessive joy, even by slight emotions.	Extremely excitable, mental exertion aggravates.
Fear of ghosts at night; anguish in region of heart even unto desire for suicide; weary of life, thinks with pleasure of drowning.	Fear at night, of death, of falling, and of people.

Loathing of life, desires death, fear of death.
Does things hurriedly.
Impatient.
Hysterical laughter after meals.

Omits letters in writing.
Depressed in the morning; gloomy, melancholy.
Changeable, alternating moods.

Weeps easily.
General aggravation morning and evening.

Fear of death, frightened at trifles.
Always in a hurry.
Impetuous, impatient.
Hysterical and excited in the evening.
Misplaces words in writing.
Low-spirited morning and evening.
Changeable disposition, alternating moods.
Weeps.
Aggravation morning and evening, but more symptoms are worse in the morning than in the evening.

VERTIGO.

Vertigo excessive when rising from bed in the morning; when rising from a seat; when looking up, as if he would fall; agg. sitting or lying; amel. walking in the open air.

Vertigo as after turning in a circle with nausea. Agg. in morning and evening; amel. by walking in the open air, after eating, by talking, when sitting, when stooping, when turning the eyes upward.

Staggers when walking.

VERTIGO.

Dreadful vertigo aggravated when rising from lying, standing, sitting, looking up. Feels that he is falling.

Vertigo in the evening in a warm room, after eating, during headache, with nausea, must lie down. Agg. sitting up, rising up, and standing. Amel. in open air. Objects turn in a circle. Feels that he is falling forward.

Staggers.

HEAD.

Throbbing headache.
Headache as if in a vise.
Constrictive headache above the eyes.

HEAD.

Boiling sensation in the head.
Coldness in vertex.
Constriction like a band or close-fitting cap; constriction of forehead.

Headache as if one had eaten too much.

Pains pressing, throbbing, stitching, twitching, tearing, bursting, semi-lateral, jerking, lacerating, as if in a vise; agg. by warm applications.

Headache in the evening agg. from mental exertion, when lying or sitting quietly, or in the cold; agg. on moving the eyes; agg. when stooping.

Headache amel. by external pressure and walking in the open air, in cool open air, by quick, hard rubbing with dry hand, and by compression.

Congestion of blood.

EYES.

Like a veil before the eyes, amel. by rubbing them.
Transient obscuration of vision.
Flame surrounded by starry halo.

Dryness of eyes and lids.

Burning, itching in eyes, styes on upper lid.
Child frequently rubs its eyes.

Pains in forehead over eyes, occiput, side of head, temples; pulsating, boring, burning, bursting, drawing, jerking, pressing, stitching, tearing, stunning, shocks; agg. on right side.

Pains morning on waking, evening, night; agg. from draft, during chill, sneezing, standing, from taking cold, coughing, after eating, when heated, in a warm room, from a jar, during menses, after sleep, from motion and from moving head from side to side.

Ameliorated in the open air, cold air and lying.

EYES.

Dim vision, foggy vision, sparks before the eyes.
Dark colors variegated, colors yellow, halo around the light; black floating specks, dazzling.
Inflammation of conjunctiva and lid edges swollen.
Dark veins; eruption about eyes on lids.
Lachrymation, itching.

Stitches from light, lachrymation in open air.
Agglutination of lids in the morning.
Ulcer of cornea; thick white or yellow, bland discharge.

EARS.

Deafness as if ears were stopped.
Noises in ear, humming, tinkling, ringing.

Profuse, thick yellowish or greenish discharge.

NOSE.

Loss of smell.
Thick, yellow or green, offensive discharge.

FACE.

Pain left face; amel. in the open air.
Prosopalgia; agg. in warm room in evening, lying, and by heat.
Face alternating red and pale; one cheek red, the other pale. Yellowish.

TEETH.

Drawing, tearing, stitching pain along the alveolar border; agg. in the evening, on entering a warm room. Amel. in the open air.

Pains pressing, burning, tearing photophobia.
Lids agglutinated.

Discharge yellowish, greenish.

EARS.

Ears feel stopped, pulsate.

Impaired hearing. Noises in ear, buzzing, chirping, cracking.
Pain, oversensitive to noise.
Discharge bright yellow or greenish, bloody, offensive.

NOSE.

Sense of smell lost.
Thick, yellow, offensive discharge, alternating with watery discharge. Discharge bloody, burning, excoriating, greenish, yellow, thick viscid.
Itching on nose, swelling, sneezing.

FACE.

Faceache agg. in warm room and in evening. Amel. in open air.

TEETH.

Toothache; agg. in a warm room, in the evening. Amel. in the open air.

THROAT.

Dryness of the throat, agg. mornings.
Tough mucus night and morning.
Stinging pains in throat agg. on swallowing.

STOMACH.

Pulsating.
Thirstlessness.
Usually eructations, bitter, sour after eating cakes, water brash.
Hungry, knows not for what.
Desires sour refreshing things.

Eats greedily but it is followed by vomiting.
Sensation as if he had eaten too much.

ABDOMEN.

Distended after eating, must undo clothing.
Rumbling and gurgling in abdomen.

DIARRHŒA.

Diarrhœa watery nightly, greenish yellow, stringy, changeable, no two alike.
Rumbling before stool.
Alternating hard and soft stool.

THROAT.

Dryness and constriction of throat.
Mucus in throat, in morning.

Pain on swallowing. Rawness, burning, sticking.

STOMACH.

Pulsating.
Burning thirst.
Eructations after eating, bitter, empty of food, sour water-brash.
Appetite increased or wanting.
Desires sour things but likes sweets better; desires cold drinks, cold food.

Fullness after having eaten ever so little.

ABDOMEN.

Distension after eating.

Rumbling before stool.

DIARRHŒA.

Stool yellow, stringy or watery.

Rumbling before stool.
Constipation alternating with diarrhœa.
Offensive, putrid flatus ameliorates many abdominal symptoms.

GENITO-URINARY.

Irritability of bladder. Frequent desire to urinate.

Urine loaded with urate of ammonia.

Gonorrhœa with thick, yellow or yellow green discharge.

Discharge of dark blood from urethra.

Menses delayed, too late; agg. after wetting feet.

Leucorrhœa, rather thick mucus, color of milk, burning, acrid; agg. lying.

LARYNX.

Hoarseness and roughness of voice.

Loss of voice.

Whooping-cough with vomiting of mucus and food.

RESPIRATION.

Asthma in children after suppressed rash; asthma after suppressed menses; agg. in evening after eating.

CHEST.

Congestion to chest and heart at night with anxious dreams.

HEART.

Catching pain in the cardiac region.

Rheumatic irritation of the heart; pain shifting rapidly from one portion of the body to the other.

GENITO-URINARY.

Chronic catarrh of bladder. Urging to urinate agg. at night.

Urine albuminous.

Gonorrhœa in advanced stage, with green and yellow discharge.

Hæmorrhage from urethra.

Menses too soon or too late.

Leucorrhœa burning, excoriating, greenish, yellow, purulent, thick or watery.

LARYNX.

Hoarseness.

Aphonia.

Whooping-cough with yellow slime or yellow watery expectoration.

RESPIRATION.

Asthma agg. in warm room; amel. in open air. Wheezing in a warm room.

CHEST.

Anxiety in chest.

HEART.

Pain in heart, stitching pain in heart.

Palpitation.

BACK.

Pain in lumbar region as sprained on motion.

Lumbago, must move yet pain has no relief.

EXTREMITIES.

Pain rheumatic; wandering pains, shift rapidly from one part to another.

Red, hot, swelling of feet. Burning soles.

SKIN.

Burning, itching of whole body, on becoming warm in bed; agg. by scratching.

Urticaria, erysipelas, pimples, ulcers, measles.

CHILLS.

May have quotidian, tertian, quartian ague or changing type.

Chills may begin at 10 a. m., 11 a. m., 4 p. m., 6 p. m. First attack may come at 3 p. m., and a later one at 1 a. m.

Sometimes thirstless during chill and sometimes thirst for much water as for lemonade. Chills begin in back, hands, feet, tips of fingers, or umbilical region. Shaking chills.

Palpitation with anxiety of heart; tumultuous palpitation.

BACK.

Pain in lumbar region during menses, while sitting, and while walking.

EXTREMITIES.

Pains in joints, wandering, wandering pains in limbs amel. by walking in open air.

Cold hands and feet.

SKIN.

Burning of the skin, burning after scratching. Itching, crawling, stinging, burning amel. by warmth of bed.

Liver spots, eczema, herpes, pimples, psoriasis, pustules, rash like measles, scaly eruptions on moist face.

CHILLS.

Quotidian chills.

Shaking 5 or 6 p. m. until midnight.

POINTERS

After the salvarsan the *simillimum* is often the antidote.—C. M. BOGER.

In any complicated chronic case the recent symptoms are the deciding ones. You must cure your case in layers, removing the top, i. e., the last layer first.—B. C. WOODBURY.

You can often avoid an aggravation from a high potency by giving it in three doses two hours apart.—C. M. BOGER.

In menorrhagia of thick, black blood in women with very irregular menses *Nux moschata* may be indicated.—L. VANNIER.

For constipation before and during menses, accompanied by cold feet, try *Silica*.—L. VANNIER.

Conium has cardiac pain during dysmenorrhœa.—L. VANNIER.

Obscuration of vision with noises in the ears as an accompaniment of over-abundant menses makes one think of *Trillium*.—L. VANNIER.

Cimicifuga has pain beneath the breasts especially at the menopause.—E. WRIGHT.

Urticarial itching better by perspiring calls for *Rhus tox*.—H. C. ALLEN.

Entire inability to sweat characterizes *Graphites* and *Hepar* as well as *Alumina*.—H. C. ALLEN.

In rectal fistulæ *Calc., Caust., Sil.,* and *Sulph.* are most useful.—J. JAHR.

For swelling of the cheeks during menses: *Graph., Phos., Sep.*—J. JAHR.

In nocturnal paroxysms of epilepsy or chorea *Calcarea* is valuable especially after *Sulphur*.—J. JAHR.

Crocus is suitable in chorea or convulsions with laughing, especially when attacks alternate with whooping-cough.—J. JAHR.

Patients appear to get up a tolerance for remedies. A complementary remedy will sometimes keep the patient from going stale.—R. E. S. HAYES.

Varying remedies or dropping back in your potency of the same remedy, i. e., 50M to 40M, will likewise help to increase your patient's reactibility.—J. C. BURNETT.

In left hemicrania with cutting pain into the ear, worse from coffee, better combing the hair, *Formica* is suitable.—J. C. KING.

COMMUNICATIONS*

Ashland, N. Y., January 19, 1929.

Editor Homœopathic Recorder:

I have just read in your very excellent November issue a criticism of my July article. I am accused of *"temperamental ineptitude"? "Mental energy slowed down"* and of having *"something else in the wind"?* No attempt is made, however, to controvert any of the facts given in the article. Always, when a lawyer ridicules the plaintiff and his witnesses, while offering no testimony in rebuttal, it is taken for granted that he has no case.

Shortly before his death, Hahnemann said that the work was only just begun and that his followers must continue and complete that which he had started. Except for a comparatively small number of worth-while provings; the compilations of Hering, T. F. Allen and Clarke and the repertories, the work is about where Hahnemann left it. During the last thirty years, especially, the School has been doing little more than just hanging on, which means that they have been losing their grip and falling backward. In the opinion of the writer, the only remedy is in some such line of research as that conducted by the *Homœopathic Foundation of New York* under the leadership of Dr. Stearns. To cast reflection on such work, especially when it shows evidence of completely successful achievement puts homœopathy in the position of the drowning man who fights attempted rescue.

As was said in the July article, *Nature supplies a curative remedy for every individual illness but this may be, and often is one of the (as yet) comparatively unknown drugs.* Hahnemann said that the *simillimum only* would prove curative, that near-similars would be only palliative or useless and urged a complete proving of all substances capable of medicinal value. In Clarke's *Dictionary of Materia Medica* about twelve hundred drugs are considered. Of this large number only a small proportion have been adequately proved. A large proportion of the remaining valuable but fragmentary information has never been repertoried which makes it comparatively inaccessible. Even though all these drugs were adequately proved and properly repertoried, it is a question if the result would not be so stupendous and confusing that only the super-mind could use it profitably. As there are not enough super-minds to satisfy humanity's needs, some simpler method seems essential. The triumphs of modern science in other fields suggests equal possibilities here.

After a most careful study of chronic cases in the practice of the writer for a period of twenty-five years and an analysis of results, he found that a humiliatingly large percentage of the prescriptions were disappointing. This was due largely, of course, to his inability to select the true *simillimum* for such cases. The late Dr. Campbell, of Brooklyn, considered one of the most brilliant and conscientious prescribers, told the writer that he was not certain of the true *simillimum* in more than one-third of his chronic patients. The late Dr. Baylies, a great scholar with an exceptionally extensive knowledge of drugs, who was also a most painstakingly careful prescriber, said that he felt he had failed to discover the true *simillimum* in at least one-half of his cases. Any fairly competent prescriber can select the *simillimum* when clear-cut indications for any of the well proved drugs are present. But how about the case for whom none of the well proved drugs quite fits the symptom-complex or the

*The Editors are not responsible for opinions expressed in this department.

one who presents few or no individualizing characteristics, or the one who cannot correctly describe symptoms or cannot help being untruthful? Homœopathically defined, it is not the seriously ill which is the *"difficult"* case but rather the one in which the selection of the true *simillimum* is difficult or impossible by methods heretofore in use. There is too large a percentage of such cases even in the practice of the most expert and most careful prescribers. Also, there are too many homœopaths whose consciences are salved, in spite of poor work, by the loyalty of their patients.

Beginning about fifteen years ago, the writer began sending such *difficult"* cases to well-known Hahnemannians in New York and even to other cities where possible. In so far as the writer could insure it, each prescriber was given a fair trial. The results were beneficial in not more than fifteen per cent of the cases. The writer was about equally successful with similar failures coming to him from Hahnemannians elsewhere. There are men who won't admit such failures and claim near-infallibility for themselves. They should know that other Hahnemannians often see their failures and that they are judged by their peers.

There was a time in the past when the crude methods and horrible prescriptions of the old school often wrought serious havoc. Almost any kind of a homœopath could usually benefit such cases with a few doses of *Nux vomica*. But times have changed. Also, those very common acute, contagious and infectious diseases in which the well-known acute remedies were so quickly and pleasantly curative as to arouse the enthusiasm of a grateful clientele—such conditions are no longer common and opportunities for homœopathy to advertise itself in this way are now infrequent. While homœopathy has been resting on its laurels, the old school has discarded its obvious barbarities and has made such spectacular advances in the sanitary, mechanical, diagnostic and surgical fields as to gain the limelight for themselves. Even in the treatment of chronic ailments, with their more accurate diagnostic and pharmaceutical knowledge, they are able to prescribe pleasing palliatives which are sufficiently effective to satisfy the public. In competition with this modernized, more accurate and pleasanter brand of allopathy, homœopathy has nothing better to offer than the still imperfect and less spectacular methods of fifty years ago.

While it will continue to be of great benefit in the rapidly decreasing field of acute diseases, the great opportunity for homœopathy lies in the perfection of its method for the cure of chronic (constitutional) diseases. In order to fulfil this urgent humanitarian need, it must decidedly improve its percentage of cures and lessen its percentage of failures.

Several years ago, some of the writer's *"difficult"* cases were referred to the New York Foundation for Homœopathic Research. For them, the writer had been unable to discover the *simillimum* after the most diligent effort. None was incurable otherwise. At least four out of five of these and subsequent cases of similar character, quickly got well. This was a positive efficiency of eighty per cent compared with an efficiency of only about fifteen per cent in previous experiences for similar cases covering many years. Enlightening also was the fact that many of the prescriptions were unproved or comparatively unknown drugs. Also when some one of the well known drugs was selected, it was one that would hardly have been considered on the basis of the symptoms present. The present procedure is only a stepping-stone to something better. It consists of a series of experiments with heretofore unknown phenomena. The fact that perfect prescriptions are now being made, in its still undeveloped stage, should result in its serious consideration by all consistent homœopaths. Its present high degree of accuracy lifts it into the position of an exact science. When the phenomena involved have been brought under complete mechanical control, the advantages of the true *simillimum* will be available for all invalids. Isn't this last the goal we have all been striving and hoping for?

(Signed) W. H. FREEMAN.

Editor of the Homœopathic Recorder,
38 Elizabeth St., Derby, Conn.

DEAR DOCTOR:

May I ask you to insert a notice in the next issue of your Journal, to the effect that this office has had to close down on all correspondence, as from today, so as to get to work on the compilation of the data received for the International Homœopathic Directory.

There are many very belated letters coming in to us now, to which we cannot possibly answer questions that were explained some five or six months ago, and to all of these correspondents we shall have to take this method of replying and thanking them, there being no time for further personal letters.

This Committee wishes to thank all those who have in any way helped and contributed to the value of this Directory, and among these we name as of the greatest value, your *Homœopathic Recorder*. There are a few correspondents scattered over the world, who are best left with their own consciences.

We have received enough encouragement already to satisfy us and make us feel that this work is going to be necessary and much wanted.

This Committee is deeply thankful to every helper.

Sincerely, for the Committee,

E. PETRIE HOYLE, M. D.

MONTREAL DATA

Before the time of the Fiftieth Annual Convention of the International Hahnemannian Association and the Eighty-Fifth Annual Session of the American Institute of Homœopathy in Montreal, the regular summer excursion fares will be in effect from practically all points.

Due to the fact that these summer excursion fares are from many points lower than "certificate" plan fares and from no points more than a dollar or two greater than the "certificate" plan fares, delegates to the Montreal Conventions will not be requested to procure "certificates" this year as heretofore. Merely ask for a round trip ticket to Montreal at the specially reduced summer excursion fare.

Delegates proceeding on the European tour may take advantage of reduced summer tourist tickets to Montreal even though their return home is from New York City rather than from the first destination. Fuller information covering reduced fares to Montreal will be published at a later date.

EDITORIAL

"WHITHER ARE WE DRIFTING?"

In the Christian world this is the season of Lent, a season of self-examination and self-discipline, that we may come out stronger and better men and women. In the light of recently published comments on homœopathy in the United States, we ask if it is not time that every homœopathic physician observe a season of self-examination and self-discipline, that he may show in his use of the healing art the great truths that Hahnemann discovered and his followers developed.

Dr. Royal, in the January *Recorder,* made some timely comments on "Damming the Stream or Keeping the Channel Open". An article, "Whither Are We Drifting"? from the pen of Dr. J. N. Majumdar, Editor of the *Indian Homœopathic Review,* and appearing in the September and October, 1928, issue of that journal, bears a more stinging criticism of American homœopathy, for he says:

> The gradual disappearance of true homœopathy from the United States of America had depressed me very much, for it must be admitted that although there are quite a number of homœopathic colleges and hospitals, the teachings and treatments in many of these institutions are anything but homœopathic. It seems that the days of Hahnemann, Hering, Lippe, Allen, Kent, and others are gone. Materialism has given place to the true spirit of homœopathy that performed miracles in the days of Hahnemann and his disciples.
>
> However, my visit to the continent of Europe and particularly the meeting of the International League of Homœopathy, inspired me with new courage and vigour once again, for I found that the European continent had become fully alive to the truth of true homœopathy.

It is sometimes salutary, though not always soothing to "see oursel's as ithers see us" and Dr. Clarke's recent article in the *Homœopathic World* is more in the nature of a salutary warning than soothing:

A RENAISSANCE (?) OF HOMŒOPATHY.

The Panama trip of the American Institute of Homœopathy in 1927 seems to have been such a great success that our cousins from over the water propose to repeat the experience on a grand scale and invade Europe in force during the coming Summer. A ship has been chartered and it is expected that a company of doctors and their families, five hundred strong, will visit the principal cities of Europe, beginning with London.

With the business tact and foresight, which we expect from our American friends, the American Institute of Homœopathy has sent two ambassadors to prepare the way. Some of us had the good fortune to receive Dr. Linn J. Boyd and Professor Borden soon after their arrival, and they very candidly laid before us the ideas that are behind the expedition. We were told that there is going on in America a "renaissance" of homœopathy, which is, of course, very pleasant to know. An inquiry into the nature of this re-birth did not reveal anything likely to arouse enthusiasm on this side. As we understand homœopathy, the only way to advance it will be through making the *Materia Medica* more accessible, and more perfect in its setting than it has hitherto been. This can only be done by making more distinct the indications through clinical use and illustration, and by improvement in Repertories.

As far as we could gather this is not the kind of re-birth that homœopathy is undergoing in the United States. Dr. Linn J. Boyd, who appears to be the *Materia Medica* representative, Professor Borden representing the executive side of the enterprise, boasted that in one research he had sacrificed one thousand guinea-pigs, and in another, numberless cats. The idea seems to be to give homœopathy what is considered in these times a "scientific" basis. To the ordinary observer it looks as if transatlantic homœopaths were endeavoring to placate the allopaths by showing themselves devoted followers of Dr. Simon Flexner, the great vivisection apologist, and best known to homœopaths on this side as the destroyer of the bulk of the homœopathic colleges of U. S. A.

If this is the idea of a "Renaissance of Homœopathy" entertained in America, we must warn our friends that it is not ours. Homœopathy is the humanizing spirit of medicine, and will have nothing to do with cruelty perpetrated in the name of "science". Homœopathy is founded on self-sacrifice and not on the sacrifice of others.

Therefore, if the shipload of homœopaths comes over this summer we hope the pilgrims will have a very good time, but they must not expect any official recognition of provings on guinea-pigs, cats and dogs, nor must they expect us slow Europeans to recognize a "new birth" in this kind of thing, but rather a death and burial.

This last week has also brought us a letter from a 1926 graduate from one of our colleges. This man came from Europe to this institution because it was homœopathic. His letter expresses much disappointment in the way homœopathy is taught in this college, and he says: "Had I known how little emphasis they placed on the subject, and how little confidence they seem to have in its value as a therapeutic method, I would never have taken the trouble of coming all the way over here, in order to learn it". He says further that "in the society meetings I have attended and in homœopathic journals (with the exception of the *Recorder*) mention of homœopathic subjects is the exception rather than the rule; homœopathy is not even included in the scientific program, but is sometimes discussed before the program starts"; and, gravest indictment of all, "I have not yet met a homœopathic physician who even attempted to practice homœopathy according to Hahnemann". He admits that he has learned considerable homœopathy by diligent study in the two years since

he graduated. His appreciation of *The Homœopathic Recorder* and its present high standard, and the work of the American Foundation for Homœopathy Post-Graduate School, point out the only solution in this critical period.

We regret that a physician could visit America and fail to recognize the steadily growing influence of Hahnemannian homœopathy. The International Hahnemannian Association and its activities, and the Post-Graduate School of the American Foundation for Homœopathy have been very potent means of fostering this growth of true homœopathy.

It is true that there is nothing spectacular about this growth, but there is a refreshing increase of interest in the spirit of the early masters in our art.

It is reassuring—and somewhat flattering as well—after Dr. Majumdar's indictment of American homœopathy, that of the thirteen headings in the table of contents in this number of his journal, three are articles copied from *The Homœopathic Recorder*, the official organ of the International Hahnemannian Association, while a fourth is from the pen of a Chicago physician.

In view of all these recent comments, much of which is true, is it not time to sit in sackcloth and ashes, that we may find that which is good and true and pure in homœopathy?—H. A. R.

* * * *

To cure your patient with a few sugary powders and an arresting certitude of manner, conveying to the patient a faith in their improvement, unusual in their experience of doctors, is not enough. After such cures your patient will believe implicitly in you and send his friends to you but he will give *you* the credit, which belongs largely to homœopathy. The first duty of the physician is to cure, but surely the second duty is to inculcate a concept of homœopathy. Why should we do this? First, because only so can we create an intelligent demand for homœopathy? Second, because only so can we safeguard our patients. They must learn to understand, for their own sakes, certain of the principles underlying our art. If the public knew the results of suppression how much suffering would be saved! If they could be made to realize what a bar to recovery surgery may be, if it

intervenes before the condition back of the pathology is cleared up! If people could realize why the indiscriminate taking of drugs on a so-called physiological basis hinders real cure!

Every homœopathic physician should undertake a definite educative campaign with each patient. This does not mean that you teach him to dabble in self-medication, but rather that you initiate him into some of the fundamental tenets of health. If your patient is already an ardent homœopath he may be so from tradition or from experience, rather than from an intelligent understanding of the laws of cure. In this instance he will be with you from the beginning and he will be pleased to be taken into your confidence, to be allowed to understand what is being done to help him. If he is one who has never heard of homœopathy you must first convince him that you are "scientific", by thorough physical examination, attention to hygiene and diet, and the use of the current laboratory tests. You must sell yourself to him as a competent up-to-date physician. Next, you must perceptibly help him with your remedy. Nothing is so convincing to the patient as a definite improvement in his sense of well-being. These two things being accomplished, you can then safely begin to explain to him some of the principles of cure without at first using the term homœopathy. Our fundamentals are very appealing. The fact that you can help a patient even though no organic change is detectable and no diagnosis possible is reassuring and important to him. For by the time he has come to you he has probably had many experiences with modern therapeutic nihilism. He will be intrigued with your interest in all the things he has tried to tell his previous doctors of which they have taken no account. You can present the process of individualizing the case so strikingly that he will say, "That is what I have always said, doctor, every-one can not and should not be treated alike". After these preliminaries you can go on from individualization to an explanation of what modalities are and teach your patient the sort of things he must tell you when he writes you a letter asking you for medicine. Every homœopathic patient should be trained to give such a picture of his symptoms that a strange physician could make a prescription without asking a single question. You must thoroughly explain to your patient those factors which interfere with

the action of the homœopathic remedy and warn him against them. You must explain to him the direction of cure, the possibility of aggravation, and the difference between the temporary intensification of symptoms and the general increased sense of well-being. He must understand the importance of mental symptoms and the spiritual inferences consequent to the fact that the inner and the higher are always the most important. He must understand also the necessity of telling you the mental causes of many of his disturbances, not in detail, but so that you can classify them. For instance, your patient need not tell you why she had an argument with her husband that gave her a headache or what mortification preceded her bilious attack, but she must let you know the general nature of the mental factor in the case.

Furthermore, you can easily interest your patients in chronic constitutional remedies pointing out to them their variances from the normal from childhood up; annoying symptoms which they have accepted and disregarded can be shown to be curable. Let them see that emotional and mental traits, as well as physical distresses, are subject to our remedies. What a relief to the mother of a chronic bed-wetter, or of a child with offensive excoriating foot-sweat, or of one with jealous tantrums, to know that these things can be modified and often cured with a few pleasant doses of what the little patients will call "candy".

To explain these matters to patients takes time and clear thinking, but even from a selfish point of view it is a good investment, and it is surely one of the greatest aids to the cause of homœopathy and to the good of the race.—E. W.

* * * *

Dr. F. A. Boericke, who died February 23 at his home in Philadelphia, devoted most of his life to the development of homœopathic pharmacy, being connected with the firm of Boericke & Tafel for more than fifty years. He first managed its Chicago and later the New York branch and at the death of Mr. A. J. Tafel, the senior member of the firm, in 1895 he became its head. When in 1906 the firm was incorporated, he became its first president, which office he held until his retirement from active business in 1912. Since that time he held the office of vice-president up to his death.

He graduated as Doctor of Medicine from the Chicago Hahnemann Medical College in the early nineties though he never took up the practice of medicine. He was a member of the Pharmaceutical Examining Board of Pennsylvania for many years. He also held certificates in pharmacy in a number of states.

It is not given to many to put their impress so emphatically on that vital part of homœopathic medicine, the purity of homœopathic pharmaceutical preparations, and to so set a high standard of perfection. Dr. Boericke will be missed, but he has set a standard in homœopathic pharmacy that will be continued.—H. A. R.

* * * *

The many friends of the American Foundation for Homœopathy will be pleased to learn that the Chairman and the Board of Trustees have been working hard toward an endowment for the Post-Graduate School of Homœopathy, which has been maintained for seven years, and this year is to be held at the School of Arts and Crafts, Beacon street, Boston. Through the kind offices of Dr. Henry L. Houghton we have enlisted the help of Mr. Corsello E. Converse of Boston, who has made a pledge of $2,500 a year for ten years toward the maintenance of this school. This is a beginning toward putting the Foundation School on a permanent basis.

It is to be hoped that other ardent homœopathic physicians will also bear the needs of the Foundation in mind with their patients and friends.

We have students coming to us this year from half-way around the world.—H. A. R.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS.

14. If a patient who has been on *Sulphur* calls unmistakably for *Lycopodium* may you give it, or should *Calcarea* be interposed? If you do give the unindicated *Calcarea* will it have any effect at all? Could it harm the patient?—E. WRIGHT.

15. Is it true that lower potencies antidote higher ones, and if so, why?—H. LANCASTER.

16. Is *Natrum mur.* a right-sided remedy? It does not appear as a right-sided remedy in Kent's *Repertory*.—E. LYLE.

17. What would happen if you got a picture of *China* in a prover and a malarial mosquito then bit him? I find that the more I think about this the more it bothers me.—D. V. THOMPSON, JR.

18. A student of homœopathy asks if this could not be a case of homœopathic acquired immunity against malaria?

19. On what plane would you dose a sluggish patient and how would you know you had a sluggish patient in a new case? —F. MECK.

ANSWERS TO QUESTIONS IN JANUARY ISSUE.

If the simillimum *is given on the perfect potency plane will the patient get an aggravation, and if so, will it be less or more than if the remedy were given on too high or too low a plane?*

—If the *simillimum* is on a perfect potency plane and the patient is curable, there will be no severe aggravation but the patient may go on to cure. If the remedy is too high the aggravation may be severe, if too low the aggravation will be less.—G. E. DIENST.

—An aggravation depends more upon the condition of the patient than upon the potency administered. A classical aggravation occurs only occasionally. It will be more marked if the remedy is given in too high a potency.—M. I. SENSEMAN.

Are positive and negative symptoms equally important?

—Yes. Craving for salt or aversion to salt or being made sick from salt are, from the therapeutic standpoint, equally important. —G. E. DIENST.

—All symptoms are important, whether positive or negative. The value of each depends upon the prominence of its relationship to the patient as a whole, or to his parts; and also upon the position or grade as compared with the other symptoms.—M. I. SENSEMAN.

If it is good for children to have exanthemata, in order to get rid of latent psora, ought we to give them homœopathic prophylactics or to cut short the disease by a homœopathic remedy?

—Children will not have exanthemata if they are free from psora, but where afflicted with exanthemata the psora condition should be relieved by the administration of the properly indicated homœopathic remedy, this should not be prophylactic but a curative remedy.—G. E. DIENST.

—By using a true homœopathic prophylactic, or administering a homœopathic remedy in the presence of acute exanthemata, we are progressing along the lines of cure, and not along the lines of suppression.—M. I. SENSEMAN.

If a patient's chronic remedy is one of the great cancer remedies such as Kreos., *or* Con., *would you expect that patient, if untreated, to tend to develop cancer more than one whose chronic was, say,* Natrum mur.? *Would the constitutional remedy tend to ward off the cancer or would an aggravation cause the real appearance of cancer?*

—The fact that a patient's chronic remedy may be *Kreos.* or *Con.* does not imply a cancerous condition of the patient. If, however, the patient was of a cancerous diathesis the giving of the remedy as indicated, would prevent the development of cancer without an aggravation showing a real appearance of cancer.—G. E. DIENST.

—Yes, most emphatically. The constitutional remedy would tend to ward off cancer. It could not "cause the real appearance of a cancer" for the reason that the tumor commonly designated "cancer" is not cancer. "Cancer" is an unhealthy state of the

general system. The growth is Nature's attempt to localize the trouble and to thereby rid the system of the real cancer—which has been present for years, usually, before any growth begins.—MARY I. SENSEMAN.

Under what rubrics in the Repertory *can you find "Pregnancy disagrees", "Crave sweets before menses", "Fear of snakes", "Excessive modesty"? In this latter instance will the remedies under "Shamelessness" be excluded or will the* simillimum *be among them according to the hypothesis of contradictory action?*

—Much depends upon the nature of the disagreement in pregnancy. For instance in cases of digestive disturbance, the nature of the disagreement must be noted and you will find it in the rubric of the Stomach. "Craving for sweets before menses" will be found in Generals under the rubric of Abnormalities before menses. "Fear of snakes" is found in the rubric, Fear under mind. For "excessive modesty", which is a mental condition, a remedy under "Shamelessness" will not apply unless the symptoms agree.—G. E. DIENST.

Where can I find a proving of Coqueluchin?

—I cannot find one.—G. E. DIENST.

ANSWERS TO QUESTIONS IN FEBRUARY ISSUE.

What is your experience with the so-called inimical remedies?

—Well I have learned to have great respect for the remedies. When it was a well-known fact that two remedies would fight when they had a chance, I was careful not to give them a chance. Nevertheless I have had my experience. A patient on *Causticum,* part of whose chronic trouble was frequent colds, had a severe cold come on. A kind neighbor gave him *Phos.* It took a long time to undo the trouble, in fact I am not quite sure that I ever did wholly eradicate it.—F. E. GLADWIN.

What is the effect on homœopathic remedies of coffee, tobacco and alcohol habits? Or senna or stramonium?

—Sometimes the remedy will act in spite of such habits and sometimes it won't.—F. E. GLADWIN.

—In general it is safe to say that any of these habits will more or less interfere with the proper action of the remedy. It is only common sense to remove all probable obstacles to cure. To remove all *possible* obstacles is, in the average ambulant case, rarely practicable or even feasible.

Turn to the Generalities of Kent's *Repertory* under Food (2nd Ed., p. 1324; or 3rd Ed., p. 1362). If your remedy is included under the rubric "Coffee aggravates", you will do well to eliminate coffee from that patient's diet, especially when the remedy is in the highest or second grade. Similarly in respect to tobacco (2nd Ed., p. 1365; or 3rd Ed., p. 1407), under the rubric "Tobacco aggravates". To illustrate, you will observe that *Ign.* and *Nux vom.* are both listed in the highest grade under the rubrics cited. Now it may be that excessive coffee drinking and excessive use of tobacco have been factors or links in the chain of causes which have brought the patient into an *Ign.* or *Nux vom.* state. To continue the use of these after giving the remedy is to perpetuate at least a part of the cause of the disorder. Again if the patient's symptoms centre largely in the gastro-intestinal tract or in the nervous system, elimination of these substances, coffee, tobacco, and alcohol, is certainly clearly indicated. Moreover, "alcohol" in these days is often rank poison. Hardly any of it is above suspicion. Nor do I allow my patients to use rubbing or bathing alcohol externally. If it is not fit to take internally it is also unfit to use externally, and chemical absorption may occur that may possibly interfere with the action of the homœopathic remedy.

I always advise against the use of stramonium and senna on the ground of "possible interference".—E. UNDERHILL, JR.

What diet directions in connection with homœopathic remedies should the physician give?

—When it comes to the question of diet I feel like quoting Ella Wheeler Wilcox, who said: *So many creeds, so many minds, so many paths that wind and wind, when just the art of being kind is what this sad world needs.* I study the chemistry of food to discover that in the physiological laboratory there is something needed besides chemistry in foods; then I study the calories in food to find that something besides calories is needed; then I go

for the vitamins, one food for one kind of vitamin, another for another, and I study the different kinds of vitamin foods until I wring my hands in despair; then I remember the last part of the verse and sternly forbid the patient to eat anything that disagrees with him, and tell him never to force himself to eat the things he does not like. Then I expect the remedy to correct conditions so that he can eat anything in reason. What do you do?—F. E. GLADWIN.

Is succussion important in preparing potencies or does simple dilution do as well?

—Hahnemann seems to think succussion was important. Fincke thought fluxion gave the same result.—F. E. GLADWIN.

Can one really antidote a remedy in dynamic dosage?

—Partly, possibly wholly, but scientists hold now that a vibration is never lost.—F. E. GLADWIN.

How many times in your practice have you really needed to antidote a remedy you have given?

—A little girl with no reserve force had an inheritance of cancer and tuberculosis; cheeks flushed easily, eyelashes long and silky, no other symptoms. Gave *Tuberculinum*. Shortly afterwards she became very ill with pneumonia. The acute symptoms were prescribed for and she recovered. Sometime afterwards the *Tuberculinum* was repeated and again pneumonia symptoms appeared and again were prescribed for. The repetition of the *Tuberculinum* was considered unsafe. That little girl is a healthy looking young woman today. She had a little brother who had the long, silky, curling eyelashes, and was pale and delicate. Because of the experience with the sister I was afraid to give him the *Tuberculinum*. He died of tuberculosis shortly after his 18th birthday.—F. E. GLADWIN.

CURRENT HOMŒOPATHIC PERIODICALS*

DE DOKTER IN HUIS

(In Dutch)

(Zwolle, Holland: Jan. 1929), X, 1-18.

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HAHNEMANN

(In Bengali)

(Calcutta, India: Nov. 1928), II, 337-392.

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*Indian Remedies Particularly Good for Malaria
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A Few Remarks About Medicines Developed in India:

1. *Oldenlandia*: It is particularly good for malaria, remittent and intermittent fevers. In malaria attended with excess secretion of bile it has proved effective.
2. *Kalmagh*: For chronic fever and acute malaria in all cases. It is very good for black fever—where dozens of injections have failed to cure, this remedy worked well. When there is a rise of temperature twice a day it is particularly applicable.
3. *Kalotropis*: After delivery when one is attacked with repeated unconsciousness, it has worked satisfactorily.

Indian Remedies Particularly Good for Malaria:

1. *Quinia India*: Temperature rises between 7 and 11 in the morning. Fever is accompanied by headache, restlessness, not necessarily accompanied by shivering and thirst. Patient always sweats after remission of fever. Fever due to nervous breakdown is particularly suitable for this remedy.
2. *Atistra Indica*: When the attack of fever is every other day, remedy of tincture strength has to be smelled 5 to 6 hours before the attack and when the attack is every second or third day it should be smelled and taken internally every 3 hours.

*Titles marked with an asterisk (*) are abstracted. Journals not otherwise specified are in English.

3. *Osimun Influenzinum*: This is an antipsoric medicine. When *Sulphur* and *Psorinum* failed this remedy proved to be very effective. It is particularly good for ringworm and eczema. In acute cases it has to be applied and taken internally. It is very good for influenza, children's colds and fever, nervous breakdown, asthma and whooping-cough. Heart trouble caused by high blood-pressure has been cured by a high dilution of the above remedy.

HAHNEMANN

(In Bengali)

(Calcutta, India: Dec. 1928), II, 393-448.

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(Calcutta: Nov. 1928), IV, 113-152.

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(Washington, D. C., Jan. 1929), III, 1-31.

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THE HOMŒOPATHIC WORLD

(London: Jan. 1929), LXIV, 1-28.

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HOMŒOPATHISCH MAANDBLAD

(In Dutch)

(The Hague, Holland: Jan. 1929), XL, 1-8.

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THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York: Jan. 1929), XXII, 1-91.

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Nature of Natural and Acquired Immunity: Natural immunity is divided into two kinds, non-specific and specific. Under non-specific natural immunity are mentioned: Protection against infection afforded by a healthy, intact skin and mucous membrane, especially of the eye, nose and throat, and stomach. The relation of proper diet, including vitamin B, and activity of the phagocytes are discussed. Under specific types of natural immunity the following are mentioned: Antibodies; athreptic immunity (germs of disease fail to find in some animal tissues food or soil suitable for their growth and proliferation); certain diseases are escaped because the germ and its toxin are unable to unite with the body cells; certain organisms to cause infection must enter by certain definite routes; the importance of the infant nursing from the mother to obtain the natural specific immunity gained from the colostrum and breast milk. Under acquired immunity are discussed: Immunity from an attack of infectious disease in a clinically recognized form; from unrecognized clinical attacks; from vaccination; from injection of serum containing the antibodies. Dr. Kolmer speaks of the possibility that homœopathic drugs stimulate the cells to produce immunity principles.

The Possible Action of Drugs as Antigens and the Relation of Such Possible Action to Homœopathic Prescribing: In this article Dr. Wesselhoeft discusses the question whether a remedial agent can directly stimulate the exact resisting forces necessary to overcome the disease agent which is causing the damage. He offers "circumstantial evidence", largely clinical and partly experimental, in proof of this, but is unable to explain the mechanism of such an acquired immunity.

THE JOURNAL OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY

(New York: Dec. 1928), XXXII, 385-408.

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(Palatine, Ill.: Jan. 1929), I, 1-47.

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(Los Angeles, Cal.: Jan. 1929), XL, 1-31.

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(In Spanish)

(Barcelona, Spain: Nov. 1928) XV, 289-312.

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REVISTA DE HOMEOPATIA PRACTICA

(In Spanish)

(Barcelona, Spain: Dec. 1928), XV, 313-348.

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(In Bengali)

(Calcutta, India: Dec. 10, 1928), II, 330-368.

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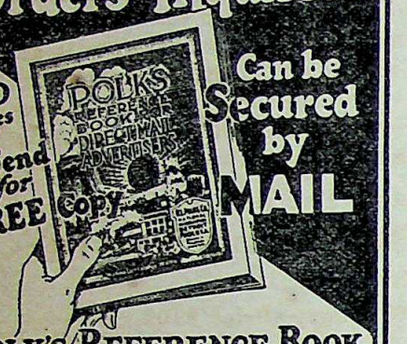

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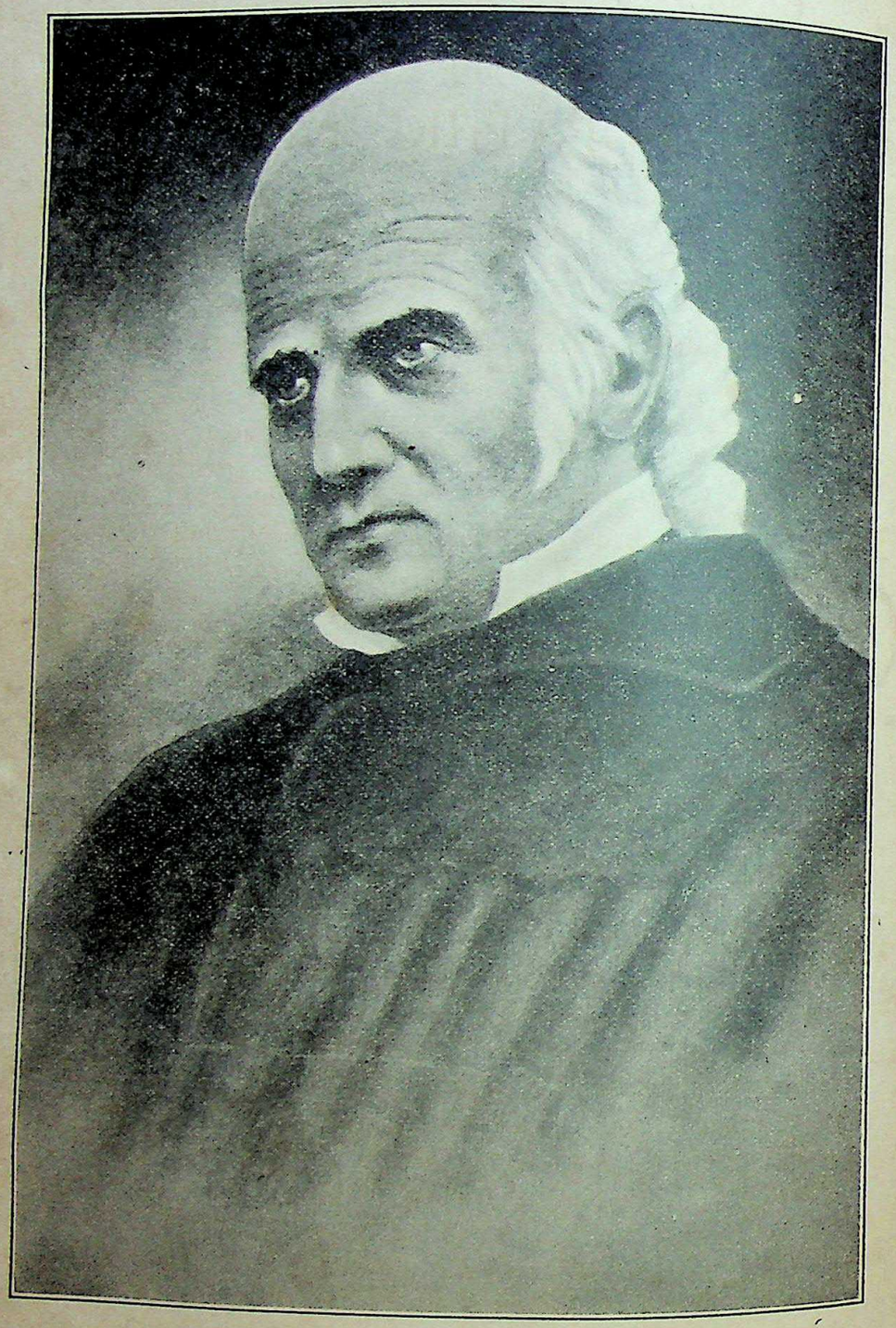

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THE
HOMŒOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., APRIL 15, 1929. No. 4.

LITTLE DOSES—BIG RESULTS! HOMŒOPATHY FOR ANIMALS

PIERRE SCHMIDT, M.D.

FIRST CASE: One of my old school-mates, Dr. Ferreol, a veterinary, having heard of mysterious homœopathy, met me one day by chance. "What is homœopathy at bottom"? he asked me. "Is it a serious method"? "Serious"! I replied, "that's not the question: it is a method which cures affections that are curable according to a law, and by means which do not poison the patient". "But", said he to me, "that's all very well for human beings whom one can make believe all that one wishes, but can these infinitesimal doses really have any action at all on animals"? "It is perfectly simple", I responded, "not theories but facts; results, first, and then afterwards we will discuss it"!

Just at that time he had a series of cases which were bothering him a great deal. It was a matter of an epidemic of swine-fever in a piggery of more than one hundred and twenty animals. Many had already died and, called urgently on the 30th of January, 1928, he autopsied a pig which had just died in convulsions. He found a hæmorrhagic gastro-enteritis with inflammation of Peyer's patches and the mesenteric glands, a hæmorrhagic nephritis and, above all, endocarditic and myocarditic lesions which permitted him to diagnose the chronic form of swine-fever (*rouget du porc*).

The absence of erythema allowed one to think of "white swine-fever". Bacteriological analyses confirmed the diagnosis by the presence of *Bacillus rhusiopathiae suis*.

When a piggery is infected one gives serotherapy, not only to the small number infected but to all the pigs, as a preventive

measure. That is why he proceeded, on the 4th of February, to immunize to the full by the appropriate serum, which he had sent for expressly from Bern from the Federal Institute of Hygiene. Eight to fifty cc. of serum were injected into each animal according to its weight. Result: Two days later they found eight pigs newly infected and showing clonic convulsions. A bleeding at the ear was ordered, to reduce congestion of the nervous centres. Ferreol noticed that the blood of the animals in convulsions did not flow until after several seconds, which confirmed his diagnosis of a chronic form of swine-fever of which endocarditis is the principal manifestation. The symptoms abated after bleeding and he waited for the effects of his immunization. Two days later he was sent for urgently and found the swine-keeper distracted, his cutlass in his hand, ready to kill the eight animals of whom we have been speaking, all of whom were again going into convulsions. Another pig, fifty kilos in weight, a new case, struggled into the passageway, laid down on its back and remained in opisthotonos two hours.

Having lost confidence, the proprietor summoned another veterinary secretly, who confirmed the diagnosis and declared peremptorily that the cases were lost, all treatment hopeless, and the only thing to do was to cut the throats of all the sick animals as soon as possible. There was the situation!

It was, then, a question of an infectious condition due to a specific bacillus; the diagnosis was perfectly clear. The treatment had been conducted according to modern knowledge of this condition, and the results were completely negative. The verdict was formal: To sacrifice these animals since science declared them incurable.

Ah! We may well repeat the classic phrase of Hahnemann: "When it is a question of the sacred art of curing, to neglect to learn is a crime"!

Here it was not a question of human lives but of animals which must be saved because the financial loss was great. All these young animals had cost a great deal to raise and now, although they were still too young for the butcher, it was necessary to kill them. The infection had spread to these nine new cases and others would follow. You can judge of the state of

mind of the proprietor and the caretaker. It was these cases which Dr. Ferreol put up to me, on which to prove to him the value of homœopathy. I accepted the challenge.

The symptoms then were:

1. The rapidity of invasion, when all the animals had seemingly good health.

2. Convulsions in young subjects.

3. Active congestion as observed by autopsy.

4. The disease showing grave symptoms of the nervous and arterial systems.

5. The absence of rash (possibly the cause of the convulsive symptoms).

All these can be found literally in the same words on pages 32, 34, 36 and 41 of the first volume of *Guiding Symptoms* published in 1879 by Dr. Hering, an allopath converted to homœopathy, these symptoms having been produced by *Aconitum napellus*.

As *Belladonna* possesses a great analogy in its toxicology to the symptoms above indicated, I proposed to make the following experiment:

1. To give ten drops of a solution of *Aconite* in the 200th centesimal dilution in a glass of water, one coffeespoonful (one single dose) to four pigs which were to be marked with a red cross on the back.

2. To give ten drops of a solution of *Belladonna* in the 200th centesimal dilution in a glass of water, one coffeespoonful (one single dose) to three pigs to be marked with a black cross.

3. To leave one pig without a mark and without medicine, as a control.

4. To give ten drops of *Aconite* in the 200th to the 50 kilogram pig which was lying in opisthotonos in the middle of the stable.

All this was carried out exactly. It was very interesting that exactly twenty seconds after the single dose of *Aconite* the convulsions of the pig stretched out on her back ceased, leaving the caretaker open-mouthed before this incredible spectacle! The beast remained stretched out for five hours perfectly calm. After this length of time she got up unaided, went to the trough

and ate her food as if nothing had ever happened. The attacks were not renewed and the animal has been in perfect health ever since. (This 200th dilution, gentlemen, was prepared by me and was not one of those high dilutions concerning which one is ignorant of its origin and especially of its mode of preparation. It was not a tincture of *Aconite* succussed two hundred times, but a preparation made according to the Hahnemannian rules, diluted two hundred times and vigorously shaken at each dilution. The tincture used as a base had been made from plants gathered in the high Jura mountains in a moist, cold place a little before the time of complete flowering.)

A fortuitous case, a case due to chance, you say, but listen to the next: All the pigs which had received either *Aconite* or *Belladonna* ceased their convulsions almost instantaneously, but the next day two of the pigs with a black cross had convulsions again, tonic but not clonic this time, and much less violent than heretofore. As these did not seem to be decreasing we gave to the two relapsing pigs, on the 21st of Feb. 1928, a coffeespoonful of the solution of *Aconite* 200th ten drops in a glass of water. (The recurrence of the convulsions proved that the *Belladonna* was not sufficiently similar to the case to hold.) The reception of the veterinary this time was very different, confidence was restored, the battle was won.

Forty-eight hours after the administration of the *Aconite* the most perfect calm reigned in the piggery. However, on the morrow, there was a hurry call to autopsy one pig which had suddenly died. It proved to be none other than the unmarked pig who was the control. All the others were in good health.

One month after this interesting experiment (for it well deserves the name) there was a very slight relapse among the eight pigs which had been treated. A new dose of *Acon.* 200 was accordingly administered. The little piglets, born of the last animals who contracted the swine-fever (*rouget*) but previously cured by the *Acon.*, perished one after another at their birth, which meant a severe loss for the proprietor. The autopsy done on most of the cadavers and the bacteriological analysis showed the same disease which the mothers had, so we gave at birth to all subsequent piglets a dose of *Acon.* 200. One week afterward,

out of eleven treated but one died; the other ten, thanks to the *Acon.*, began to grow fat and had no attacks. Fifteen days later they told us that one pig among the last group treated had had a violent tonic convulsion lasting a quarter of an hour. Another of the same litter had had to be killed in the midst of a convulsion, *in extremis*. At the autopsy the essential organs were found normal but an enormous hæmatoma was discovered accompanied by deviation of the spinal column at the level of the eighth dorsal vertebra. Several piglets perished despite *Acon.* On examining each case, one after another, we found that after eight days they were having fewer crises and one could not deny the helpful action of *Acon.*, as, before its intervention, more than thirty pigs had died in a week. But homœopathy was not at the end of its resources and we knew that when *Acon.* has exhausted its action, in order to get a deeper action, one must employ what is called its "chronic", which, in this instance, was *Sulphur* in the 200th centesimal dilution, which we gave to all the pigs who were ill, or who had been so. It is now three months and the result is marvelous. There has been neither death nor infection since the chronic dose.

These grave cases, incurable by ordinary methods, were, then, cured by high homœopathic dilutions chosen simply in accordance with the law of similars. The multiplicity of the cases treated, although it did not run into the thousands, nevertheless obliges one to think, because it illustrates and confirms the law of similars.

A case declared incurable by classic medicine does not deserve this definite label if homœopathy or other unofficial therapies have not been tried. Homœopathy does not pretend to cure all so-called "incurable cases", it also has its limits, but it offers different possibilities of such a value that an honest and conscientious doctor cannot afford to neglect them. Doses in such dilutions could not have any action if they were not administered according to a scientific law.

SECOND CASE: Satyriasis and impotence: Prize bull 2 years old. This bull which had always served well, and whose matings had been followed by gestations had been subject recently to perverse sexual excitations. When he was led out to the drinking fountain, for example, he would rush to the entrance from which

the cows were ordinarily let out for mating, and then, when he saw that it was not for this reason that he was led out of the stable, he would rush back again and masturbate by friction of his hind legs until ejaculation occurred. His keeper said that he did this two or three times a day. In addition, whenever a cow was brought to him, although the erection took place it was impossible for him to perform intromission and the ejaculation did not occur despite his marked excitation. This state of affairs meant a considerable financial loss to his owner, for a prize bull, although very expensive and used only for reproduction, will bring from the butcher a comparatively negligible price. Allopathically these cases are considered incurable, the only way out being castration, which would mean the negation of his main value.

This condition of genital excitation associated with impotence and onanism responds admirably, however, to a homœopathic remedy which has brought out similar symptoms on healthy men: *Delphinium staphisagria*. Accordingly *Staph.* 200, a single dose, in globules, was given him in the morning by Dr. Ferreol. Four days afterwards he was in excellent condition and able to mate normally to the great relief of his owner and veterinary. You can judge what this cure was worth when I tell you that this bull had been bought for $600.00 and that his butcher's worth would have been only $160.00 to $180.00. This loss was avoided thanks to a single dose of *Staph.* in the 200th centesimal dilution.

GENEVA, SWITZERLAND.

EXTRACT FROM THE PREFACE TO PRIMITIVE PHYSIC

by JOHN WESLEY

The present method of compounding and decompounding medicines can never be reconciled to common sense. Experience shows that one thing will cure most disorders, at least as well as twenty put together. Then why do you add the other nineteen? Only to swell the apothecary's bill? Nay, possibly on purpose to prolong the distemper that the doctor and he may divide the spoil.

STANNUM IODATUM IN UNRESOLVED PNEUMONIA

GEORGE ROYAL, M. D.

Twenty-two years ago there was brought to my clinic, on a stretcher, a man from whom we obtained the following history: Harness-maker, aged 36. Mother died of tbc. one year after he was born. She had bronchitis and lung trouble all her life; her father and two sisters had died of the tbc. Father aged 71, healthy and his family exceptionally healthy.

The patient had bronchitis at eighteen months; pneumonia at 16 and 24 years (questioning revealed it to be catarrhal pneumonia); always took cold easily; was subject to alternating constipation and diarrhœa.

Six weeks before his presentation at the clinic he took cold, had a severe chill, followed by high fever, cough with sputum containing blood, some delirium, and hard breathing. "On the tenth day I went to pieces. The doctor (old school) stayed with me all night. He gave me whiskey and something for my heart. I think it was called digitalis. Since then I have been growing weaker, and yesterday the doctor said he could do no more for me, so I was brought to the train and up here on this stretcher".

He was pale, though of dark complexion; his voice was weak; he had a loose rattling cough, aggravated by talking; expectoration of a green, very offensive, purulent sputum; dry skin; weak, irregular pulse; islands of unresolved tissue in both lungs; temperature from 97 to 100.5; had lost thirty-four pounds. In addition to the above objective symptoms, he had the following subjective ones: Very despondent; was sure he was going to die and came to Iowa City simply to please his wife and father.

After writing down the above symptoms, each member of my class, as they are required to do, handed in one remedy which they were obliged to defend. The remedies were: *Ammonium carb.*, *Tartar emetic* (*Antimonium tart.*), *Arsenite of Antimony* (*Antimonium arsenitum*), one *Phosphorus* and one *Stannum met.* Each student then defended his choice with arguments as follows: "Each remedy suggested has an affinity for the lungs, having produced all four conditions of lung tissue, *viz.*, irritation, inflammation, functional changes and structural changes. Each has

verified symptoms of tbc., each is useful for hastening absorption after resolution, each has the weakness of voice, and dyspnœa". The one who suggested *Stannum* stated that he had prescribed it because he felt that the mental symptoms outweighed all the others and were the real totality. He stated that I had told him or that he had read that, as a rule, the tubercular patient was never depressed and never hopeless; that he expected to get well, even when having only a few days or hours to live.

Having heard their arguments I then gave them my differentiation between the drugs they had suggested which was as follows:

Ammonium carb. has the objective chest symptoms of the patient but the mental symptoms differ. It is despondent but only in stormy weather. Furthermore I have never seen a group of respiratory symptoms calling for *Ammonium carb.* that did not have marked palpitation of the heart. The *Ammonium carb.* patient, furthermore, has hot hands and feet and a flushed face.

Tartar emetic has marked despondency. The lungs are filled with mucus which the patient cannot cough up nor absorb because of the weakness of the lungs. It has no heart symptoms in this group. The entire body is covered with cold sweat especially the forehead. The temperature is below normal. This group comes immediately after resolution has suddenly and rapidly taken place.

Arsenicum iodatum has the excessive dyspnœa and also exudation but more often pleural than tubular. The weakness is as great as any of the four and includes weakness of the heart. It is more useful after emphysema than after pneumonia, and more often indicated after catarrhal than lobar pneumonia.

Phosphorus is needed for a solid lung when resolution does not take place rather than after resolution has taken place.

Being obliged to order the treatment, I gave more weight to the mental symptoms presented by this patient than to all the other symptoms put together, and prescribed *Stannum iodatum* 3x, one grain every three hours (I have found that the lower potencies work better than the medium or higher in cases similar to this), and a semi-solid diet rich in phosphorus, sulphur and iron, six meals daily.

At the end of one week there was marked improvement in strength, amount and quality of sputum, and breathing. *Stannum iod.* was continued, but only morning and evening. At the end of the second week the improvement was still more marked, remedy only once daily at bed time. At the end of the third week he was still improving, both lungs were normal, except for a small cavity in the left lower lobe. No more medicine but increase in diet. He left the hospital at the end of eight weeks in normal condition. He was seen last December and is in better health than he was before his attack of pneumonia.

The question arises, why did I order *Stannum iod.* instead of *Stannum met.*? The reasons were, first, that he looked to me like an iodine patient; second, because I had treated a patient several years before who was a good duplicate of this one, with *Stannum iodatum* on a hint given me by Prof. Goodno, found on page 97, Vol. II of Goodno's *Practice of Medicine*. I have found it indicated and curative in a few cases, six besides the above. All were severe, desperate cases and all were restored to as good and some to even better, health than they had before the pneumonia.

DES MOINES, IOWA.

CALENDULA 200 FOR LOCAL USE

To the Editor of *The Homœopathic World*:

Dear Dr. Clarke:

In regard to your article in the *World* of September last, on *Calendula*, may I say that I have found that a compress medicated with a few drops of *Calendula* 200, is far more rapidly curative than one medicated with *Calendula* tincture.

It is amazing how ulcerations (after badly treated "shingles", carbuncles, etc.) heal up almost instantly with a compress of *Calendula* 200. We do not use the potencies often enough in this way.

Yours sincerely,

M. L. TYLER,

London, Eng.

*Repr. from *The Homœopathic World*, Feb. 1929.

SURGICAL AND MEDICAL CO-OPERATION*

GUY BECKLEY STEARNS, M. D.

It is a biological law that any morbid physical reaction, whether it be the result of physical injury, mental shock, toxic state, heat or cold, infection or other disturbance, can be duplicated by one of the substances used for drugs. The natural corollary of this law is the homœopathic law. No matter what necessity arises for surgical or other medical treatment, a homœopathic prescription has a place and will aid recovery. Unfortunately, although homœopathy is a science of therapeutics, its application is an art. The old homœopathists had an especial awareness in the field of homœopathy and were able to sense and verify the adaptability of certain remedies to conditions resulting from various types of injuries. Their verifications have been passed down to us in the materia medica. It is by no means certain that all of the remedies or the best ones that correspond to injury were discovered by the older homœopathists. However, practically nothing has been added by modern homœopathists. The older homœopathists understood the full scope of homœopathy, because the best minds in the school were devoted to developing the materia medica in accordance with the laws inherent in the homœopathic principle instead of with the laws governing other principles. The reason why more remedies applicable to surgery were not discovered was that, in the days when our materia medica was in the making, fewer surgical operations were performed than are performed today. To develop technique in the homœopathic method requires years of clinical experience. All of the earlier surgeons spent many years in general medical practice and learned the art of prescribing before they specialized in surgery. Nowadays few people escape some operation and most medical graduates start practice as surgeons. Naturally, their minds are preoccupied with surgery. Even with the best of good will to help any patient, they are only one half equipped. If skilful medical attention were brought to every surgical case, much suffering could be allayed during the operation-illness, the time of recovery would be hastened and the ultimate result be more nearly satisfactory. Physicians who treat many chronic cases observe conditions which are plainly traceable to the patient's surgical experience and they oftentimes cure the case with the very remedy that should have been given at the time of the operation. These hold-over operation-effects are due to three factors. First, to the effect of the operation itself, that is, the inevitable shock from the injury to the tissues, caused by surgical handling. Second, to the effects of the drugs used at the time of the operation, which include the anæsthesia, opiates, cathartics, etc. Third, to the condition for which the operation was performed; because most operations, however apparently necessary, fail to remove the cause leading to the operation. The best prescribing is done by physicians who have the widest knowledge of the nature of drugs and who recognize the drug-indications, regardless of the nature of the illness. But such knowledge comes from intense application by those endowed by nature with the possibility of homœopathic understanding. The majority of us must do most of our prescribing on the keynotes discovered by such men. This is particularly true of the beginner. It is expedient therefore for physicians who are familiar with homœopathy to contribute all of their experience to be compiled with the record of experience of the old-time prescribers. That this is important is shown by a few illustrations. At a monthly hospital-meeting three years ago, one surgeon in a busy service reported eight deaths. In his report of these, two of them gave such unmistakable indications for a homœopathic remedy that one who knows how to use homœopathy would have expected to cure them. Two of the others showed possibilities, at least, of being successfully prescribed for, yet, from the purely surgical angle, the deaths were accepted as inevitable. A few years ago, the late Dr. Teschner, while on a holiday in Cuba, met a plumber whose legs had been amputated for thrombo-phlebitis. The disease had attacked first one leg and then the other and there had been a succession of operations until only stumps of the thighs remained. The upper limbs were beginning to be affected and further trimming was said to be inescapable. A cure was made in this case by Dr. Teschner but, unfortunately, the record of the remedy he gave was lost. A word of biography about Teschner; he practised for

*Read before the I. H. A., Bureau of Surgery, June, 1928.

thirty-nine years as an allopathist, going into every specialty as a matter of training. Through the study of endocrinology, he became interested in homœopathy and finally gave up everything else. At first he would see but one patient a day and he often studied two or three days before prescribing; as he learned his materia medica, he took more cases until, finally, he filled his day with appointments. He considered the above cure one of the best he had ever made. It has been my pleasure to go over many of his records, and I have never seen cleaner-cut prescribing than he accomplished. He bewailed the fact that he could not interest any of his *confreres* in the wonderful work that he did and he had to die, leaving only his cured patients and his records as a stimulus for similar work. Another case of thrombo-phlebitis where one leg had been amputated and the other one had been affected, was cured by Dr. Nathan Schwartz, also a recruit from the allopathic school. Four years ago an important man in an up-state city died after an operation for appendicitis. The surgeons reported that the veins leading from the appendix were tortuous and inflamed and apparently thrombotic and that, because of this, his death apparently was unavoidable, whether he was operated on or not. When a prescriber was first called in consultation in this case, his symptoms were masked by opiates and other drugs but, as soon as they had been cleared up, *Pulsatilla* came strongly into the picture. There was a striking response to this remedy but it had been given too late and he died. He evidently needed *Pulsatilla* from the start and there is good reason to believe that he might have been saved had he had that remedy in time, instead of the operation. This belief is fortified by the following: He was an active church-worker and an observant friend remarked that, at a church-meeting shortly before his illness, he discussed some church activity with an unaccountable degree of lachrymal emotional feeling. An alert homœopathist would have recognized at that time his need for *Pulsatilla*, for in such manifestations lie the subtleties of homœopathy. Around that same period several deaths from appendicitis operations came to my attention and apparently were of the same nature. The surgeon is too busy to study this method of prescribing and it is doubtful whether, with his training, he is capable of it,

any more than the natural prescriber is capable of doing surgery. The field of homœopathy in surgery must be developed and used by men who are familiar with the homœopathic method, and whose specialty is homœopathic prescribing. The point is to develop a spirit of understanding and co-operation between the surgeon and the physician. It is only the least creditable of mental attributes that prevents one man from welcoming and utilizing the knowledge of another.

There are many so-called surgical conditions which are really medical conditions where surgery should be incidental. Varicose veins can probably always be benefited and, in most cases, cured, by appropriate prescribing. Boils and carbuncles can be aborted or brought to maturity by proper prescribing and are much better handled medically. The same is true of ulcers. The late Dr. H. M. Dearborn treated a series of leg-ulcer cases by medicine alone, with much quicker improvement or recovery than was manifested in a series of cases treated surgically. No case of chronic fistula should ever be treated by a surgeon alone. In fact, constitutional treatment will frequently cure, in a comparatively short time, fistular conditions of years' standing.

The late Dr. Edmund Carleton used to tell of a case of a Civil War veteran who was in his service at the old Ward's Island Hospital. The man had a tubercular knee, with many fistular openings. The bones were so spongy that a probe could be thrust through them. He recommended an operation but the man refused it, so Dr. Carleton decided to give him another chance. Much *Silica* had been given him, and Dr. Carleton reasoned that *Fluoric acid* is both complementary and antidotal to *Silica*. He was given *Fluoric acid* and eventually recovered full use of his leg. The genius of Dr. Carleton is illustrated by another surgical case. A hospital patient's femoral artery was ligated, because of aneurysm, and on the second night this patient was in dire distress on account of pain that nothing alleviated. An interne rowed over to New York from Ward's Island, to tell Dr. Carleton about the case and to have his consent to amputate. To the interne's disappointment, the doctor told them to give *Coffea* 200, which they did on their return and the patient quieted down after a few hours and made an otherwise uneventful recovery. Dr. Carleton's

explanation of the prescription was that the case apparently required either *Coffea* or *Chamomilla* and he reasoned that the cause of the pain was "starved nerves" and on that indication he selected *Coffea*. These two prescriptions were of the greatest importance to the patients. The point of view of the man who made the prescriptions is of equal importance as a contribution to medical science in the field of surgery.

Professor August Bier has been inducted into homœopathic methods through his experience with furunculosis.

There are two obvious ways of approaching medical therapy in surgical conditions. One is to correlate the experience of the physicians of today and of the past. The second (and equally important) one is to study intensively every possible case that undergoes an operation, for the purpose of discovering other remedies with specific relation to surgical conditions. One way of study is that employed by T. F. Allen in an epidemic of influenza. He made a composite record of a group of cases and made a repertorial analysis of this group and thus found the epidemic-group of remedies. In applying this method to surgery, every case of operation should be studied beginning with the recovery from the anæsthesia and continuing the observations until there is complete recovery. Different complications occurring could be studied by making a composite record of all of the symptoms of a group of cases and applying to this repertorial and other methods of study. One of the most baffling complications is septic peritonitis. Much of the heroic effort that is applied to patients with this condition would be disastrous to a well person and very few survive. The paralysis of the intestines accompanied by regurgitant vomiting of dark brownish substance which may become fæcal, great restlessness, prostration and other symptoms of shock, offers a neglected field for study by the homœopathist. In one such case the nurse in charge understood something of homœopathy and asked the surgeon if she might give *Ecchinacea*. He, in desperation, consented and the patient recovered.

There is more to the subject of pre-operative prescribing than appears on the surface. It is advisable at times to give a remedy for the specific purpose of immunizing against the effects of anæsthesia.

In a paper that was prepared as a result of a previous *questionnaire, Phosphorus* was mentioned in this relationship. Enough evidence has been accumulated to make it a fair presumption that this remedy, given a day before the operation, does render less trying the recovery from anæsthesia. This probably applies more to anæsthesia from chloroform than from ether and probably more for operations in the upper right quadrant than for general abdominal operations. There is, however, evidence that it is useful in any form of inhalation-anæsthesia and in any abdominal operation. A study of a series of cases, one half of which have had this remedy and one half not, will furnish evidence as to its value. Other remedies may be indicated pre-operatively when other factors are taken into account. One of the *Calc.* salts is usually given where there is a tendency to bleeding, as in jaundiced patients, but this is not always successful. Homœopathy is too rich in remedies which have relation to bleeding to make it necessary to rely on the *Calcarea* salts alone. Dr. T. F. Allen related the case of an infant who began to ooze after circumcision. Nothing that was done influenced it and the baby was near collapse when Allen was called in and, on the indication that small wounds bleed easily, gave *Phosphorus*. The bleeding was controlled at once. There are indications to be gleaned from the nature of an operation. It was the custom of some of the older homœopathists to give *Aconite* before urethral instrumentation, because of the sensitiveness of the mucous membrane. From a similar angle of approach, the same remedy would apply to preparing for eye operations. *Staphisagria* is recommended before circumcision operations. Enough is known about a group of such remedies to make a starting-point for observation in the pre-operative field. The fact that a patient recovers without any of these measures does not mean that he cannot recover much better where proper prescribing is used.

NEW YORK, N. Y.

DISCUSSION.

CHAIRMAN FARR: This paper was to have been discussed by Dr. Powers of White Plains, but he was unable to be here, so that it is open now for general discussion. It is certainly a good one and I hope it will be well discussed.

DR. BAKER: The point Dr. Stearns makes that the surgery is only part of the treatment, I think is very good. I suppose we have all had lots of gall-bladder cases that have been operated and the pains come back afterward. In those cases you can often treat and clear them up.

I have a case right now like that. The man was first under treatment by an orthopædist, the best in the city, but he fell down on the job; he took that for some foot condition. He worked for sometime but he didn't help him, then the man came to me and I don't know that I did much for him. I helped him some, but the trouble went on and gangrene set in in the toe; he finally went to Johns Hopkins. They diagnosed it as Raynaud's disease and amputated the leg. He got on pretty well for a while then he went back to work with an artificial leg. He came back to me about a month ago, the pain was coming back in his hands. It looked right serious. I certainly fell down on my prescribing before. I don't know but that is considered a condition that is practically incurable. I don't know that I am going to do any better now. I have been able to relieve him a good deal. Whether it is going to be permanent or not is a very great question, but that is a case where the surgery is only part of the case. Of course that man's foot had to be amputated then, it was in such condition that I could do nothing with it, but surgery isn't going to do anything more for him except trip him up if this condition goes on. Whether I can stop it or not I don't know. I am doing my best.

DR. PULFORD: I want to apologize to Dr. Stearns for not answering his correspondence. The fact is, doctor, that we don't handle any surgery and we have so little experience that what we have wouldn't be worth while to you, but in spite of all that, we appreciate all that you are doing, and I want to apologize for not having answered your letter.

DR. COLEMAN: I simply want to congratulate Dr. Stearns on his most excellent presentation. I hope I answered you, I don't know whether I did or not. I appreciated it possibly more than those who don't do any surgery. I do some surgery on my own account, but it seems to me that the great trouble with so-called modern surgery is that as soon as a man comes out of a college he starts right in and practises so-called surgery.

It is impossible for a man to be a surgeon or anything like a surgeon, unless he has behind him years of general practice experience, and without general practice, not only in prescribing but in diagnosis, he never can be a surgeon in the true sense of surgery. He can be an operator, and after all operating is the least important as it is the easiest part of surgery. Providing a man has some mentality he can learn to operate. But diagnosis, prognosis, and prescribing of remedies or telling when a remedy is going to cure is a harder matter.

I have a number of cases now, if I ever get time, or the society ever gets time, that I would like to present to them—gastric ulcers and what not, showing the value of homœopathic prescribing and how operations can be prevented by medicine.

This paper is highly instructive and I congratulate the doctor on it and hope we will have some more like it.

DR. ROBERTS: It is always a pleasure to have the concise papers that Dr. Stearns gives in a given subject, and particularly in this. However, I wish he would go further in taking up the question of surgical shock, in connection with the influence of the homœopathic remedy in such states, because there is a field of very great possibilities to assist the surgeon in getting the patient out of the almost moribund condition. It is done repeatedly. Don't forget *Strontium carb., Carbo. veg.*, all those remedies, they will do work where the hypodermic seriously injures every time.

DR. MCCLURE: I am very much interested in this paper. I think there are some cases of surgery that might be avoided. I want to give you a case that may be of some help to some of you sometime, of a little girl that had a running sore at sometime or other when she was three or four years old. She went to several doctors for five years and at last they made an x-ray of the foot and said the only thing to do was to take her to Cincinnati and have an operation on the joint; that they could save the foot by doing that. So they got around to me and wanted to know what I thought about it. I said, "I think I can save the foot, and I don't think you need any operation".

What did I give her? What was the remedy? *Silica* 200. That little girl is going any place, has a good use of her foot, as good use of her foot as any person in this room. I never gave any other remedy.

DR. JOHNSON (Iowa): I was out of the city for a few days. When I came home a gentleman came to me and said, "I am so glad you are back. My brother-in-law, they think, is going to die". I asked him what was the matter and he said he had gall-stones, and he suffered so he just bent over the table, the bed, or chair or any place for relief. I said, "I thought I taught you enough of homœopathy to know colic when you see it". He gave him *Bryonia*. The first powder relieved him, but not permanently. He then gave another, the higher potency. The surgeon said he had gall-stones and needed to be operated on. He is 73, but they said, "You are such a prominent man that we can't operate; we can't have you die on our hands". Well then he said, "Give me morphine". "No, we can't give you morphine". I sent him the 1000 potency of *Coloc.*, and he told his brother-in-law, "I am better after the first dose, what on earth is that"? By the way, he had studied medicine and was an old school man before he took up the ministry. He said, "I mustn't let the prominent surgeons in my church know that I take anything but their medicine". He was better and the surgeons didn't know what was the matter with him. They came up and saw him and said, "We would like to have an x-ray taken". His brother-in-law took him down and they took an x-ray and didn't find anything. They sent him to Rochester to die on the surgeon's hands there. They operated on him and didn't find any gall-stones and didn't even find thick gall, but they took the gall-bladder out anyway. He came home. It had weakened him quite a little. His brother-in-law came to me and said, "I want you to prescribe for him again". This time the aggravation was from cold in his stomach, aggravation from the smell of food. I sent him one powder of *Arsenicum*. He was better. He said, "They told me I would have to have another operation; they think there is a small clot in my stomach. The next time they say surgery to me I am going to send for Dr. Campbell".

CHAIRMAN FARR: Any further discussion? If not I will ask Dr. Stearns to close.

DR. STEARNS: We need just such cases as the one this gentleman has cited. For examples in whatever work is brought out, we need such suggestions as you gave; that is like the *Strontium* particularly. We don't know much about *Strontium*—it belongs to the *Calcarea* group and probably in certain chronic cases is sort of a substitute remedy. I don't mean it takes the place of *Calcarea*, but comes in somewhere, where there is a *Calcarea* imbalance. Why it comes in this particular sphere I don't know.

In the matter of stomach ulcers there could be a whole section written on that. I recall a case at Flower. The first case I recall came into our clinic, a perforating ulcer, I don't mean it had gone through, but we sent him over for diagnosis. The x-ray showed quite a large ulcer that was penetrating, not through. The surgeon said, "Now that case must be

operated on. If it went through the man would die". He was responding and we didn't want to do it, but as our clinic was new we felt we wouldn't take all the responsibility in the world; we had a lot of other things to do. We sent him to the hospital and let them have him. About four or five days later we were passing through the yard of the college, from the college to the clinic, Dr. Powers and myself, and we met a poor girl weeping, she said, "Professor, you told us father would get well if we took him to the hospital, and he is dying. Won't you come"? I said, "The doctors there are giving him attention, the surgeons are as good as there are", which was true, but she begged us to go in. We went in and the man was nearly dead, in fact he was dead the next day. Our conscience hurt us. We talked that case over many times and we made up our mind that the next case we had we would hang on. It wasn't long before we took another one, worse than this man. He had an ulcer. The case had been diagnosed in two hospitals including our own, as a cancer of the stomach, a pyloric ulcer that had changed to cancer. There was a perforation going on, about as big as the center of the palm. We put him to bed, and the surgeon who had done the other operation was called into consultation. Then I said, "The man doesn't want the operation. I am going to stand by the man. It is up to him to make his choice. You say he will die if he doesn't have it. I know he will die if he does, and he feels he will, so I am going to stand by him". The surgeon was angry. I said, "You had your chance on one, I am going to carry him through as long as he wants it".

The man was at death's door, apparently, for several days, but he was holding his own, but I couldn't find just the remedy he needed until he spoke of one of his ears being warm. I looked that up and found it under *Kali carb.* and that turned the course and he got well. That was his remedy.

We need a lot of cases like that, particularly if you have the x-ray pictures to show your diagnosis.

DR. OLDS: How long were you able to observe him?

DR. STEARNS: He was in there for two months anyway. I see him now. You see it was cancer. Dr. L. Gregory Cole had one of his pictures—I took one of the plates from the hospital. He is making up a series of plates representing various types of ulcers. This is one that he considered surgical so he was glad to find such a case that had been cured medically.

DR. PULFORD: I have a case similar, doing excellently under *Kali carb.*, and the remedy has been repeated only once in I don't know how long.

DR. STEARNS: Write up those cases and if you have the plates—

DR. PULFORD: The case had already been allopathically diagnosed.

DR. STEARNS: Those are the ones we want, so as to give the man who never has done it, courage. I was not scared to death, but I was on the anxious seat for a long time because I hadn't anything back of me in the institution. As it happened I took a course in gastro-enterological diseases under Kanter right after that, and I happened to have the plate. I took it over because he was lecturing on that point. He was the only man who backed what I had done, but after that was over with, everyone could accept the case of course.

The matter of these surgeons who go out as soon as they leave college as surgeons, calls to mind one of the men who went to Mayo's directly from our place and he came back from there and the first time I saw him after he got back, he is a nice fellow you know, he was a surgeon and an efficient one. A little while after talking with him about a little co-operation, he said, "The longer I work at it, the more I believe in strong medication after the operation. They need a lot of drugs, strong drugs".

THE DIRECTION OF SYMPTOMS IN THE PROGRESS OF CURE

BENJAMIN C. WOODBURY, M.D.

In the February number of the *Homœopathic Recorder*, 1929, Dr. Roger Schmidt of Geneva, Switzerland, states that he has been unable to find the original reference to Hering's law of direction of symptoms. He does find confirmation of this law in the writings of Kent and Stuart Close. It occurs to the writer that references to this classic law of symptom direction, may be of interest to readers of the *Recorder*.

The first reference is to be found in the first volume of the *Hahnemannian Monthly*, and the paper in which this occurred was entitled "Hahnemann's Three Rules Concerning the Rank of Symptoms". Not to set forth these rules in detail, we will refer mainly to that portion which has to do with the direction of symptoms. Dr. Schmidt has very clearly set forth these rules, and such knowledge is not only a *sine qua non* in strict homœopathic practice, but correct knowledge of them stamps the mark of mastership upon their possessor.

"The quintessence of Hahnemann's doctrine", states Hering, "is to give in all chronic diseases, i. e., such as progress from without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, generally from below upward—to give in all such cases by preference, such drugs as are opposite in their direction, or way of action, such as act from within outward, from up downward, from the most essential organs to the less essential, from the brain and the nerves outward and down to the outward and the lowest of all organs, to the skin. (Com. Preface to treatise on Chronic Disease, p. 7, and following) . . . Hahnemann's doctrine of treating chronic diseases, includes another opposite, *viz.*: the opposite direction in the development of each case of chronic disease. All the antipsoric drugs of Hahnemann have this peculiarity as the most characteristic: the evolution of the effects from within towards without. Thus, all symptoms indicating such a direction in the case from without towards within, and in the drugs the opposite

from within towards without, are of highest rank, they decide the choice".

A careful reading of these Three Rules of Hahnemann, to which Hering has added his well-known *Rule of Sides* (a fourth rule) will readily show that not only can the direction of symptoms be adduced with such accuracy as to forecast the progress, but even as to determine in many instances the exact diagnosis as well.

Dr. Schmidt is already cognizant in his philosophy of the same eventualities, when he states that: "The practitioner knows with certainty, which makes his strength and his success, that if the symptoms are developed in the direction indicated by the law, the patient will be cured and the symptoms will permanently disappear. He knows also when the symptoms take a contrary direction, that the remedy was not well chosen, that it acts as a palliative and the patient will grow worse". All this is to be found in the writings of Kent, also in that very succinct treatise on homœopathic philosophy by the late Gibson Miller.

Listen to the elementary way in which this is put by Hering: "This rule enables the true Hahnemannian artist, not only to cure the most obstinate chronic diseases, but also to make a certain prognosis, when discharging a case, whether the patient will remain cured, or whether the disease will return, like a half-paid creditor, at the first opportunity".

Hering makes further reference to this direction of symptoms in his introduction to *The New Edition of Our Materia Medica,* in discussing the Hahnemannian order of symptom arrangement: "Hahnemann's original order had only in some points to be altered, as far as it seemed unavoidable, by following some of his own propositions. The adopted order not only follows the body of men from up downwards, but also from within outwards; this is the same way we try to overcome sickness, as the real improvement of the sick not only goes from up downwards, (for instance, rheumatism and gout) but principally from the inward to the outward, ending in the skin as the outmost, (for instance after antipsorics). This arrangement has been somewhat modified; the altered functions of the senses are given first, and the

organic symptoms afterwards, after the muscular apparatus of the upper and lower limbs of the trunk, and all the limbs have been given; the symptoms of the whole body follow: first the alterations of the nervous function; then in a more natural order, sleep; after sleep the febrile department; and last of all the skin as the outmost".

Hering's *Rule* for establishing the validity *of Characteristics* has become equally as famous as his observations on Hahnemann's *Three Rules* and his own *Rule of Sides.* This he sets forth as follows (preface to the *Guiding Symptoms*):

> Three points of rest, according to mathematics, being enough to support any object, we may assume that three characteristics should be sufficient to make a cure very probable.

Hering's *Rule of Sides* is to be found in Vol. I, *Hahnemannian Monthly,* No. 2, pp. 49-56, and is a masterly concept.

A brief reference is to be found in the author's small work, *Homœopathic Materia Medica for Nurses,* p. 31, as follows: "Hahnemann taught that chronic diseases develop from without inward, from below upward, and from the peripheral or lesser to the central or more vital organs. He in like manner observed that the curative action of medicines, chiefly of the antipsorics would be in the opposite direction, that is to say, the disappearance of symptoms under treatment should be from within outward, from above downward, and in the reverse order of their appearance".

When one visits the Hering Museum at the Hahnemann Medical College in Philadelphia, and views the portrait in this old veteran's work room, one cannot fail to realize the superb intellect and wonderful achievements of this master of American homœopathy.

We trust that these brief references to the observations of Hering on the direction of symptoms may furnish the necessary supplement for Dr. Schmidt's excellent paper.

BOSTON, MASS.

THE HOMŒOPATHIC TREATMENT OF GASTRIC AND DUODENAL ULCERATION—DISCUSSION*

Dr. Henderson Patrick (Glasgow) said: "The subject we have under discussion at the Congress is, I think, a most difficult one. The ætiology is difficult. The diagnosis is 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 in 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 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 diag-

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nostic 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-ray, not infrequently, stimulates the activity of malignant conditions".

Mr. Reed spoke of the use of x-ray 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 no 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 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 homœopaths, get to treat, are practically all cases which have been going on for some time, usually years, and come to homœopathy as the last resort. The cases which worry me most are those occurring in commercial travelers, 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 hæmorrhage is definitely less after gastro-enterostomy; I have not, as a matter of fact, seen either occurrence after gastro-enterostomy and homœopathic 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 homœopathy is individualization. Good results cannot 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 conditions, 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 pounds in 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 three pounds 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 pounds 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 in 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 appearance 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. by 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 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 years 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 morning, 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 indi-

cated 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 the 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 duodenal cap, a distorted duodenum, a residual show, and the organ dropped deeply underneath the colon. *Graphites* 1M, 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., aged 53, a male, 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 duodenal 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 address 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 treatment. In recent literature many have recognized this point, and even openly declared that, as long as treatment was directed merely toward 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, changes 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 a 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 the 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 motor functions. This may be the reason why *Ornithogalum* has proven 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 ulcers 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* tincture, one minim dose, was prescribed with benefit. Dr. Weir mentioned that he could not enter into details of all these various cases, but that *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 patient had a very slow pulse (40 per minute). *Digitalis* tincture 2 min. was given, when the gastric symptoms quickly cleared up. All these patients were typical of gastric or duodenal ulceration with hæmatemesis, etc. 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, etc. *Petroleum* 200, one dose was given, as it fitted his general and local symptoms. Patient was 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 reported that he was feeling very much better and had no pain, even able to smoke cigarettes without acidity and could take a greater variety of food. On the following November he reported that he had hardly 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 10000th 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, etc. *Graphites* 30 gave immediate relief, the effect of which lasted for seven months. When this remedy was again repeated it failed entirely 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 until January, 1927. Unfortunately *Natrum carb.* gave no relief, nor did *Atropine sulph.* 3 or *Arsenic alb.* 30; *Robina* 3x was tried with varying results, and it was not until 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 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 a 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 (Cliften, 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: (1) "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 foods on the part of the provers. The remedies are: *Agaricus, Anacardium, Graphites, Ignatia, Iodum, Lachesis, Magnesium 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 (2). Hurst (3) 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. (4) 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 over-stimulation, or from a generally irritable state of the central nervous system. We 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 generally. The view commonly held (5) is that a

microbic embolus or 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 (6) in infants, septic infection of extensive burns (7), splenic infarcts, acute appendicitis with pylephlebitis, malignant endocarditis (8); 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 (9), unfortunately interrupted by the war, indicated that there is a type of individual whose alimentary mucous membrane never loses the diffuse 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 in 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 has become infected. 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 cause the other; they are both the results of a common infection (10). This theory of a general infection is borne out by the observation of German investigators who noted persistent mild pyrexia and local lymphadenitis in cases of duodenal ulceration (11, 12). Adriance (13) reports a case of duodenal ulcer associated with follicular colitis. Nicolaysen (14) asserts that all peptic 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 "leopard's skin" stomach, in which Dr. Pickworth (15) has demonstrated all stages from hæmorrhage to necrosis and ulceration 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 (2) 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 (16). Tyrell Gray has pointed out the relation of smoking to duodenal ulcer (17), and has shown that the most intractable ulcers occur in fat smokers; the stout pyknic types are generally sympathicotonics but the nicotine paralyzes the inhibitory control of the sympathetic and converts the stomach into an organ dominated by the vagus. Of our list, *Ignatia, Lachesis, Phosphorus* are aggravated by tobacco. At the 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 *Iodum; Iodum* probably represents the hunger of exophthalmic goitre and has no relation to peptic ulceration.

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DR. BLUNT remarked that the President has 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 tumor on the back of twenty years' standing. This patient started *Phos.* on October 15, 1927, and was given *Phos.* 15th plus every second day at first and later every fourth day. During the first week in February, 1928, he suddenly got a severe aggravation, which Dr. Blunt took to be accessory symptoms, according to para. 161, Sixth Edition of the *Organon*. Since then he has had no more doses. Very soon after he felt quite well, and when he was seen last a few weeks ago he said he had not had any symptoms 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 Homœopathic 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 ulcers were physicians' 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, etc.

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 publication 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 thereafter 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 treatment (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 anyone 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 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 had such treatment and who developed an ulcer? Did bacteriology or homœopathy offer any help? The relationship between 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 skin 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. In 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 present in many of Dr. Le

Hunte Cooper's cases of neurasthenia with ulceration. 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 equal to 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 suggest 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 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 favored 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 mentioned 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 months 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 rest up, and had no recurrence. A man, aged 60, had a swelling in the pyloric region and gave a history of vomited blood ten years previously, which was diagnosed by his doctor as due to varicose veins in the œsophagus; 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 pounds in weight in three weeks, and lived in comfort for ten years, dying after an operation for stone.

The American Institute of Homœopathy meets at the Mount Royal Hotel, Montreal, beginning Monday, June 24. This will be a program replete with things in which all physicians are interested, and will be followed by the trip to Quebec and thence to Europe on board SS. Duchess of York. Those who have time to take this trip will find it a source of great pleasure and profit, and the return trip on the Lapland will renew pleasant memories of the floating convention of 1927. Certainly the members of the International Hahnemannian Association should attend the American Institute convention after our convention closes, for there should be friendly co-operation between the two organizations.

ANTIMONIUM SULPHURATUM AUREUM (*Ant. s. a.*)*

J. H. CLARKE, M. D.

Clinical—Bronchitis, pains in. Cough; of influenza. Headache. Hip-joint, affections of. Laryngitis. Rheumatism. Shoulders, affections of.

Characteristics—*Ant. s. a.* was introduced into medicine by Glauber in 1654; was proved by Mayrhoffer in 1845, and the proving was published by Buchner in 1874. My chief clinical guide to the use of this remedy is H. Goullon, whose article may be found in *The Homœopathic World*, January 1902, entitled "Tips for Allopaths Who Really Want to Know". It is copied from *H. Encyc.*, which gives a translation of the article as it appeared in *Leipziger Pop. Zeit. f. Hom.*, October, 1901. Goullon says:

> At the conclusion of an acute laryngeal or bronchial catarrh, or even in the acute form of this ailment, and even in chronic catarrh of the ærial passages, this is a glorious remedy with an effect frequently wonderful. It lessens the cough so beautifully, and the coarse, hoarse voice regains its timbre. It cannot, indeed, take the place of *Spo.*, *Bro.* and *Phos.*; these have their own sphere of action; but if such a "cougher"—excuse the word—comes along who finds no rest from coughing, either day or night, while his throat and chest are *sore from coughing*, he must quickly get *Ant. s. a.*, 1 trit., three or four times a day and also at night, as much as would lie on the point of a penknife.

This I have verified many times. The indication *sore from coughing* is one of the best keynotes I know in the materia medica. It has helped me with numberless cases of influenza cough, in grain doses of the 3rd trit. It is a clinical observation or inference, as is Hering's "Hard, dry cough, no expectoration". There are, however, these symptoms in the proving: "Tickling as from mucus with inability to expectorate. Pressure and constriction in the bronchial tubes. Bronchi full with difficult respiration. Increased mucous expectoration mixed with blood, of a sweetish taste". The *sensitiveness of the bronchi* is peculiar; and there is also sensitiveness of other parts, as surface of abdomen, scrotum. "Fulness" and "tension" and "pressure" run through the proving. There are also burning pains. The < from washing of the other *Antimonies* appears in *Bleeding of the nose from washing*. There is also < after sleep (headache; pains in thorax and

*Supplementary to the *Dictionary of Materia Medica*, in which this does not appear.

spine). Among localities affected are: hip-joints and groins; shoulder-joint (1); *bones* of forearm; posterior nares and throat ("plug" sensation, as *Ant. c.*); umbilicus; scrotum (eruption like *Ant. o.*).

SYMPTOMS

1. *Mind.* Apprehensiveness with heaviness in præcordium.
2. *Head. Head confused;* from severe injury in abdomen. Forehead confused. *Pressive headche.* Headache in forepart. One-sided headache, especially l. temporal region. *Burning in the head;* with eye complaints. *Wakes after midnight with dull headache after dreamy sleep.*
4. *Ears.* Reddish swelling behind r. ear, leaving a redness and scurfiness.
5. *Nose.* Violent coryza with loss of smell. Catarrh and fluent coryza with impeded respiration (morning), confused head and impaired appetite.
7. *Teeth.* Pressing, boring, tearing toothache.
8. *Mouth.* Much saliva and water collected in the mouth. Tongue very thickly coated yellow; slimy with pasty taste.
9. *Throat.* Increased mucus from back of throat. *Burning and heat in the fauces.* Pressure and tensive feeling in the throat, especially at larynx. SORENESS OF THROAT AND CHEST FROM COUGHING (Goullon).
10. *Appetite. Pasty taste.* Taste sweetish, bitter and flat. Loss of appetite, almost a loathing of food. Appetite increased to decided hunger.
11. *Stomach.* Pressure and fulness in stomach and stomach-pit. Burning, sticking sensation in whole l. side, especially of l. lumbar muscles. Abdomen tense, full. Twisting in intestines. Great sensitiveness of intestine and colon; especially at anus. Tensive drawing pains in groins.
13. *Stool and Anus.* Constipation, with tenemus and burning pains in anus.
14. *Urinary Organs.* In urethra, tickling with increased urine. Increased urine with much tickling and tensive sensation in penis. *Urine increased, dark red* (containing traces of antimony after 6 grains).
15. *Male Sexual Organs.* Itching and eruption on scrotum extends to perineum. Sexual desire unusually excited. Extraordinary sensitiveness of genitals.
17. *Respiratory Organs.* Pressure and tensive feeling in throat, specially at larynx. Tickling as from mucus in larynx and air passages; with inability to expectorate. Bronchi feel full with *difficult respiration. No rest from coughing day or night,* THROAT AND CHEST SORE FROM COUGHING. (Goullon).
18. *Chest.* Heaviness in præcordium and apprehensiveness. SORENESS OF CHEST, from cough (Goullon). Rheumatic pains over whole thorax and spine with difficult, noisy inspiration, on sudden waking after midnight.
19. *Heart.* Heaviness in præcordium and apprehensiveness. Pulse soft; small, suppressed.
20. *Neck and Back.* Tensive, pressing feeling in cervical vertebræ, neck and ribs. Burning, sticking sensation in l. lumbar muscles and whole l. side.
21. *Limbs.* Tensive feeling on muscles of shoulders and thigh. Stiff tensive pains in. Stiff tensive pains in joints, mornings. Constant drawing, tearing, rheumatic pains in joints. *Itching on hands and feet.*

22. *Upper Limbs.* Arms heavy in morning. Painful immobility of l. arm. Rheumatic pains in joints of arms. Boring, tearing in joints of arms and hand. Pressive tensive pain in l. shoulder-joint. Twitching like electric shocks through both ulnar nerves, especially in elbow-joint. Pressure and heaviness in bones of forearm. Swelling of fingers. Tensive swollen feeling of fingers.
23. *Lower Limbs.* Pustules, elevated, dry, on inner surface of thighs, itch, feel tense, pain on walking and involve the whole leg in sympathy; remain three weeks, then dry and desquamate. Heaviness and weariness. Tensive and rheumatic trouble in hip-joint and groin. Slight swelling of knee and ankle.
24. *Generalities.* Sense of great weakness and prostration in morning.
25. *Skin.* Itching, especially of scrotum and inner surface of thighs. Pustules.
26. *Sleep.* Vivid dreams and sudden waking after midnight with restlessness, rheumatic pains over whole thorax and spine; dyspnœa. Sleep with dreaming, with sudden waking. Deep sleep with sweat. Heavy, unrefreshing sleep.
27. *Fever.* General chilliness with shivering down whole spine. Chills alternate with heat. Moderate sweat at night.

MONTREAL DATA

Before the time of the Fiftieth Annual Convention of the International Hahnemannian Association and the Eighty-Fifth Annual Session of the American Institute of Homœopathy in Montreal, the regular summer excursion fares will be in effect from practically all points.

Due to the fact that these summer excursion fares are from many points lower than "certificate" plan fares and from no points more than a dollar or two greater than the "certificate" plan fares, delegates to the Montreal Conventions will not be requested to procure "certificates" this year as heretofore. Merely ask for a round trip ticket to Montreal at the specially reduced summer excursion fare.

Delegates proceeding on the European tour may take advantage of reduced summer tourist tickets to Montreal even though their return home is from New York City rather than from the first destination. Fuller information covering reduced fares to Montreal will be published at a later date.

CUTTING SHORT THE COURSE OF DISEASE

A. PULFORD, M.D.

At London, England, June 27, Dr. Frederick M. Dearborn of New York City, gave a paper on the "Comparative Results in the Treatment of Erysipelas". During the discussion Dr. Elizabeth Wright of Boston asked Dr. Dearborn if the homœopathic remedy would cut short the disease? Dr. Dearborn replied that it was his experience that the disease was not cut short any more than any case of pneumonia (typical) was cut short; that the normal course of erysipelas was not cut short by any system of treatment whatsoever, and it was not desirable that it should be. It is a well known fact that both erysipelas and pneumonia can be prolonged, and *always* to the detriment of the patient, and it is equally a well known fact to real homœopaths that these self-same diseases can be both cut short and lightened in severity by the positively indicated remedy, and *always* to the *benefit* of the patient, but *never* can this latter be accomplished with crude drugs, low potencies and a superabundance of adjuvants.

Dr. Dearborn's reply to Dr. Wright rather amused us and we did not reply at the time preferring to wait until we returned home to consult Dr. Dearborn's work *Diseases of the Skin* for the reasons for his deductions as given above, and there we found the answer—Crude drugs, low potencies, a dearth of symptomatic indications and a superabundance of adjuvants, so that the attempt to shorten the course of erysipelas by these weapons would be, just as Dr. Dearborn remarked, "not desirable that it should be", simply because the result would be *suppression*, a very dangerous method.

In reply to a statement we made regarding the success we had had with homœopathy in erysipelas, Dr. Dearborn stated that we had not had 3,000 cases to take care of, neither did we have the drunks of New York. *But*, are the drunks of New York any worse than the drunks of Toledo or any other town? Numbers do not change the situation, neither are they an excuse for not practicing *homœopathy*. While we can not boast of having had 3,000 cases of erysipelas we have had quite a number of cases in the past 45 years and are still getting them, sev-

eral of which came with the stamp of erysipelas by some of the very best allopathic talent in both New York City and New Haven, Conn., one of which we will here relate:

The case was that of a banker in Ansonia, Conn., a man of some 50 years of age, well to do and well able to employ the very best medical skill available, and who was a confirmed allopath. This man was taken ill; his doctor, at that time the leading allopath in the town, was called and diagnosed the case as "malignant erysipelas". A nurse was procured and the show began, lasting about four weeks. Strong drugs and external applications were the order of the day. The case retrogressed and continued to do so and the patient got so that he could retain no food. It was at this point that the very best talent of New Haven, Conn., was sought, which confirmed the diagnosis already made. At this juncture another nurse was added and the battle royal waged on. They finally got rid (?) of the erysipelas and the patient lapsed into delirium and unconsciousness. At this juncture the very best talent of New York was sought, the diagnosis again confirmed and a third nurse added and all three were kept busy and on the jump. After all had been done that modern medical "science" could do, not *for* but *to* the patient the prospective widow was gravely informed that everything had been done and that it was only a question of time. Heartbroken and in despair she went to the banker's assistant who happened to be a confirmed homœopath and a patient of ours and asked what she should do. "Do"? quoth he. "Do as I told you to do in the beginning". She did it. We were called. He received a dose of *Nux* until we could get a history of the case, which was completely covered by *Sulphur*. The first dose acted promptly and almost like magic, clearing up the entire case in a week. The nurses who had been as busy as bees night and day for three weeks left after three days, of their own accord, because they had nothing to do. Another case in that town, that of a veterinary surgeon, was cleared up in three days with *Bryonia*. As for plain drunks, a printer here in Toledo came down with a case of malignant erysipelas and was finally turned over to us and completely recovered in eight days under *Lachesis* 1M. As to a typical case of pneumonia being cut short, just last week Dr. Dayton T. Pulford was called in consultation by a doctor having a typical case of pneumonia which was going very badly. The pulse was 170, the temperature steadily around 102 to 103. and the respirations 40. After taking the case the doctor gave a dose of *Sulphur* and next morning the pulse had come down to 100, the temperature to 99 and the respiration to 18 and better still the patient had a good night and there was improvement all around next morning which continued. If that is not cutting the course of the disease short, what is it? We have noted that our cases cut short by the properly indicated remedy, in the higher potencies, have *all* remained well for a *longer* period than the others which for the want of the properly indicated remedy had to run a so-called normal course. We can readily understand Dr. Dearborn's stand that it is not desirable to cut short these diseases because with crude drugs, low potencies and adjuvants nothing but suppression or diversion can possibly be brought about and quite naturally this is both undesirable and *dangerous*. But to shut off the source as only the higher potencies can do is both desirable and *beneficial* to the patient.

We have had case after case of erysipelas of the true type in the past 45 years, but whether from pure luck, good judgment or pure homœopathy we have yet the first death certificate for a case to sign. The specifically indicated remedy will act promptly and continuously as long as nothing interferes with its action and if the potency is correct will act without aggravation and if the action is *not* interrupted the remedy will rarely need to be repeated; if you must keep repeating, then the result you thus obtain is not such as will go on to a complete cure, i. e., a complete eradication of the predisposition to the disease to be cured, but to a suppression or a diversion into other channels of the results of that predisposition which are very apt to crop out later in a deeper or a more malignant form, for no disease is ever either lightened or shortened by either suppressing or diverting it, for the longer it remains active in the body the worse it gets, and while our present method of prescribing is a most excellent temporary expedient, it is far from *artistic* and should not deter us from striving to arrive at perfection, as self-satisfaction is the end of all progress and usefulness.

Fear is an important factor in determining the course and prolongation of disease, it having a tendency to lower the vitality

and therefore weaken the natural bodily defences rendering the predisposition more irritable hence more susceptible to the influence of external influences, thereby promoting activity and prolonging the course of the disease. We can sense the fear of, and sympathize with, the conscientious allopath who must approach a disease like pneumonia with a profound knowledge that he is perfectly helpless, and lucky is he if he gets out of his perilous plight with the disease having run even a normal course. We have been quite frequently ridiculed and scoffed at for many of our deductions, but we have lived long enough to have seen much of our "thunder" either verified or appropriated bodily by others and reproduced as their own. And here let us not forget that that which we consider the soil on which the germs thrive, on which develop the outward manifestations of the disease, is neither the disease itself nor the cause of the disease, it is simply the result of the activity of the predisposition without which the disease would never develop no matter how many germs were brought to bear on it. The disease is foreshadowed in the predisposition just as the oak is foreshadowed in the acorn, and *not* shaped by the germ. It, on the contrary, shapes the germ.

The predisposition to any disease is the all absorbing feature, in it all other phases originate, it is the very root, and whether it be a question of prevention, cure or palliation, that predisposition is the very first factor that must be considered. There is a vast difference between the preventing of disease as known to the true Hahnemannian and the preventing of its external manifestation which is the only thing known as prevention to the allopath and the bulk of the self-styled "modern homœopaths" and accepted by them as such. Just so there is a vast difference between the removal of the predisposition in the cure and the allaying, suppressing or diverting of that predisposition. All of which goes to show the laxity of our medical terms and the lack of mutual understanding of them. Until we can accomplish the shortening of the course and the reducing of the severity of the attacks by natural methods, (by that we mean the perfectly indicated remedy) and be able to remove the predisposition to that particular disease, we can lay no claim to be masters in the art and science of prescribing.

The final deductions, then, are: The sole *raison d' etre* of medicine is its ability to shorten the course of, and lighten the attacks of, and cure disease, eradicate the predisposition to that particular ailment, failing in which it falls far short and wide of the mark for which it was originally conceived or instituted; that the perfectly indicated drug (which includes the correct potency) will act at once and continuously and without aggravation, and if not interfered with, without repetition; that the proper curative remedy should need no more constant repetition than the original cause needs repetition; that on the completion of the unfolding of homœopathy, and not before, it will be so simplified that prescribing will become a perfect art as well as a science; that there are no *masters* in the art of prescribing and cannot be until that unfolding is a positive fact, and then when completed it will be possible to find the correct and perfectly indicated remedy for all cases and the proper potency. We will thus be able to shorten the course and lighten the severity and malignancy of all diseases to the greatest benefit of the patient. While all this may seem fantastic, it is both logical and positively possible.

TOLEDO, OHIO.

REMEDY INDICATIONS

I. CHABRA

Podo.—Tongue coated yellow or white. Loss of appetite. sallowness of the skin. Jaundice. Dark brown urine.

Cupr. s. (tinct.)—Locally in one to three per cent solution in operable sarcoma.

Ant. c.—Eczema of nostrils. Sore, cracked and scurfy.

Ant. c.—Sub-acute eczema about mouth.

Phos.—Toothache after washing clothes.

Sec.—Cramps commence in face and spread over whole body.

Kali c.—Gums spongy and receding.

Rhus t.—Fever-blisters around mouth and chin. (*Nat. m.*)

Rhus t.—Drowsy after eating.

China—Toothache, better pressing teeth firmly together and by warmth.

POINTERS

I find that high potencies followed by lower ones act especially well in *young,* vital adults.—R. E. S. HAYES.

Aconite and *Phos.* think much of fine clothes.—H. MARTIN.

When a cold in winter starts with photophobia aggravated by the snow and the coryza is running but the nose feels stuffy and the continual sneezing does not relieve, think of *Ars.*—G. DUNHAM.

Ammon. carb. is not a remedy for the strong-minded but for those who are easily impressed and hypersensitive to the contacts of other minds; the spiritual chameleon would profit by a dose.—E. WRIGHT.

In violent contraction of the anus after stool, think of *Stront. carb.* as well as *Lach.* and *Nit. ac.*—W. H. ROBERTS.

Strophanthus hispidus has a recurrent urticaria. It helps with the craving for alcohol, like *Ars., Caps.,* and *Nux.* [and *Sulph.* and *Aven. sat.*—Ed.]—W. H. ROBERTS.

Try using the high potencies, especially of nosodes and serums, as local applications.—A. NEBEL.

It is not an indication for *Tub.* when the well selected remedy fails to *act.* When the remedy has acted, and the constitution of the case shows a tendency to break down, if well selected remedies don't *hold* because of vital weakness, then it is that this remedy sometimes fits in.—G. DUNHAM.

In cases of breast tumor in addition to *Con., Phyt., Sulph.,* and whatever remedy is the constitutional one, if there are symptoms enough to lead you to it, study *Lac. caninum.* It has served me well.—L. M. STANTON.

Platina is haughty, *Lyc.* is imperious, but do not forget that *Ipecac.* is contemptuous. He despises not only the chef but everyone and everything, and grows stout on it!—E. WRIGHT.

There is one grand rule to observe in all cases acute or chronic and it is this: NO SYMPTOMS, NO MEDICINE.—J. H. CLARKE.

Prescribe *Sabin.* if milk tastes bitter; *Sang.* if sugar tastes bitter; *Iod.* if plums taste bitter; *Ars.* if water tastes bitter, and *Puls.* if bread tastes bitter.—D. N. DEY.

Plumbum will help in epistaxis with convulsions or colic relieved by arching backward or colic alternating with pain in the joints.—D. N. DEY.

In cases of anxiety: worse on ascending, prescribe *Nit. ac.,* after washing the feet *Nat. carb.,* after taking acids *Sulph.,* during anger *Sep.,* on closing the eyes *Carb. veg.,* after sexual intercourse *Sep.,* on thinking of coition (in a woman) *Kreos.,* on hearing of cruelty *Calc. carb.,* on hearing music *Nat. carb.,* when reading *Mag. mur.,* when shaving *Calad.,* from smoking tobacco *Petr.,* and after urination *Dig.*—D. N. DEY.

It is my experience that *Puls.* symptoms occur and are relieved by *Puls.* as frequently in the *Nux* type of patient as they do in any other, also that *Nux* is almost as frequently indicated in *Puls.* types as it is in *Nux* types.—W. H. FREEMAN.

Let those who cannot sleep eat a couple of lumps of sugar or better still lie over on the abdomen.—G. MITTLER.

A hernia which has slipped down into the sack will often go back of itself on the application of a hot bran poultice.—H. BORKENHAGEN.

I have found the application of the fresh yellow juice of a stalk of *chelidonium* to warts several times a day to be most effective in removing them.—A. STEGLICH.

Petroleum and olive oil equal parts is as effective for head lice as sabadilla-vinegar.—S. K.

Storm neuroses, particularly at the onset of storms, will often yield to *Rhod.*—K. L.

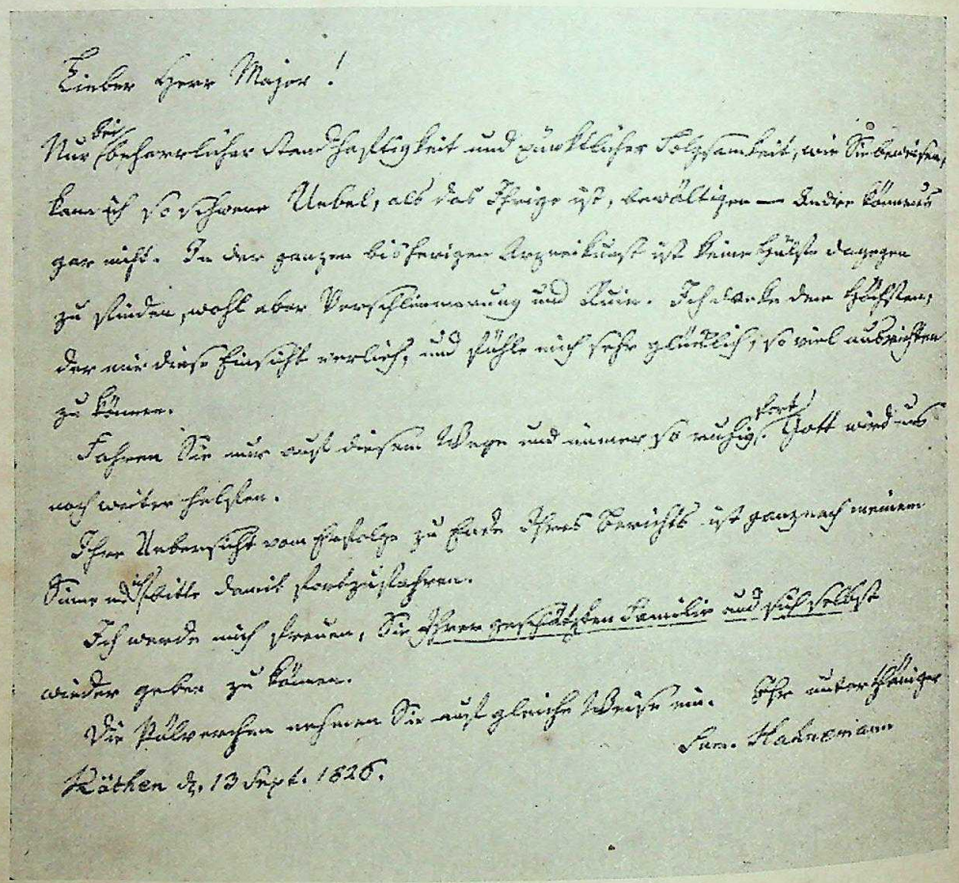
In nocturnal enuresis in children, think of *Kali phos.* or *Sabal serrulata* as well as the more usual remedies [such as *Rhus., Sep., Caust.,* etc.—Ed.]—F. K.

In enlargement of the right ovary with pain in the right pectoral region and cough, think of *Apis.*—L. VANNIER.

Colch. has piercing or drawing pains in the ovary, obliging one to bend double, with great agitation.—L. VANNIER.

Violent headache coming on only when straining at stool suggests *Iridium.*—W. H. ROBERTS.

Where pain in the limbs is aggravated after meals and you can get no other symptoms, think of *Indigo.* There may be accompanying cough with epistaxis.—W. H. ROBERTS.



Einliebe Herr Major!

Mit bekannter Sauerkeit und gewissenhafter Folgsamkeit, mit Ausdauer, kann ich verschiedene Arbeit, als das Zeuge ist, verrichten — Andere können es gar nicht. In der ganzen Heilwissenschaft ist meine Stärke dagegen zu glänzen, wohl aber Verschiedenmeinung und Streit. Ich habe den Geschmack, der mir diese Heilkunst verliehen, und fühle mich sehr geschmeichelt, so viel Anhänger zu haben.

Fahren Sie mir auf diesem Wege und nennen es so wichtig. Gott wird das noch weiter fördern.

Ihre Anhänglichkeit vom Herzen zu Herzen Ihres Freundes ist ganz nach meinem Sinne und Gemüthe damit übereinstimmend.

Ich wende mich schreiben, Sie Ihren verschiedenen Familien und Freunden wieder gehorsamst zu empfehlen.

Die Ihrigen empfehlen sich auf gleiche Weise mit. Ihr unterthäniger
Sam. Hahnemann

Köthen d. 13 Sept. 1826.

EDITORIAL

HAHNEMANN THEN AND NOW

No man gives his best in this world. Circumstances do not permit it, though often they spur us to greater heights than we could even have envisaged for ourselves. That is what they are for. But, with the defects of their qualities, circumstances also hold us back. We are often puzzled over the parables used by the great. We forget that even they have to accommodate their thoughts to men's brains, in any definite historical era. If only we could know what such enlightened teachers would say to their peers!

This is true, for instance of the man of science whose birthday we this month delight to honor, Samuel Hahnemann. The prejudices of his times developed his strength, they were the whetstone of his genius, yet they also hindered it, hardening and limiting it. What would Hahnemann have taught, what message would he have brought to a company of his equals? In order to answer this question—for the answer is pertinent to our life today—we must sense what Hahnemann really was. In the first place, thanks to his father's rigorous training, he was a thinker. He wanted to get behind the images of thought and speech and even science to the underlying reality. He valued a stark simplicity of fundamentals and realized how few minds plumbed to them. Starting at nadir his mind could follow a concept through its implications up the high trajectory to zenith, and in doing this he was thorough; no pains were too great for him to take; no patience too vast for him to achieve. Thirdly, he had that recognition of the inward qualities of life which alone makes possible an appreciation of any zenith. In following such a course of thought, and in working out its scientific foundation and ramifications, he was fearless; and ready, as any true scientist must be, to disregard the prejudices of his time and even his own hypotheses, in the interest of the truth. Moreover, he had the fecundity of mind and the power of intuitive imagination without which originality is impossible. To serve these, he had immense vitality which enabled him to become truly erudite in languages and in the science and the philosophy of his time, and to these qualities he added a taste for long-continued experimentation, and a deep kindliness.

In studying his life we are distressed at a certain erratic bitterness which savours of dogmatism, and which unfortunately has increased in his followers through the years; but every human being has his line of weakness, and we can easily separate this from the main spirit of the man.

In many ways the scientific world of today is on a par with Hahnemann's teachings. He was a great modern in his belief in experimentation, in his recognition of microbes, in his humane views on the treatment of the insane, in his disbelief in strong drugging; and he would today be an honored colleague of scholars and scientists.

It will be, perhaps, more than another hundred years before the general level of scientific thought reaches his threshold, for Hahnemann was one of the early vitalists. Were he alive today he would be one of the rare and much needed men who combine the art of practical healing with the science of logical experimentation. He would be a medical Edison in fertility of mind and devotion to work. He would be overwhelmingly interested in the developments of psychiatry, and would appreciate the implications (as well as the dangers) of the spiritual factors in healing. His avid mind would not stop short of extensive studies of the imponderables, electricity, x-ray, etc., not as at present used, suppressively, but in their applications to higher techniques. He would insist on the purification of his doctrines, and on the substantiation of the law of similars by painstaking, codified and controlled experimentation. He would insist on the linking up of the laws which he promulgated with the science of today and with the mental and spiritual laws which will be the science of many tomorrows. And he would have emphasized that the true physician must integrate his life and raise it in order to be a proper channel for the healing truths which only so are available.

Let us, then, not think of Hahnemann as a figure in the history of medicine, as a potent influence now dead, but rather as an ultra-modern Titan, out-pacing us and still leading us on to the fruition of the healing of mankind.—E. W.

* * * *

At the present time there is great activity all over this country by the agricultural departments seeking to eradicate tuberculosis in cattle. In some states this is taking the form of compulsion,

with no way left open for individual thought or consideration. The true Hahnemannian homœopath cannot look upon this with complacency, for the method used in this extermination is to detect the presence of tuberculosis by the injection of tuberculin into cattle; a reaction is supposed to follow this procedure if the disease is present in the individual. This reaction, however, does not take place when an animal is far advanced in tuberculosis, so that the most offending specimens are left with the herd.

Koch's experiments with the inoculation of tuberculin on the human being became very dangerous, and the reaction was so great that it utterly discouraged Dr. Robert Koch from the further use of this process. It is understood that he greatly deplored having introduced it into medicine because of the havoc that it wrought on the patients.

Not profiting by that example, the veterinaries of this country have seized upon this method of detecting the presence of tuberculosis in herds of cattle. Hahnemannian homœopaths understand the very great danger from such a procedure, for not only have we the history of the failure of Koch's treatment in humans, from his deductions, but we know that the introduction of any remedy by hypodermic injection produces results that we can little estimate.

It has been shown repeatedly that herds that have been free from tuberculosis for years have suddenly had an appalling number of reactors after this method of detection, which further carries out the idea derived from the deductions of Dr. Koch in the results of the treatment of human beings by the injection of tuberculin. Furthermore, Dr. Koch's experiments and those of his followers maintain that bovine tuberculosis cannot be transmitted to human beings.

We wonder why alert veterinarians cannot give individual physical examinations of cows, taking the temperature night and morning, and in every way making an individual objective examination and so eradicate all reactors, both those slightly affected and those in the latter stages of the disease. As physicians we should all unite in helping to make safe the source of such valuable food for our people. The eradication of tuberculosis can be made effective by its detection in the individual units of the herd without endangering the herd as a whole.—H. A. R.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS.

20. It is laid down that when one ultimate is removed or suppressed by local measures, another coexisting ultimate is made *worse*. How is it that when polypi are removed, asthma, which sometimes coexists, is *relieved* for a time? This is shown by the repeated operations some patients undergo for temporary relief of their asthma.—H. B. BLUNT.

21. If you are called to an elderly patient, in the street with a broken hip, in terrible pain, do you give morphine to make the pain of transportation endurable, or will a homœopathic remedy serve as well and if so what?—A STUDENT.

22. In your experience have you seen undoubted cases of acute syphilis treated by homœopathic remedies and no other medication which were aborted so that they did not have any secondaries?—G. ROWLAND.

23. What is your experience in the treatment of lumps in the breast with homœopathic remedies? How do you determine when they should be operated, if ever?—E. WRIGHT.

24. What do you do when you have a patient who complains of buzzing in the ears, in whose case the aurist finds nothing wrong and where the physical and laboratory findings are negative and where taking the homœopathic case does not give you the three legs to your stool as Hering puts it, and your patient is not even of a marked remedy type?—P. SCHMIDT.

25. If a patient has many particular symptoms like a remedy and no marked generals and they are, apparently, absolutely lacking in the strongest mental faults of that remedy would you give it anyway and would its action if given be superficial or deep and would you give it on a lower potency plane than if the mentals and generals agreed?—A. CAVANAGH.

FURTHER ANSWERS TO QUESTIONS IN OCTOBER ISSUE.

Asthma near horses in previously vaccinated patients. Remedy?

I wonder if a remedy made from the blood of a horse might cure such an asthma patient?—A. A. POMPE.

Dr. Kent gave me the pointer for this symptom. He said for aggravation when around horses think of dust. Horses are always more or less dusty. I was puzzled to know how ordinary dust should have the same effect as horse dust until I remembered that the proving of skunk cabbage was made back in the "horse age" when all ordinary dust contained more or less horse dust. By the way, Knerr does not have this symptom, "asthma from dust". Knerr's *Repertory* has "asthma from coal dust or from stone cutter's dust" but not from ordinary dust. The only thing Knerr says about horses is that horses have heaves from hay dust, which is not quite the same thing for there is pollen in the hay dust. Both of these symptoms may be verified in the *Guiding Symptoms*. VI, 138.—F. E. GLADWIN.

Cold nose and profuse sweat under chin, when sewing, making her nervous. Remedy?

I have been waiting for the question about "reading between the lines" but I didn't expect it to come from the far away sunshine of the Alps. In the first place it was not reading between the lines of the *Repertory* but "reading between the lines" of the symptom that was meant. To read between the lines of the symptoms is to take the thought out of the symptoms and find it in the *Repertory*, in whatever words it may be told. In this question if the doctor had asked what to do, the answer would have been "test the patient's eyes for glasses", for it looks as though once the eye strain were removed, the whole condition would clear up. There is no general aggravation from eye strain in the *Repertory*, so the symptom must be worked out another way. Stand in front of a looking glass with the head thrown well back and note if the part below the rim of the chin is in the face or external throat. Wouldn't you take this part of the symptom to mean "perspiration of the external throat"? As to cold nose, as there are no modifications of this symptom in the Kent *Repertory*, the only

thing that you can do is to take the symptom "cold nose" in general. When one sews, one usually sits a long while, the nervousness might have come from the long sitting, as well as eye strain. Taking these three symptoms, perspiration on external throat, cold nose, and aggravation from long sitting, *Mang.* and *Sulph.* stand the highest. Read up the eyes in *Mang.* and *Sulph.* in the *Guiding Symptoms* and see if conditions there wouldn't give enough eye strain from any use to produce almost any kind of nervous symptoms.—F. E. GLADWIN.

Cramp 6" up in rectum wakened patient 2 to 4 A. M. Remedy?

The first thought is "who are the people who waken from 2 to 4 a. m."? Berb., KALI-C., Merc. The second thought is the location of that cramp: 6" up the rectum would bring it to the third sacral vertebra or a trifle above. Although this point is within the pelvis, it is, on account of the angle of planes of the pelvis, higher than the pubic bone, hence lies behind the abdominal wall. Provers would locate it in the abdomen. In fact, the provers did find so many cramping pains in the abdomen that there is no trouble in finding the people who waken between 2 and 4 among them. —F. E. GLADWIN.

FURTHER ANSWERS TO QUESTIONS IN DECEMBER ISSUE.

Having given the simillimum, *and during an aggravation wrongly given another remedy partially similar, have you spoiled the action of the* simillimum?

Every remedy given during an aggravation mixes up the case and certainly modifies the useful reaction, particularly if it is partially similar. In such a case I should not repeat the *simillimum* but wait, following the adage of Kent: "Watch and wait", until the symptoms develop themselves.—P. SCHMIDT.

For what remedy is "Farfa" *the abbreviation?*

It should be *Tussilago farfara.*—P. SCHMIDT.

Can you give me a list of books on homœopathic remedies in children's diseases?

Below are listed the truly homœopathic books on infantile

therapeutics that I know. The most recent is that of Raue, which I recommend least because it is the least homœopathic. The best without doubt are those of Hartmann and of Jahr. They are not recent but they are the clearest. It would be extremely useful if a competent pediatrist *knowing* and *understanding* homœopathy would review this subject in the light of all the homœopathic material accumulated up to date.—P. SCHMIDT.

LIST OF HOMŒOPATHIC BOOKS ON THE THERAPEUTICS OF CHILDREN.

F. Hartmann: *Diseases of Children and Their Homœopathic Treatment.* (trans. by Ch. Hempel) 1853.

F. Hartmann: *Therapeutique Homœopathique des Maladies des Enfants (traduit de l'allemand par* L. Simon) 1853.

G. H. Jahr: *The Homœopathic Treatment of the Diseases of Females and Infants at the Breast.* (trans. by Hempel). 1856.

A. Teste: *Traite Homœopathique des Maladies Aigues et Chroniques des Enfants.* 1856.

A. Teste: *Diseases of Children.* (trans. by Cote). 1854.

R. Leadam: *Homœopathy as Applied to the Diseases of Females and the Most Important Diseases of Early Childhood.* 1851.

H. N. Guernsey: *The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders Peculiar to Women and Young Children.* 3rd ed., 1883.

J. C. Burnett: *Delicate, Backward, Puny and Stunted Children,* 1896.

G. Raue: *Diseases of Children.* 1922.

AMMONIUM CARBONICUM

(From J. T. Kent's *Materia Medica*)

"Defective reaction with or at the close of, severe zymotic troubles, typhoid, diphtheria, scarlet fever, erysipelas, etc. In those complaints that should come to a crisis, if the patient goes into a state of great exhaustion under remedies fairly well selected, you have an instance where this medicine competes with *Arsenicum* for the nervous prostration. You see 'heart failure' spoken of; if *Ammon. carb.* were given in time, in a great many instances, it would save all that trouble".

CURRENT HOMŒOPATHIC PERIODICALS*

THE BRITISH HOMŒOPATHIC JOURNAL

(London: Jan. 1929), XIX, 1-120.

The Flowing Tide
T. T. M. Dishington, M. B..... 1
The Rediscovery of Psora
E. Bach, M. B..... 29
"Psora" in Children, and the Use of the Bach Nosodes
J. Paterson, M. B..... 51
*Homœopathy and the Infant
D. M. Borland, M. B..... 81
*Chronic Asthma
D. Renard, M. D., (trans. from the French by A. Speirs-Alexander, M. D.) 91

Homœopathy and the Infant: The author divides the life of the child into different periods and suggests homœopathic treatment for the different conditions. A tabulated schema follows:

I. Period *in utero*.
It is essential to care for the mental and physical health of the mother during pregnancy if the child is to be well born. Maternal disabilities with adverse effect on the child are:
A. Physical.
1. Excessive vomiting. *Ipecac.* early. Remedy in advanced cases is more difficult to choose.
2. Albuminuria. *Apis, Plumbum, Phos. acid, Terebinth.*
3. Constipation with toxic absorption. *Nux vom., Opium, Alumina.*
4. Diarrhœa. *Aloes, Podophyllum, Merc.*
B. Mental.
1. Undue depression. *Puls., Aurum, Sepia.*
2. Morbid fears. *Aconite, Ars., Arg. nit., Ign.*
3. Sleeplessness. *Aconite, Bell., Coff., Nux.*
4. Frights. *Acon., Ign., Op., Phos., Puls.*

II. Period of birth.
A. Avoiding necessity of serious manipulations and operative measures.
1. Treat mother during pregnancy with her chronic remedy. *Caulophyllum* for a time before delivery has power of regulating process of labor.
B. Child in poor condition due to difficult labor.
1. Blue asphyxia. *Laurocerasus.*
2. Pallid asphyxia. *Carbo veg.*
3. Intracranial hæmorrhage. *Arnica.*

III. Establishment of breast feeding.
A. Scanty milk. *Bell., Phytolacca, Puls.*
B. Poor quality milk. *Calc., Lac def.*
C. Milk poison to child. *Nat. carb., Sil.*

IV. First few months of life.
A. Digestive disturbances.

*Titles marked with an asterisk (*) are abstracted. All journals are in English unless otherwise specified.

1. Milk upsets them. *Æthusa, Sil., Nat. carb., Calc.*
2. Acute infantile diarrhœa. *Ars., Merc., Aloes, Podo., Croton oil, Calc.*

B. Later months of life.
1. Teething. *Cham.*
2. Croup. *Acon., Spongia, Hep.*

In the next three groups the indicated remedy will work wonders.

V. Lack of proper development.
A. Lack of physical development.
B. The backward child, slow to walk and talk. *Bar. carb., Borax, Nat. mur.*
C. The mentally defective.

VI. The nervous child, full of fears.

VII. The chronic child who develops all sorts of conditions, difficult teething, digestive upsets, bronchitis, frequent colds, enlarged adenoids and tonsils, middle ear abscesses, enlarged cervical glands, etc.

Chronic Asthma: The author "affirms that an asthmatic is an intoxicated subject, who seeks, by means of a violent and spasmodic crisis, to eliminate the toxins which oppress him. These crises are met with in some patients whose nervous systems are in a state of exaggerated excitability. The antecedents of asthmatics often show that their nervous system predisposes them to cramps, spasmodic affections, such as whooping-cough, convulsions, dysmenorrhœa with painful crises, etc." The nervous system is at fault, "consequently asthmatics are vagotonics, that is, patients wth hyperactivity of the pneumogastric" which gives rise to the spasm of the bronchi. This explains the physiology of the attacks but not their etiology. "Asthma is the syndrome of a chronic intoxication". The treatment of asthma must be chronic, and will be:

1. Symptomatic. When dyspnœa predominates, one should think of *Aralia, Asafœtida, Belladonna, Bromium, Lobelia, Moschus, Sambucus*, etc. Should the catarrhal element predominate, the study of the materia medica will lead us to *Capsicum, Dulcamara, Grindelia, Ipecacuanha, Bryonia, Kali bich., Phosphorus*, etc. These remedies will relieve, but will not cure, and then more deep-acting medicines must be thought of, and continued after the attack.
2. Constitutional. For oxygenoids: *Arsenicum, Ferrum, Kali carb.*, etc. For hydrogenoids: *Baryta carb., Natrum sulph., Thuja.* For carbo-nitrogenoids: *Graphites, Lycopodium*, and *Lachesis*, will often be indicated by the law of similars.
3. Causal treatment may require *Lueticum, Tuberculinum, Medorrhinum, Psorinum* and auto-therapy.

Regime should not be neglected, and the ingestion of albumins causing attacks should be avoided.

In the discussion Dr. Bayle tells of a case with a history of rheumatism of uric acid causation, successfully treated with *Thlaspi* and *Urtica urens*; Dr. d'Espiney, of asthmatics with abnormal livers treated with *Chelidonium, Kali carb., Sulphur*, etc.; Dr. Bernay, of a case of asthma on waking in the morning, accompanied by cough with sibilant rales, slight emphysema, slightly enlarged liver, splashing of stomach and hæmorrhoids cured by *Nux* and *Chelidonium*; Dr. Duprat, of a young woman who threw herself down with each inspiration like the bark of a seal for the past six months due to a powerful shock to her nervous system. This bark recurred with every respiratory move-

ment, unless she was lying at full length. Eating brought it on so she did not eat and was greatly wasted. The least external touch caused a spasm. She was cured by *Ignatia* 30 and *Lachesis* 30 alternating. [Beware of alternation! Who can tell which remedy cured? —Ed.]

THE HAHNEMANNIAN MONTHLY

(Philadelphia: Feb. 1929), LXIV, 81-160.

*Lecture on Homœopathy
E. Bastanier, M. D., Berlin, Germany 81
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Continuous Nitrous-Oxide-Oxygen Anæsthesia for Oto-Laryngological Work
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Debunking Endocrinology
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Atypical Ectopics
H. E. Ayers, M. D 122
Phytolacca in Gathered Breasts with a Clinical Case
W. McGeorge, M. D., Camden, N. J. 131
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L. E. Strom, M. D., Philadelphia 132
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Conservation in Cataract Extraction
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Cancer of the Skin
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**Lecture on Homœopathy*: This is the lecture delivered by Dr. Ernest Bastanier before the University of Berlin on November 6, 1928 when the Chair of Homœopathy became a reality in this University.

HOME AND HOMŒOPATHY

(Calcutta: Dec. 1928), IV, 153-192.

Tabacum
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Types and Temperaments (repr. from *Trans. of I. H. A.*)
W. H. Freeman, M. D., Ashland, N. Y. 157
Allopathy and Homœopathy
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Spongia Tosta
G. Stevens, M. D., Northampton, Mass. 162
The Remedies for Flatulence (repr. from *Hahnemannian Monthly*, March 1899)
T. Stonham, M. D., London, Eng. 165
Over-eating
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Physical Exercises
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The Less Frequently Used Kalis (repr. from *Homœopathic Recorder*, Sept. 1928)
H. A. Roberts, M. D., Derby, Conn. 175
How I Conquered Rheumatism by the Fruit Diet (repr. from *Health for All*)
S. K. Crutchfield 180
*Rupture Cured by the Internal Remedy
L. Norman, M. D. 184
A Comparison of the Skin Symptoms of *Rhus Radicans* with *Rhus tox.* (repr. from *Trans. of I. H. A.*)
R. F. Rabe, M. D., New York City 186

Rupture Cured by the Internal Remedy: Dr. Norman cites the case of a man of fifty who consulted him for "Bright's disease". The usual tests showed that he did not have this. He presented the following symptoms: Inability to think quickly, slow in answers, dull headaches agg. from noise and amel. by pressure; vertigo as if drunk, agg. in warm room; sensation of feathers in throat; grasping pain in heart, agg. lying on the left; drawing pain from right hip to knee, amel. by rubbing; dribbling of semen at stool; history of gonorrhœa which left him with gleet. He was given *Phos. ac.* 200, three powders q. 12 h. He felt much better and after about two months reported that his ten-year old scrotal hernia was much relieved. The potency of the remedy was raised when improvement ceased and after a year on that one remedy he could go without trusses and was no longer troubled by his hernia. [This case is very interesting as demonstrating the power of the constitutional remedy over pathology of long standing. —Ed.]

A HOMŒOPATHIA

(In Portuguese)

(Rio de Janiero, Brazil: Jan. 1929), II, 1-8.

[No original articles in this number.—Ed.]

THE HOMŒOPATHIC BULLETIN

(Calcutta: Nov. 1928), I, 121-144.

Characteristics: *Aconitum Napellus*
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S. C. Boral, M. D., Calcutta 131

THE HOMŒOPATHIC BULLETIN

(Calcutta: Dec. 1928), I, 145-160.

Therapeutics of Headache
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THE HOMŒOPATHIC MIRROR

(Calcutta: Jan. 1929), V, 1-26.

A Brief Kala-Azar Treatment
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Studies in High Dilutions (abst. from *Homœopathic Recorder*, Nov. 1928)
G. B. Stearns, M. D., N. Y. C. 9
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THE HOMŒOPATHIC WORLD

(London: Feb. 1929), LXIV, 29-56.

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R. F. Rabe, M. D., New York, N. Y. 34
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W. H. Roberts, M. D., Dublin 36
Dr. Anton Nebel
J. H. Clarke, M. D., London 38
Hahnemann Redivivus. The Story of Professor Hugo Schulz
J. Ellis Barker 40
**Antimonium Sulphuratum Aureum*
J. H. Clarke, M. D., London 45
*Repr. in full in *Recorder* for April, 1929.

L'HOMŒOPATHIE FRANCAISE

(In French)

(Paris: Jan. 1929), IX, 1-80.

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Microbes—Forces of Life, Forces of Disease, Remedial Forces 11
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HOMEOPATISK TIDSKRIFT

(In Swedish)

(Solleftea, Sweden: Jan. 1929), XIV; I, 1-33.

Vitality in Middle Age (trans. from *Homœopatische Rundschau* 1928, p. 208)
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The First Lecture in Homœopathy in the University of Berlin (trans. from the *Deutsche Zeitschrift fur Hom.* 1928, p. 461)
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*Drug Pictures—I (trans. from *Homœopathisch Monatsblatter* 1928, p. 106)
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Canalization and Drainage Remedies (trans. from *Revue Francaise d'Hom.* 1928, p. 63)
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J. H. Clarke, M. D., London 14
Secale Cornutum
H. W. Sjogren, M. D., Solleftea 18
Drug Pictures—I: Dr. Tyler gives one page descriptions starting with the type of patient and including relationships of the following seven drugs: *Ars. alb., Bell., Cham., Nit. ac., Psor., Puls.*, and *Sulph.*

THE INDIAN HOMŒOPATHIC REVIEW

(Calcutta, India: Sept., Oct. 1928) XXXVII, 225-272.

Homœopathic Treatment of Diseases of the Eye, with Cases (repr. from *The British Homœopathic Journal*)
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THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York: Feb. 1929), XXII, 93-180.

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Epidemic Encephalitis: This article gives good resume of the history, pathology, types, cystology, symptoms, prognosis, diagnosis, differential diagnosis, sequelæ and treatment of this disease. The section on homœopathic treatment follows:

"Dr. Linn J. Boyd has called attention to the fact that remedies commonly used in influenza and poliomyelitis are of little value in epidemic encephalitis, which tends to support the idea that these diseases are not very closely related, also that from a therapeutic standpoint the pathological indications lead to several interesting suggestions:

1. Primary lesion being vascular, properly indicated remedies at this time may lead to recovery.
2. Remedies chosen later in the course of the disease should be essentially those that are neurotropic.
3. Peculiar pathology found is that noted in the intoxications of the heavy metals as *manganum acetate, mercurius corrosivus, lead iodide,* etc.
4. Late in the course of the disease, when there is marked neuronal decay, many of the sequelæ are present.

"*Gelsemium* is probably the most often used and best indicated in the acute stage, but it also is valuable when oculomotor, pontine and bulbar symptoms arise.

"*Belladonna, Hyoscyamus* and *Stramonium* in the more excited stage. *Opium* and *Nux moschata* where lethargy is more pronounced.

"The venoms give a symptomatic but not a pathological picture, and often fail to be of value except in the acute febrile attack.

"Remedies following later are *Arsenic, Causticum, Gelsemium, Mercurius corrosivus* (probably the most valuable in myoclonic cases). Also think of *Zincum, Cuprum, Cicuta.*

"In the late stages *Arsenic iodide* (which may also be valuable in the vascular stage), *Lead iodide, Plb. iod.* and *Mercurius corrosivus. Manganum acetate* gives almost a perfect picture of the paralysis agitans type of this disease.

"In the article of Dr. Boyd in another issue of this Journal, entitled '*Manganese,* a Neglected Remedy', he describes cases of chronic manganese poisoning by Edsall and Drinker, Casamajor and others, which show a remarkable similarity.

Summary of chronic manganese poisoning:

1. Languor and sleepiness.

2. Stolid, mask-like face.
3. Low monotonous voice. 'Economical speech'.
4. Muscular twitching, varying in degree from fine tremor of hands to gross rhythmical movements of the arms, legs, trunk and head.
5. Cramps in the calves of the legs, especially coming on at night. Complaints of stiffness in the muscles of the legs.
6. Slight increase in reflexes.
7. Ankle and patellar clonus. Romberg inconstant. No incoordination.
8. Retropulsion and propulsion.
9. A peculiar slapping gait.
10. Occasional uncontrollable laughter and less frequent crying.
11. Liver changes.

"These changes were noted only after the patient had been working with manganese for long periods, six months to four years, and had been under observation for 10 years.

"Here are Dr. Boyd's conclusions:

"There is a very close similarity between the symptomatology and possible pathology of chronic manganese poisoning and paralysis agitans, progressive lenticular degenerations and the pseudosclerosis, and, therefore, homœopathically *Manganese* may be, if research shows, a specific for these diseases".

THE JOURNAL OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY

(New York: Jan. 1929), XXXIII, 1-42.

How Do You Treat Middle Ear Catarrh?
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LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig: Jan. 1, 1929), LX, 1-20.

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(In German)

(Leipzig: Feb. 1, 1929), LX, 41-60.

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MID-WEST HOMOOPATHIC NEWS JOURNAL

(Palatine, Ill.: Feb. 1929), II, 1-47.

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Sium Cicutæfolim: Three boys poisoned from eating wild parsnips were treated by the author. Among the symptoms presented were: Semi-consciousness, convulsions, wildly dilated eyes, retching but no real vomiting, weak heart action (this child died possibly due to bad effects of being immersed in cold water); severe vomiting, very sick, no convulsions; clonic convulsions. A fourth case reported by Dr. O. B. White showed vomiting and purging, marked excitement, great prostration of strength, pulse 44, skin clammy and cold, pupils somewhat dilated, respiration slow, great dizziness, lack of mental power, loss of voluntary motion, headache, sense of fear of death, decided burning along alimentary canal (œsophagus especially), sense of swelling and flatulence about the bowels. On the second day this case was better but still very weak, no appetite, soreness and loss of power in limbs notably in the arms. He recovered. These four cases present many of symptoms given under *Sium* in Clarke's *Dictionary of Materia Medica.*

NEUE HOMOOPATHISCHE ZEITUNG

(In German)

(Berlin: Jan. 1929), IV, 1-42.

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(Los Angeles, Cal.: Feb. 1929), XXXX, 37-63.

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LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

(Lyon: Jan. 15, 1929), IV, 403-440.

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Whooping-cough and Its Medicinal Treatment
J. A. Lathoud, M. D., Lyon..... 424

Whooping-cough and Its Medicinal Treatment: Four remedies are mentioned for the initial stages of the catarrhal period before the whoop has developed: *Acon.* which will aid only briefly (but may, according to Dr. Lathoud be needed again and again in the course of a single case); *Dulc.* if the onset is in wet weather or after exposure to wet cold, with easy and abundant thin mucous sputum; *Ipecac.* and *Pertussin.* At the height of the disease think first of *Dros.* The child holds its lower ribs because of pain, vomits after each paroxysm—first food, then mucous; nosebleed occurs, movement relieves. Cough worse in the warm bed and after midnight. There is usually little fever in *Dros.* but may be chill with the subsequent thirst at regular intervals. The *Dros.* child is sad and constipated. Where the child stiffens during suffocation from cough, with loss of consciousness, and where a convulsion takes the place of the cough and only ceases when the paroxysm arrives, with cyanosis and relief from swallowing cold water, think of *Cuprum.* Between spasms you hear large mucous rales with whistling in the chest and the child weeps and is exhausted. *Corallium rubrum* gets almost black in the face, suffocating before the cough, which is staccato with morning aggravation. *Coccus cacti* is definitely worse in the evening, with sneezing during the day. Viscid albuminous sputum, especially at night. Worst spasm at 11 p. m. *Bell.* is also worse at night, with nosebleed and bloodshot eyes and a disagreeable sensation in the stomach preceding the cough. Worst spasm at midnight, often lasting an hour. *Hyos.* is useful when you cannot lay the child down without provoking the cough. *Cham.* for cases with flatulent colic, nocturnal diarrhœa, especially for older children and adults who are hypersensitive to pain. *Ipecac.* has strangling and stiffening with paroxysms at every inspiration, nosebleed, rattling, worse midnight to morning with nocturnal diarrhœa. *Hepar* has hoarseness and bleeding from the nose and mouth after dry cough, cough worse in the morning. *Kali bi.* is needed when the thick

sputum sticks to the throat, mouth and lips. *Ant. tart.* has no sputum though rattling in the chest, vomiting of food without relief. Diarrhœa with attempt to vomit, coma from exhaustion. *Pertussin* has itching of the palate with strangling. In *Bry.* cough is much worse after eating or drinking and in *Arn.* the child cries before coughing and weeps after it. *Ars.* helps in interminable whooping-cough, with stool after each paroxysm. In convalescence with relapses and especially with frequent abortive paroxysms *Sulphur* is indicated. In obstinate, short, dry cough during recovery, with hoarseness in the morning, with involuntary spurting of urine and swallowing of sputum, in timid children, *Causticum* is needed. *Cocc. c.* may help prolonged cough. As prophylactics he suggests *Pertussin* or *Drosera* or, better still, the epidemic remedy. The doctor concludes in warning us not to limit ourselves to these remedies as any one in the materia medica may be needed according to the symptoms.

LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

(Lyon: Feb. 15, 1929), IV, 441-472.

What Is Homœopathy?
Anonymous, (trans. by J. L. Michoud, M. D.)..... 441
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Some Hints (trans. from "Pointers" in *Homœopathic Recorder,* 1928)
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REVISTA DE HOMEOPATIA PRACTICA

(In Spanish)

(Barcelona, Spain: Jan. 1929), XVI, 1-31.

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REVISTA HOMEOPATICA INTERNACIONAL

(In Spanish)

(Yucatan, Mexico: Oct. 1928), III, 203-284.

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REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Nov. 1928), XLI, 313-342.

*Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists, II.
A. Thooris, M. D. 313
*Angina Pectoris
P. Le Tellier, M. D., Paris 320
Podophyllum in Malaria, Diarrhœa and Cholera Infantum; *Mezereum* in Tic Douloureux
E. B. Nash, M. D. (trans. from *Testimony of the Clinic* by F. Manget, M. D.) 329
Arsenicum Iodatum
J. T. Kent, M. D. (trans. from *Materia Medica* by Dr. Audureau) 335

Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists: Dr. Thooris regrets that the homœopathic materia medica does not deal more with the construction of the individuals who are typical of its remedies and with the biological significance of such structural variations. He has been able to find sparse mention of the horizontal lines of the Carbonic type, the vertical lines of the Phosphoric type, the sinuous lines of the Fluoric type. He regrets, also, that whatever is noticed about the expression of remedies or patients is not collated with the physiological happenings to which it bears witness.

Morphologists consider the head as the most representative part of the human form. Thooris sees an analogy between the configuration of the face and certain simple geometric figures. For instance, he considers the cube symbolic of the Carbonic type of head and the square (which is its two-dimensional representation) as characteristic of the remedy *Calcarea carbonica*. The square brutality of this facies he likens to the Roman type of visage. This he calls Type A. The circle he calls Type B and relates it to *Natrum sulphuricum*. Type C is a pyramid standing on its base and represents the triangular facies of the *Thuja* type with a narrow forehead and heavy jowls. This he likens to Sancho Panzo. The fourth type, D, is the inverted pyramid, corresponding to *Calcarea phosphorica* whose brow is broad and whose chin is narrow. His fifth type, E, is the *Phosphoric*. The cube on its point, like an equilateral diamond in cross section, with narrow brow and chin and prominent molars.

Thooris wonders whether these analogies cannot be extended from the head to the body. [This opens a fascinating vista for a comparative study not only of morphological measurements in general but of the types of hands; the square spatulate hands perhaps going with Type A; the round, pudgy ones with B; the broad palms with pointed fingers with C; the large, square fingers with narrow palms with D; and with E, either the uniformly narrow, long hands or the pointed fingered, small wristed but wider knuckled hands. This is pure speculation on our part and would make a valuable subject of study.—Ed.]

Thooris remarks that although there is little in the homœopathic materia medica about gross morphology and measurements, there is abundant detail relative to morphological minutia such as skin, hair distribution, wrinkles, blotches, orificial color, etc. He

then gives a page and one half of such details culled from our materia medica, which are of such interest that we cite them in full as follows:

"The masks pass with a thousand singularities before our amazed eyes: Here is *Phosphorus* with its waxy grace, the cheeks having circumscribed red spots like a touch of rouge; there is *Lachesis* of leaden hue, the swollen lids exposing a yellow sclera, the nose highly colored and the lips purple. *Sulphur* is yellow, its eyes blue, its cheeks and lips red, pimples marking its greasy shining skin. *Sepia* has an earthy face with black hair and eyes and a butterfly shaped spot on the nose and upper cheeks. *Lycopodium*, with graying hair, has a gray skin with dark patches on the temples, the cheeks sag and it has blue circles beneath the eyes. *Chamomilla*, with a white, cold face is noted by one cheek pale and the other red.

"Look at the greenish face of *Kreosote*, the rubicund one of *Nux*, the yellow one of *Natrum muriaticum*, the lividity of *Antimonium tart.*, the ashen countenance of *Secale* with its livid spots, the pallor of *Arsenicum*, the bluish hue of *Conium*, the suffused puffiness of *Aconite*, the fresh tint of *Bromium*, the slate color of *Carbo*, the deathly pallor of *Tabacum*!

"Red circles under the eyes of *Arsenic* contrast with the blue ones of *Lyc.; Calc. phos., Baryta* and *Hepar* are distinguishable by their long noses (*museau de tapir*, literally 'tapir-like snout'). Consider the white lips of *Thuja*, as if they had just drunk milk; the black, cracked ones of *Arsenic;* the burning mouth of *Bryonia;* the exfoliated lips of *Conium;* the oral cyanosis of *Dig., Camph., Cupr.*, and *Verat. alb.*, the lips of *Graphites* very thick, the deformed ones of *Ant. crud.*, the upper lip of *Selenium* marked with a crack or chap (*gercure*)!

"I note the nasogenic wrinkles of *Thuja;* the deep lines of *Lyc.;* the drooping lid of *Alum., Led.*, and *Rhus;* the heavy lid of *Sepia;* the puffing of the internal angle of the upper lid of *Kali carb.* and its glabellar swelling; the œdema of both lids in *Apis;* the palpebral œdema interior in *Arsenic* and general in *Conium.*

"Note the melancholy of *Graphites, Ambra* and *Aconite* which music augments; the concentrated sorrow of *Pulsatilla*, the inquietude of *Sepia*, the fear of death of *Aconite*, the inconsolable air of *Natrum mur.*, the hesitation of *Cyclamen*, the irritable mien of *Nux*, the variability of *Zinc*, the nostalgia of *Capsicum*, the indifference of *Kali brom.*, the stupefaction of *Apis*, the torpor of *Baptisia*, the despair of *Verat. alb.*!

"One recognizes the soft, smooth warts of *Ant. crud.*, the large horny, crenelated warts of *Causticum*, the enormous warts of *Dulcamara*, the pedunculated and fissured warts of *Thuja.*

"Not only is the clinical attention of the homœopath attracted by the visible but also by the palpable. *Calc.* has a fine skin; that of *Alum.* and *Sulph.* is hard and dry. *Ars.* has cold skin like parchment; *Thuj., Plb.*, and *Natrum mur.* have an oily skin; *Merc.* a livid one. Compare the flaccid tissues of *Kali bichr.*, the relaxed fibre of *Sulph.* and the soft musculature of *Merc.* with the rigid fibre of *Nitric acid* and *Conium*".

Dr. Thooris ends with a charming sally at mental standpatters. He quotes Le Dantec who says, "Do not live in a cylinder", and adds that whoever only reads what pleases him, will never grow beyond mental childhood. Happily, there is more to follow in subsequent issues.

Angina Pectoris: Dr. Le Tellier gives a resume of the symptomatology,

physiology and causation of angina pectoris and cites a couple of cases. The most unusual details in this exposition are his observations that there is usually at the end of the attack an emission of gas from the stomach, and that the attacks may be brought on by injudicious eating, wind and even cold sheets, as well as the usual causes. He stresses the role of fatty degeneration of the heart and of a luetic background and lays to angina the origin of the proverb that "Death loves the half century". He gives a resume of the allopathic treatment, and careful diet directions and then goes on to a brilliant outline of some twenty remedies in homœopathy which we list below with some of the especially notable symptoms:

Acon., Ars. seizures due to tobacco, pains radiating to the occiput and the heart; *Arn.* pain especially in the left elbow, sudden compressive heart pains or sticking pains with syncope; *Aur.; Amyl. nitros.* sensation as if sternum pressed back on the vertebræ, with apprehension; *Cactus* with numb left arm and aggravation at 11 a. m. and p. m.; *Cratægus* cardiac dilatation with dull first sound; *Cupr.* angina especially before menses, fatty degeneration type; *Glon.* attacks with suppressed menses or loss of orientation in the street; *Hydr. ac.; Naja* where grief is causative, with continuous dry cardiac cough and sweat of the palms; *Spig.* least motion of left arm agonizing, apex beat and pulse not synchronous, can only lie on right with head high, not suitable for phlegmatic people; *Tab.* pains between the shoulders; *Verat. alb.* attacks after eating and drinking; *Lil. tig.; Lith. carb.* where angina comes before or during urination; *Luesinum* where syphilitic basis is suspected; also less often *Corydalis, Elaps., Moschus,* and *Spongia.* [It is interesting that the doctor does not mention *Kalmia* or *Latrodectus mactans.*—Ed.]

REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Dec. 1928), XLI, 345-374.

*Some Medicaments for Traumatism
P. Chiron, M. D., Paris 345
Arum Triphyllum, Asafœtida, Aurum
J. T. Kent, M. D. (trans. from *Materia Medica* by Dr. Audureau) 352
Baptisia Tinctoria in Typhoid, Stomatitis and Pneumonia
E. B. Nash, M. D., (trans. from *Testimony of the Clinic* by F. Manget, M. D.) 376

Some Medicaments of Traumatism: Dr. Chiron first takes up CONTUSIONS. In addition to the usual *Arn., Rhus tox., Ruta, Hyper.,* he discusses *Badiaga* which he calls "little *Arnica*" as it has the sensation of being beaten, the pain and stiffness of the limbs and back worse from the least movement, the skin blotched with ecchymoses and hypersensitive so that the friction of clothing is unendurable, cold aggravates and heat relieves and there is a sensation as if the head had increased in volume; next *Conium* for bruises of the breast; *Hamamelis* for sensitive muscles with bruises which suggest subsequent inflammation; then *Tamus communis* which is popularly known as "the herb of a beaten woman" and which rapidly dispells stiffness from superficial bruising; lastly *Sulphuric acid* where shock supervenes with pallor

and cold sweat, hæmatomas, internal hæmorrhages, and vitality so low as to lead to gangrene.

For WOUNDS he cites first *Calendula,* especially at the onset of infection where the case is seen late; *Led.* in punctured wounds, cold to the touch with discolored skin; *Staph.* in clean cuts, including those of the cornea; *Hyper.* in lacerations of nerves; *Symphytum* in lacerated wounds especially penetrating ones of the perineum; *Ham., Mill., Lach., Phos.,* and *Sec.* in abundant hæmorrhage; *Bufo* when tiny wounds suppurate abundantly with swelling and lymphangitis; *Apis* with red, varnished swelling and lymphatic streaks; *Ars.* in bluish, easily-bleeding wounds with typical modalities; *Lach.* for violaceous wounds where blood does not coagulate, better by hot applications; *Echinacea* in intense suppuration with gangrene, wasting and septicemia; and *Anthracinum* in blue-black wounds with intolerable burning, induration and œdema with septicemia. [*Stront. carb.* for post-operative wounds as well as *Arnica* might have been mentioned.—Ed.]

For FRACTURES in addition to *Arnica* for the immediate bruising, shock, etc., he suggests *Symph.* for violent sticking pains at the point of fracture to promote healing of periosteum and callus formation; *Ruta* for periosteum and callus with sensation of tendons being too short; also *Calc. phos.* to promote recalcification.

YOUR HEALTH

(Chardon, Ohio: Feb. 1929), X, 1-48.

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JAMES W. KRICHBAUM, M. D., Upper Montclair, N. J.

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THOMAS G. SLOAN, M. D., South Manchester, Conn.

Broncho-pneumonia of Children,
HERBERT A. ROBERTS, M. D., Derby, Conn.

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EUGENE UNDERHILL, JR., M. D., Philadelphia, Pa.

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ALFRED PULFORD, M. D., Toledo, Ohio

A New Remedy,
CHARLES L. OLDS, M. D., Philadelphia, Pa.

An Old Remedy,
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Sulphur,
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JULIA M. GREEN, M. D., Washington, D. C.

Notes on the Nosodes,
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Zincum Metallicum,
JULIA C. LOOS, M. D., Baltimore, Md.

Stannum Metallicum,
JOHN HUTCHINSON, M. D., New York City

Good Old Sulphur,
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Is Homœopathy in Danger?
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Notes on Gunpowder,
HARRY B. BAKER, M. D., Richmond, Va.

Heloderma Horridus,
HARVEY FARRINGTON, M. D., Chicago, Ill.

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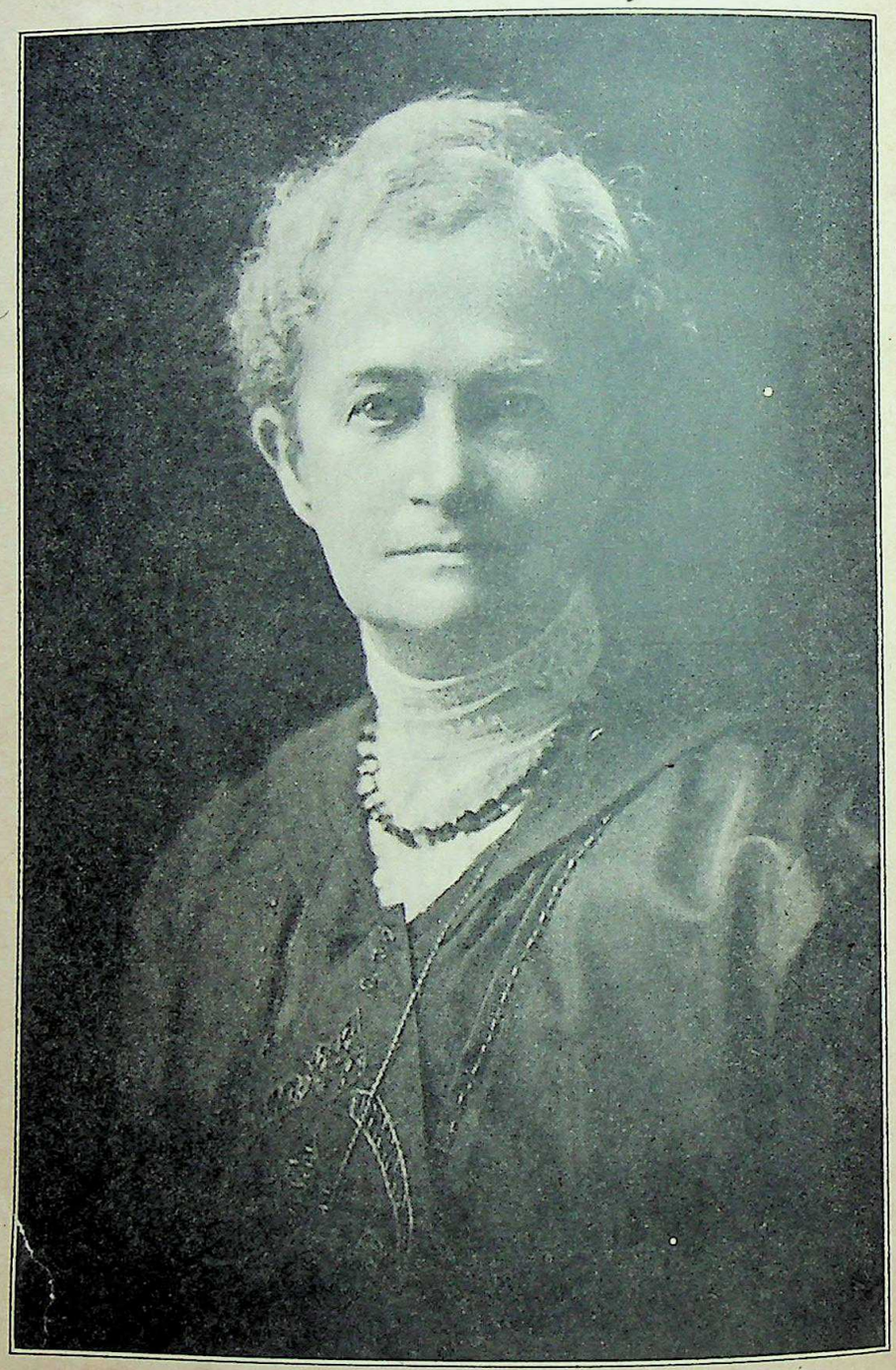

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THE
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VOLUME XLIV. DERBY, CONN., MAY 15, 1929. No. 5.

A SYMPOSIUM ON HOMŒOPATHY

PRESENTED BEFORE THE RIVERSIDE MEDICAL SOCIETY OF NEW YORK CITY FEB. 19, 1929.

THIS MEETING WAS A NOTABLE EVENT AS IT WAS, TO OUR KNOWLEDGE, THE FIRST TIME THAT A NON-HOMŒOPATHIC MEDICAL SOCIETY HAD REQUESTED A PURELY HOMŒOPATHIC PROGRAM. OVER EIGHTY MEMBERS OF THE SOCIETY WERE PRESENT AND THERE WAS A CORDIAL AND SCIENTIFIC INTEREST IN THE PROGRAM.

A FEW FACTS FOR NON-HOMŒOPATHIC PRACTITIONERS*

WILLIAM H. DIEFFENBACH, M. D.

A critic once said: "Why all this controversy between hydropaths, osteopaths, homœopaths and allopaths? I am convinced that *'all paths'* lead to the grave!"

The more advanced our knowledge becomes as to the natural forces and the immunizing activities inherent in the body itself the more humble do we become as to the actual achievements of drug therapeutics. It must never be forgotten that given proper rest, correct diet and proper elimination, the *vis medicatrix naturæ* will in a large percentage of *acute conditions*, be the chief assistant to the physician in a *restitutio ad integrum*. The doctor who therefore interferes least with normal processes of repair has the best chance for therapeutic success.

Professor Osler is reported by Professor Cushing in his admirable *Life of Sir William Osler*, on page 171: "His belief was that over-treatment with drugs was one of the medical errors of the day and it was always one of his favorite axioms that *no one individual* had done more good to the medical profession

*Printed simultaneously in the May, 1929, issue of the *Journal of the American Institute of Homœopathy*.

than *Hahnemann* whose therapeutic methods had demonstrated that the natural tendency of disease was toward recovery provided that the patient was decently cared for, properly nursed and not over-dosed". Osler practically became a therapeutic nihilist and in his later years confined his prescriptions to less than a dozen remedies. Due to his influence materia medica was abolished from most of the medical schools as a special department and medical students were often obliged to pick up crumbs of medical prescribing in their clinical demonstrations only.

Professor Strumpell in his lecture upon the celebration of his 50th anniversary as a physician made the assertion that the only remedies he had any confidence in could be counted on the fingers of the hands. He mentioned quinine in malaria, the salicylates in rheumatism, antitoxin in diphtheria, the arsenical compounds and the mixed treatment in syphilis, morphine for pain, remedies used to produce anæsthesia and the chemical antidotes. Replacement therapy such as thyroid and insulin met with his approbation but the rest of the huge materia medica he threw into the discard as useless or harmful. Students of homœo-therapeutics cannot agree with either Osler or Strumpell as to these drastic limitations and offer in evidence of their disagreement, most reliable statistics of clinical and hospital records, particularly in pneumonia, influenza and other infectious diseases, that homœopathy has good and abundant reason for its existence and that its utilization as an *integral* part of general medicine should become the property of all physicians who are truly *non-sectarian* and are willing "to *prove all things* and hold fast that which is good".

Within the past decade two scientists of high standing have openly advocated the incorporation of homœo-therapy as an *integral* part of the medical arts. These are Professor Hugo Schulz, former head of the Department of Pharmacology at the University of Greifswald, Germany, and Professor Dr. August Bier, head of the Surgical Department of the University of Berlin. The pronouncement of Dr. Bier occurred in his articles in the *Munchener Medizinische Wochenschrift* May 1, 1925, and subsequent numbers. *"Wie sollen wir uns zu der homœopathie stellen?"* "What shall be our attitude towards homœopathy?"

In this series of articles Professor Bier tells of his experiments with protein injections and his study of the Arndt-Schulz law and how he gradually through these studies became convinced of the value of homœopathy within its curative sphere. It is my purpose to quote from Bier's articles so that one can follow his gradual conversion to homœopathic reasoning. What was convincing to an outstanding practical surgeon of Bier's prominence, might seem equally so to many of his colleagues who have an inquiring and open mind towards therapeutic study. His colleague and friend, Professor Schulz, lectured for many years on pharmacology and his studies compelled him to investigate homœopathy, so as to present this phase of therapeutics to his many students and be prepared to discuss it. Like the great Dr. Constantine Hering who started as a committee man to write a criticism of homœopathy and became its greatest exponent, in similar manner Dr. Schulz became an enthusiastic advocate of homœo-therapy and incorporated it in his lectures. In his text-book on pharmacology, he describes the stated remedy, gives its toxicology and physiological action and as the final resumé its homœo-therapeutic application based on *individualistic* symptomatology.

In the periodical *Artzliche Rundschau* July 1, 1925 he clearly states his views and personal experiences which led him to add homœopathy to his practice. He found that the addition of formic acid in definite amounts to yeast solutions *inhibited* fermentation. When the formic acid was diluted progressively fermentation was augmented and when the *dilution* of the formic acid was still further carried on, fermentation promptly *increased greatly*, much more than yeast which had no drug addition *at all* and was kept as a control.

This experiment was repeated again and again with the same result. Schulz now concluded to try this experiment with *Arsenicum*. Large doses *checked* fermentation but much *diluted* solutions of *Arsenicum* increased fermentation much more so than the control, to which nothing had been added. At this time Schulz read of the reported value of *Veratrum album* in cholera as utilized by homœopathic physicians and having experimented with veratrin before his classes and demonstrated the tremendous toxicity of this poison, particularly in producing a severe colitis

and diarrhœa he concluded that the homœopaths were using this poison along lines indicated by his experiment on yeast. During this period Schulz became acquainted with Professor Arndt who had formulated and was experimenting with an interesting postulate.

This so-called Arndt-Schulz Law reads as follows:

1. *Weak* irritants *stimulate* or *promote* cellular activity.
2. *Moderate* irritants *augment* same.
3. *Strong* doses *inhibit*.
4. *Excessive* doses *destroy* cellular activity.

Schulz now started to experiment with medicine and induced his students to co-operate. Some he dosed with remedies and to others he administered alcohol as a control. He experimented with sulphur, iron, quinine, nux vomica, silica and others and found that the symptoms produced on his students agreed with those tabulated in homœopathic literature. He also found that some individuals did not react to the drug at all, while others reacted so strongly that the remedy had to be interdicted. This observation proved the importance of the *individuality* of the prover as recently again emphasized in his studies by Professor Philip Rice and also indicated to him that a remedy had different spheres of action and must frequently be given in different dosages. This has been abundantly proven by animal experimentation where certain remedies toxic to humans do not at all adversely influence the physiological processes of animals. It clearly demonstrates the limited scope of animal experimentation as related to human therapy. Schulz now cautiously started to apply his acquired conviction. He was called to see the child of a colleague suffering from an exhausting enteritis and colitis in which the attending physician had predicted exitus in a few hours—Schulz on the symptoms found suggested a *minimal dose* of *Arsenicum* and had the satisfaction of seeing a prompt cure within 24 hours. Several cases of persistent skin lesions were referred to him for study and the remedy *Silicea* (silicilic acid) was found to be curative. Schulz now proceeded to test the application of the formula *similia similibus curentur*—"let likes be cured with likes". He found that the symptoms and effects produced by severe irritants if tabulated could be applied therapeutically if this

same irritant was given in sub-physiological dosage or minimal dosage to a patient exhibiting similar symptoms of disease. As an example let us consider the application of Spanish-fly; cantharis produces a severe cystitis and tenesmus and a similar pathology is relieved by *Cantharis* given in minimal dosage. Ipecac in appreciable dosage produces emesis and a minute dosage of *Ipecac.* often relieves this condition. Apomorphine in 1-16 grain dosage produces nausea and vomiting of a projectile character and for 20 years has been my sheet anchor for sea-sickness, so that although I have retired from general practice for a decade, I still have former patients call at my office when going abroad for my "sea-sick" remedy as they call it. It is of course not a specific, for *Petroleum,* and *Ipecac.* or *Nux vomica* may be indicated, but it has served my patients in most cases. I usually administer the 4x tablet, advise dissolving same in a glass of water and sipping same slowly whenever the tendency to nausea and vomiting occurs. Bichloride of mercury poisoning attacks the kidneys and causes croupous nephritis and death from coma if not promptly antidoted. This remedy in minimal dosage is one of the leading remedies for chronic croupous nephritis, if matched in symptomatology.

Croton tiglium produces a most remarkable explosive action of the bowels—it is a most reliable remedy for a similar diarrhœa if given in the 6x-12th dilution.

In the Molineux murder trial some years ago it was proven that the victim, a Mrs. Adams, had been poisoned with cyanide of mercury. The attending physicians had diagnosed and treated the case as *diphtheria* as the characteristic membrane found in this disease had been produced by this poison. While the antitoxin of diphtheria neutralizes the toxins of this disease and is usually curative if given in *early* stages, a percentage of diphtheria patients still succumb in spite of antitoxin. Think of *Mercurius cyanatus* in sub-physiological dosage 6-12x, or some of the potash salts which produce membranous changes as a curative remedy in this disease and do not rely on antitoxin alone. Schulz wrote a monograph on *Mercurius cyanatus* and its relation to diphtheritic pathology and recommended it highly. Professor Bier's conversion and approach to homœopathy was somewhat

different from that of Professor Schulz. While Professor of Surgery in the University at Bonn he wrote his famous book on hyperæmia as a method of cure and advocated its use in many inflammatory conditions, particularly in arthritis and osteomyelitis. Upon his transfer to Berlin where he became the leading surgeon and had large clinical facilities, he started to apply hyperæmia and also experimented with protein (milk and blood) injections in chronic joint conditions. His experiments convinced him of the similarity of results secured by injections of proteins to the results and reactions of drugs given according to the homœopathic principle of *similia*.

The assistant of Professor Bier, Dr. A. Zimmer, experimented with the dosage of protein therapy and determined that only the *smallest dose* proved curative while appreciable doses or heavy doses aggravated the pathology for which these injections were utilized. These experiments lead Bier and Zimmer to a closer study of homœopathy.

Zimmer experimented with methylin blue, yatren and other drugs which if given *internally* produced reactions identical to the protein hypodermic injections, in relation to dosage. They confirmed the statements of Hugo Schulz that drugs do not act as solvents, neutralizers or disinfectants but through the *stimulation* of definite *tissues* and *organs*. These are stimulated to increased activity, which accelerates or initiates the curative action. For this purpose, the *smallest* dosage is adequate to stimulate the natural forces of cure.

This is in harmony with the Arndt-Schulz law which states that weak irritants *stimulate* while larger doses *inhibit* cellular activity.

These observations have recently been abundantly verified. Kendall has shown that due to diminution or *lack of iodine* in the tissues an *hypertrophy* of the thyroid gland is caused in its efforts to produce the thyroxin required by the organism. We know that in such parenchymatous hypertrophies of this gland, *small sub-physiological doses* of iodine are curative, while heavy doses aggravate. The parathyroid affinity and control of calcium metabolism has been determined. The pancreatic (especially the Langerhansian portion) control of sulphur metabolism and the

gonadal affinity and control of phosphorus metabolism, are all recent developments. Sub-physiological doses of these tissue salts or minerals are sufficient for therapeutic purposes. In other words, remedial agents stimulate a diseased organ or tissue and the whole organism is thus brought into a curative sphere. The studies also verified that sulphur, arsenic, calcium and others (without reference to their general action) have a special affinity for the *skin*, while mercury has a special affinity for the *mucous membranes*, antimonium tartaricum for the *pulmonary* tissues, etc. Calcium and phosphorus are medicines, not foods and iron conforms to the same status. The *direct* curative actions of remedies are therefore few, as the medicines act upon the organs and tissues and stimulate the natural principles of healing and immunity. A *diseased tissue* requires but a small percentage of drug dosage, as compared with *normal tissue*, for reactive purposes.

Bier and his assistant Zimmer commenced to experiment in their large Berlin clinic with different remedies and following the suggestions in homœopathic literature tried *Sulphur iodatum* in the 3x and 6x trituration in 34 cases of furunculosis. Some of these cases were of *3 years'* duration and had previously received ultraviolet rays, vaccines, yeast, arsenic, protein and blood injections, but constantly recurred. *Sulphur iodatum* given half an hour before meals one tablet at a time, cured all of these chronic cases. Impetigo and other staphylococcic infections of the skin also responded favorably. In beginning carbuncles *Sulphur* aborted some cases, but in advanced carbuncles, operation was invoked.

The conclusions drawn from these experiments were that these small doses of *Sulphur* were more successful and curative than any other method employed in furunculosis. It was found that the 6x cured as effectively as the 3x and Bier states quite frankly that he is convinced that higher potencies would be equally effective. *Sulphur* therefore cannot, if utilized in this manner, be considered as a *disinfectant* of either the skin or mucous membrane, but acts as a stimulant to the skin which through its own physiology throws off the infection.

He believes that a medicinal substance does not act through coarse contact but as a *colloid* or *ferment* which only develops in finely divided substance, so that a greater surface distribution and

absorption can be secured. These Berlin scientists thus explain the action of the higher potencies and the value of such insoluble substances as gold, platinum, silver and charcoal, etc., as medicines, can only be secured through the trituration and colloidization of such substances. The use of salt in the daily diet is non-medicinal, while if given in highly diluted form it is a very valuable remedy, affecting the system in a remarkable manner, as was proven by Dr. Guy B. Stearns in his animal experiments and by a century of clinical application along homœopathic lines.

Bier's experiments with ether in post-operative bronchitis and pneumonia while not strictly homœopathic are nevertheless of great interest. The inhalation of ether often produces a temporary irritation and semi-paralysis of the bronchi and lungs. To avoid this condition Bier injects 5 drops of ether in almond oil into the buttocks a few hours before each operation as a prophylactic and he claims that since this technic has been adopted in his operating rooms no post-operative pneumonia has developed.

In his conclusions Bier states that homœopathy while an integral and valuable branch of medicine must not be utilized as a sectarian or exclusive system, but should be incorporated into the larger sphere of general medicine.

It is quite remarkable how text-books on physical therapeutics, on the x-ray and radium will give clear pathological pictures of lesions produced by large or *excessive* dosage and in other chapters recite the *curative* action of these agents in similar conditions. Hydrotherapy, sun-light, ultraviolet rays, x-rays and radium all respond to the Arndt-Schulz law which, as has been proven, is correlated to the law of *similia*.

Not only physical therapy, but bacteria respond to this natural law.

The late J. George Adami, C. B. E., M. D., F. R. S., University of Liverpool, Professor of Pathology at McGill University, Montreal, stated in the *Medical Journal and Record*, Aug. 18, 1926: "There is the fact that while the more virulent bacteria growing in the body lead to cell necrosis and destruction, less virulent strains of the same bacteria together with other less virulent bacteria *stimulate* cell growth." What is this but another restatement of the Arndt-Schulz postulate?

The remarkable studies of Professor D'Herelle of Yale University Medical School on the bacteriophage also point unerringly to this underlying or basic therapeutic law.

In conclusion the writer believes that homœopathy should be incorporated and studied as part of the great science and art of medicine and that it should be taught in *all* colleges of medicine and *not confined* to a few.

NEW YORK, N. Y.

THE HOMŒOPATHIC VIEWPOINT

GUY B. STEARNS, M.D.

Medical progress has advanced along a curve of changing viewpoints which is always approaching but never reaching ultimate truth.

Modern medicine, which we call rational medicine, dates back approximately 300 years, to the time of Harvey, and is the rebirth of the Greek inductive method of study of 2,000 years ago. For two centuries after Harvey's day, the curve of advance was shaped by the gradual accumulation of chemical, physical, anatomical, physiological and gross pathological knowledge. In the first quarter of the last century, the trend turned toward public hygiene and a more careful study of the gross signs of disease and gross pathological changes. In the second quarter, the movement swung to a study of finer pathology. In the next quarter, bacteriology dominated the trend and since the advent of the twentieth century, study of function has been the chief motive. The result of this movement has been the development of a comprehensive scientific system of diagnosis. Methods of treatment have been linked with the changing theories of diagnosis and disease. In the early days, treatment was empirical. The advent of bacteriology brought the use of vaccines and sera.

The various functional tests have brought more rational management of diseased conditions and the study of the endocrins has led to a concept of the organism as an integrated whole, so that in the general trend has come more individual and consti-

tutional consideration of the patient. Diagnosis forms the principal basis for treatment and it is assumed, in present-day medical teaching, that correct diagnosis furnishes the knowledge necessary to deduce rational treatment. The last sentence may be taken as the generally accepted viewpoint of modern medicine. Treatment has always remained a changing subject and to therapy has been given the title: "Art in medicine".

Hahnemann who established the homœopathic viewpoint was born in 1755. At 22, he was master of nine languages and, at 25, a doctor of medicine. Becoming intolerant of the accepted empirical methods of therapy, he decided to investigate all medical principles from the beginning and, for this purpose, he studied chemistry and languages.

He soon became known as an authority on chemistry and as the most famous translator of his day. If the subject that he was studying was treated of in a tongue which he did not know, he learned that language thoroughly. In 1790, Hahnemann translated a work acknowledged to be a standard: William Cullen's *Materia Medica*, into German and was impressed by Cullen's description of cinchona bark and its action in intermittent fever, which action Cullen explained as being due to its tonic effect upon the stomach. Hahnemann's logical mind could not take this explanation for granted, so he set about to discover by inductive methods what principle underlay this effect.

He himself took four drams of a strong infusion of cinchona bark, daily, and described the effect as follows:

> I developed all these symptoms which to me are typical of intermittent fever—stupefaction of the senses, rigidity of all joints, but, above all, the disagreeable, numb sensation which seems to lodge in the periosteum over all the bones of the body. This paroxysm lasted two or three hours every time and recurred when I repeated the dose, but not otherwise. I stopped taking the medicine and I was once more in good health. Peruvian bark, which is used as a remedy for intermittent fever, acts because it produces, in healthy people, symptoms similar to those of intermittent fever.

Luckily Hahnemann was sensitive to cinchona or the fact of this relationship would not so vividly have come home to him.

This striking result suggested to him that such relationship might be a general law underlying curative action in all drugs and so he devoted himself to discovering, by experimenting on himself, the powers inherent in other drugs. He commenced by investigating the common drugs which had, throughout the ages, been believed curative in common diseases and, when he had gained by his experiments a knowledge of their symptoms, he employed the drugs in such cases as presented similar symptoms and brought about cures such as he had never before observed.

He took as his premise that there must be relationship between the symptoms caused in healthy persons by a drug and the symptoms of the disease which that drug cures. There are only three possible relationships—1st, that the drug produces symptoms different from those caused by the disease; 2nd, that the drug causes symptoms opposite to those caused by the disease; 3rd, that the drug causes symptoms similar to those caused by the disease. The first is logically impossible because a relationship of different symptoms would lead to a great number of drugs. The relationship of opposite symptoms is untenable, because there are so many conditions where there is not any possible opposite—for example, there is no "opposite" of pneumonia. The relationship of similar symptoms is the only possible general relationship.

Hahnemann's reputation attracted many physicians to his new theory and they entered into the experiments with him. In connection with each drug, he first collected all that he could find about its known effects, paying particular attention to the records of poisonings. Before having any of his associates prove the drugs, he took them himself, so that he could determine their dosage and their general action. Hahnemann proved 99 drugs on himself. Each proving extended over several weeks. A drug was given to a whole group, but only those who were shown to be sensitive to it continued in the proving.

The crucial point in connection with provings on human beings is just that—that a drug be proved only on those who are sensitive to it and the reason for this lies in the laws of susceptibility and immunity. Unless a man is susceptible to an infection, he does not become infected; the reaction against infection by one who *is* susceptible is a natural, spontaneous effort on the part of his organism. If a prover have a high degree of idiosyncrasy for a drug, a very small quantity of that drug will cause vivid.

characteristic reaction. Poisoning by a drug may so closely simulate a disease as to deceive a physician who is off guard. In a notorious murder case about thirty years ago, the victim was poisoned with cyanide of mercury which caused a condition that was clinically diagnosed as diphtheria.

A large percentage of humanity are susceptible to epidemic diseases. There are certain drugs to which a large percentage of individuals are sensitive; these are called polychrests and they resemble, symptomatically, the common diseases. During an epidemic, only susceptible persons are affected. There are always a few remedies which correspond to the characteristics of the epidemic one of which will cover the majority of cases—and the other remedies will be scattered amongst the remainder. No two epidemics are precisely alike, so that, for accurate prescribing, it is essential to make a composite study of the first few cases in order to establish the similar group of remedies, and after that, prescribing during that epidemic will not be difficult.

During the cholera epidemic of 1831, Hahnemann, who then had never seen a case of cholera, was able, from a description of symptoms, to tell which remedies would cure the disease. He selected *Camphor, Cuprum, Veratrum alb.* and *Phos. ac.*, and very few died who received the appropriate one of those drugs.

The law of similarity expresses itself so clearly that, in everyday practice, the physician who knows his materia medica can often recognize the remedy which is needed, almost before the patient speaks and often he can describe to the patient, before the patient himself recites them, the symptoms which are troubling him.

The Single Remedy.

The same inductive reasoning that revealed the law of similars as a workable principle led Hahnemann to the principles essential for its application. The first of these is the use of the single remedy. It is obvious that, if more than one remedy be given in a proving, separation of the effects of the various drugs will be impossible. The body naturally reacts to disease in a co-ordinated manner and this reaction is best covered by the single drug which causes the same kind of co-ordinated reaction.

The Single Dose.

When his assistants were proving drugs, Hahnemann, as soon as an effect was observed, gave no more of the drug until the effects had disappeared. When giving drugs to his patients, he never repeated the dose until the effect of the first had vanished. This is the logical procedure and is the practice followed by most of the best homœopathic prescribers.

The Minimum Dose.

The giving of the smallest amount capable of causing reaction is also logical and naturally belongs with the law of *similia*. A remedy is homœopathic because the patient is especially sensitive to it and it naturally follows that the drug must be administered to him in small amounts. Hahnemann's solution of the dosage-problem was, like all his other discoveries, arrived at inductively. At first, he gave drop-doses of the tincture, but, these often causing too violent symptoms, he next gave one-drop doses of a one per cent dilution of the tincture and obtained better results. Then, step by step, he carried the dilutions higher, making each succeeding dilution in a ratio of one one-hundredth of the preceding one, until, toward the end of his life, he recommended, as the result of his experience, the 30th dilution as the most curative. He remarked, however, that some of his disciples had carried their dilutions much higher.

Hahnemann considered his discovery of the action of remedies in high dilution one of the most momentous discoveries of his day. Physical science does not explain this and the subject of high dilutions has been the source of much discussion. The fact that this is the least understood of the fundamental principles of homœopathy inspired the Foundation for Homœopathic Research to institute, nine years ago, experiments to determine whether high dilutions would affect guinea-pigs. These experiments continued for two years, 212 animals being used. *Sodium chloride* was potentized to the 200th dilution and various potencies from the 30th to the 2000th were used. Many effects were observed, the most marked being the gradual loss of virility, the progeny coming less frequently, progressively smaller and of poorer vitality until, at last, there ceased to be any offspring at all.

Dr. Mary Stark conducted, for the Foundation for Homœopathic Research, another experiment with fruit-flies. In a certain strain, every fourth fly died in the larval stage and Dr. Stark discovered that this was caused by tumour-growths. Microscopically, these growths show all the characteristics of cancer. *Arsenic*, in homœopathic hands, has occasionally benefited cancer-patients and so the 30th and the 200th potencies of *Arsenic* were fed to colonies of these flies, with the result that certain colonies of their offspring lost this hereditary characteristic and developed, free from tumour.

It is difficult to rationalize the fact that living things respond to dilutions so high as are those employed in homœopathy. If the corpuscular concept of the ultimate properties of matter be accepted, not even one electron of the original substance can remain in dilutions as high as the 30th. BUT A CONCEPT IS ACCEPTABLE ONLY SO LONG AS IT ACCOUNTS FOR ALL THE FACTS. THE FACT THAT DILUTIONS HIGHER THAN THE 30th ACT ON INSECTS AND ON ANIMALS, AS WELL AS ON MAN, NECESSITATES A CONCEPT OF CONTINUITY, INSTEAD OF DISCONTINUITY, AS THE ULTIMATE PROPERTY OF MATTER. RECENT EXPERIMENTS AT THE BELL LABORATORIES AND EINSTEIN'S RECENT MATHEMATICAL CONTRIBUTION TO THE WORLD INDICATE THAT THE VARIOUS CORPUSCULAR CONCEPTS OF MATTER, FROM THE MOLECULE DOWN THROUGH THE ATOM TO THE ELECTRON AND THE PROTON, LEAD TO AN ULTIMATELY CONTINUOUS STATE.

Chronic Diseases.

Hahnemann's first provings were made with drugs which correspond to acute conditions. In practice, he noticed that although a patient was promptly cured of an acute condition, in some cases a similar attack recurred later and would not respond to the remedy which had cured it before. For 12 years, he sought the cause for this, studying these uncured diseases and keeping minute records of all their symptoms. From this study, he developed a theory of chronic diseases. He classified the cause of all chronic diseases under three heads which he called "the chronic miasms"—namely, syphilis, sycosis and psora.

Syphilis, as a cause of chronic disease, does not require discussion. Sycosis is the sequela of gonorrhœa. That which Hahnemann classified as psora covers everything of a chronic nature not included in the first two.

In Hahnemann's time, almost everybody, at some stage of his life, had scabies. The "itch mite" was known to be the cause of this, but practically all skin-diseases, as well as scabies, were called "the itch". Hahnemann believed that psora was due to the suppressing of itch. His itch-theory has caused much irrelevant criticism—irrelevant, because Hahnemann himself said that, although every one of his theories might be wrong, the law of similars remained a fact. That which he called psora is represented by a definite syndrome of symptoms and has a wide significance. He recognized that certain chronic conditions have a definite relationship to some previous illness.

The cause of some chronic conditions goes still deeper and can be traced to hereditary deficiencies. All these things were recognized by Hahnemann, but he was unduly impressed by, and gave too great importance to, the ubiquitous itch.

He observed that a cure made by a remedy homœopathic to a case takes place in an orderly manner, the patient responding first by feeling better within himself; the symptoms disappearing from within out, from above down, and in the reverse order of their oncoming. Such a cure is complete. When recovery does not take place in this orderly sequence, reminders of the illness are left. The accumulation of such effects, plus the patient's hereditary deficiencies, make up all chronic conditions. This broader concept was in Hahnemann's mind in connection with psora.

Scientific Support of the Law of Similars.

The application of homœopathy remains an art but the law of *similia* has scientific support. From the bacteriological concept of disease developed the laws of immunity. Von Behring acknowledged the validity of the homœopathic law in connection with his development of diphtheria antitoxin. Wright made a like acknowledgment and, recently, the great German surgeon Bier, publicly accepted it. Among the homœopathic researchers, notably,

Hinsdale, Boyd and Nast, animal experiments have been conducted with a large number of drugs used in homœopathy, and, in many instances, pathological changes have been brought about corresponding to the diseases in which the drugs have been found valuable. *Bryonia,* in its provings, causes many chest and respiratory symptoms and it is one of the remedies most frequently indicated in pneumonia and pleurisy. Experimental animals which have been poisoned with *Bryonia* have developed pleuritic and lung inflammation. Boyd, in a recent experiment, caused the Widal reaction to occur in a rabbit's blood by feeding the animal *Baptisia* and this remedy is one of the most frequently-used homœopathic remedies for typhoid fever.

Hahnemann recognised the possibilities of disease-products as remedies, thus anticipating vaccine-therapy. He triturated the secretion of scabies vesicles and potentised it up to the 30th and named it *Psorinum.* The characteristics revealed by its proving led to its employment in obstinate, deep-seated conditions. Tubercular sputum was potentised several years before Koch published his discoveries. In homœopathy, remedies from disease-products are called nosodes.

During the past few years, the bacteriologist Bach, of London, has done some remarkable work with different strains of the non-lactose-fermenting coli-typhoid group of bacilli. By isolating the predominant strain from the stool of a patient and making a vaccine of it, he produced striking results in many chronic cases. In association with Wheeler, of London, a technique was developed wherein the vaccine was potentized and given in single doses by mouth. The dose was never repeated as long as any effect of the preceding dose remained. This method was arrived at by slow degrees and Bach now affirms that the results of this method are far superior to any that he obtained before and he emphasizes the long wait between doses—in some cases, a wait of more than one year!

As we observe the point of view towards which general medicine is swinging, we can see how Hahnemann established a point of view which cut across the circle to a point even in advance of today. Whereas, general medicine considers diagnosis

as the basis for a prescription and has only recently through study of the endocrins developed a growing concept of the organism integrated as a unit, Hahnemann, more than one hundred years ago, formulated the unit concept and fitted into it all disease and all drug effects basing his prescription not on the diagnosis but on the arousing in the individual of the kind of reaction that his disease is arousing. Patients must be seen, not as pathological complexes, but as personalities expressing themselves in their symptoms. A patient's remedy, if it corresponds to his disease, must correspond to his personality and the homœopathist comes to think of drugs in terms of personality. Should the physician not recognize the remedy for his patient among the drugs which he knows, he must follow a technique for finding it which is no less exacting, and, in some respects, more subtle, than the technique required in the entire field of diagnosis. Those who have come to the study of homœopathy from the old school usually become our best prescribers, because, once they realize that there IS a curative remedy for each individual and once they grasp the reasonableness of the homœopathic philosophy, they acquire a new satisfaction in medicine; because every prescription is worked out by the application of a single co-ordinating law and the accuracy of a prescription can be tested by the orderliness with which the symptoms depart.

The late Jacob Teschner is an example. After 39 years in "old school" practice, he began the study of homœopathy. At first, he refused to see more than one patient each day and he often spent three or four days studying the case before prescribing. In this way, he acquired an intimate knowledge of a great number of provings. Gradually, he took on more patients, until, finally, his hours were filled with appointments. FOR THE FIRST TIME IN HIS LIFE, HE FELT SATISFIED WITH MEDICINE.

It has been the writer's privilege to read over Dr. Teschner's records and to note the remarkable results which he obtained, and this presentation of our homœopathic point of view may be accepted as a message from Teschner to the profession that he loved.

NEW YORK CITY.

HOW I CAME TO TAKE UP THE PRACTICE OF HOMŒOPATHY

EUGENE UNDERHILL, JR., M. D.

From my earliest recollection I took it for granted that I was going to be a doctor. Possibly that was because Father and Mother took it for granted, and visualized such a life work for me in their minds. I cannot recall that any shadow of doubt or uncertainty on this point was ever felt or expressed.

My grandfather had studied medicine. Father was a physician and is still in active practice. After graduating from college came the question: What medical school? Father said: "I don't see that you need to go outside of Philadelphia. Investigate all the medical schools in the city, get their catalogues, interview the Deans, and let me know which school you would prefer to attend". I followed this advice, and after "looking them all over" finally decided in favor of the University of Pennsylvania.

Now Father was a graduate of Hahnemann Medical College, and as I look back I can recall a look of regret or perhaps disappointment on his face—for I had not only in a sense frowned on his *Alma Mater* but was turning my back on the system of medicine which that institution really represented in those days. But Father's vision was not confined to the walls of any institution or even to any so-called system of medicine. He finally said: "I think you have made a wise choice", but he added, "some day you will be practicing homœopathy". But those words were forgotten until years later their prophecy was translated into fact.

So I went to the University of Penn. Medical School and graduated. To this day I have never regretted it, and if I had it to do over again I would go back to old Penn. and battle it through. After completing my interneship and passing my State Board examinations, I hung out my shingle and was at last a "regular doctor".

Of course, I was prejudiced against homœopathy, but just how and when that prejudice was acquired it is even now impossible for me to tell. Prejudice is evidently infectious if not actually contagious, and few indeed are they who are immune

to it. For three years I practised old school medicine, "untainted" by any homœopathy whatever.

Father and I applied together for admission to the 32nd degree of Freemasonry. On the evening of our initiation, we found all the candidates were being sent up to the fifth floor to await the result of the balloting. We were taken up in an elevator with perhaps ten or a dozen other men. The only man we happened to converse with was Dr. George H. Thacher, a leading homœopathic physician of Philadelphia, whom, however, we had never met before. On arriving at the fifth floor and having more time than anything else on hand we again got into conversation with him. From that first meeting a friendship was formed that has grown and deepened with the years.

One day I said: "Dr. Thacher, just what kind of medicine are you practising?" He said: "You won't have any more time for me when I tell you. I am one of those high potency, high-falutin homœopaths." Of course, I was somewhat disappointed, but by that time our friendship had grown too strong to be upset by anything like that.

Some months later I was in Dr. Thacher's office, and he asked: "Have you any interesting cases on hand?" Previous to this occasion we had talked over everything but medicine. It just happened that I did have an interesting case on hand. In fact, it was getting too interesting and I began to have visions of being dismissed most any day, and at that time every case meant something and I couldn't afford to lose any.

This man was sorely afflicted with acute gouty arthritis that had begun in his feet and was now involving the knees as well as the feet. The limbs were swollen and the skin mottled. His one relief was to sit with his feet and legs in a tub of ice water, and he insisted on having pieces of ice floating in the water. In all my experience I have never seen this case duplicated. Motion greatly added to his sufferings. He was much worse at night and he could not endure any covering on the feet, legs and knees. I soaked him with salicylates; gave him colchicum on the gouty theory; purged him; gave him diuretics, and applied evaporating lotions to the inflamed joints—lead water and laudanum, ice compresses of epsom salt solution—with only slight temporary re-

lief. I called at the house every day and each time found him more discouraged, more grumpy, and his feet and legs still parked in the tub of ice water.

So when Dr. Thacher asked if I had any interesting cases on hand, of course I told him about this man. I had no sooner recited the main features of the case when he said: "Why that man needs *Ledum.*" (*Ledum palustre,* or wild rosemary, also called marsh tea and Labrador tea. The plant grows in cold swampy regions—particularly in Canada. Ledum from the Greek, *ledon,* a resinous juice and *palustre,* a swamp). The doctor said this with such certain assurance that it was truly amazing. He asked: "Do you mind if I fix up a few powders of *Ledum* for him?" It is said that necessity knows no law, and I was ready to give that man anything from soothing syrup to dynamite, and I welcomed the offer, and agreed to discontinue all other medication both external and internal and give the powders a chance, as Dr. Thacher put it.

I saw the patient that same afternoon, and he was about ready to call it quits. However, on seeing a radical change of treatment and thinking that I had been studying up his case, he finally consented to give the powders a chance. His wife was not very enthusiastic and I thought, "Well, they will soon call another doctor." The next day he was just about the same but he did say that he was certainly no worse but he added, "I guess no better either." However, my "get away" that time for some reason was not quite as unsatisfactory as the day before. The following day, however, told a different story. The wife greeted me with a pleasant good morning and promptly announced that our patient was better. For the first time I found him without his tub of ice water, and he said: "Doctor, why didn't you give me those powders before, they have done me more good than all your other dope put together. Don't let me be without them." I looked in the envelope—only two powders left, and nothing to do but beg for more. I told him that was a medicine I rarely used and I would have to go back to the office to get it. Dr. Thacher was much interested and greatly pleased with the report and doled out more powders. The patient was able to return to

work in two weeks, and remained well for over a year, when the family moved away and I have never heard about him since.

On looking back on that case I realize that Dr. Thacher and the white powders soon faded out of the picture, and a feeling of personal pride and satisfaction grew, and the check—a fairly large one for me in those days—I felt was well earned.

Months later when I was in the doctor's office, came the same question: "Any interesting cases on hand?" For some months I had been treating an eighteen-year-old girl for severe dysmenorrhœa. She suffered the most severe cramping pains and had to spend the first day of the period in bed every month. The only relief I had succeeded in giving her was by prescribing viburnum prunifolium compound and whiskey, and each time she seemed to require larger doses. As to preventing the recurrence of the trouble I had already considered and suggested dilatation and curettage, and she and the family had about decided in favor of the operation. I told Dr. Thacher about this case, but he was not so sure of the remedy this time. He said, "I think we can help her, if you wouldn't mind getting the answers to a few questions so we can tell just what remedy she needs." I agreed to do this without any particular interest or enthusiasm—more for the doctor's sake than for the sake of the patient.

He wanted to know: Whether the pain preceded the flow or only came on after the flow was established? What kind of pain it was, whether bearing down, cutting, cramping, burning, etc.? Was the pain continuous or intermittent? What gave the most relief? What was the effect of heat, cold, motion, pressure, etc., on the pain? What position in bed did she assume during the pain? What did she think caused the trouble in the first place? When was the first menstruation, and did she suffer in this way from the very first time? Just where was the pain most intense, back, front, or on which side? Did she want more or less covering than at other times?

I sent for the patient to come to the office and got answers to as many of the questions as I could. I found out and noted down that the pain almost always preceded the flow, that the flow was slow and sluggish in starting and that relief only came—usually on the second day—with the establishment of a real free flow.

She said the pains would shoot all over the abdomen, but were always worse over her right ovary. The pains came in spasms and were more cramp-like than anything and almost drove her frantic. The only relief she could get was by bending almost double and holding a hot water bottle tightly to the lower abdomen. She couldn't stand any uncovering and wanted the room warm. She said the trouble began after a long exposure to cold during menstruation. She never had any trouble from the first menstruation which occurred at thirteen years of age until that exposure.

After reading over this data, Dr. Thacher said with all the assurance in the world: "That girl needs *Magnesia phos.* (Phosphate of magnesia). Do you mind if I fix up a few powders for her?" Of course, I didn't mind. I wouldn't hurt his feelings for anything and of course it was kind of him and so I let him put them up. As I left his office, he said: "You might stop all other treatment and give the powders a chance. Let her start them at the first onset of the pain." So I carried out his suggestion and gave the patient the medicine. It was some time before I heard from her. One day she came to the office and said: "Doctor, I want more of those powders. They were wonderful. I have had the easiest time I have had for two years," and she meant just that.

Of course, I had none of the medicine on hand and had to invent an alibi. I told her that was very special medicine and I would have to send away for it. Well she said, "I don't want to be without it next time." Again nothing to do but go to Dr. Thacher, report and ask for more powders. Somehow there was a feeling of annoyance associated with the idea, but I had it to do and did it. Again the pleased look on the doctor's face, and more powders, but very little was after all said about the case. If I recall correctly, I think I was in more of a hurry than usual that day. However, I appreciated his kindness, in words if not in fact, and sent the little white powders to the patient.

That was over ten years ago, and that patient and her entire family still call me whenever they need the services of a physician. After three months she was completely cured, and has never really suffered during menstruation from that day to this.

Still I gave homœopathy no serious thought, although I took particular care not to mention these experiences to any one. The next time Dr. Thacher asked about interesting cases I didn't have any, and soon got the conversation turned to the war which was still raging in Europe. In fact it was some time before I felt inclined to discuss my work with him, although he always showed a genuine and sincere interest in my progress.

However, one day he asked the same old question again, and I was having trouble with a case, a man of middle age suffering from gastro-intestinal disorder, and I was beginning to fear cancer of the pylorus with possible metastasis to the liver. He was very sallow. He could eat only the least bit of food—as he expressed it, he would go to the table hungry but a few mouthfuls would fill him up and he could eat no more. There was almost continuous belching of empty gas. He had a sticking feeling in the gall-bladder region and was very tender in the right lower quadrant of the abdomen. He was about to give up his work. He said: "Doctor, if quitting time only came at three o'clock I would be all right, but by four o'clock I am all in, and I don't pick up until nearly time to go to bed." I had given him nux vomica and tinct. of gentian. Also iron and arsenic, likewise, a little Hg. and K. I. "on suspicion", although his Wasserman was negative. The x-ray was also negative and there was no palpable mass in the abdomen. Still he simply did not respond and continued to lose ground. I outlined the case to Dr. Thacher about as I have here described it. He said: "What else does he complain of?" Then I recalled that the man suffered from severe right-sided headaches and he would either wake up with this headache or else it would come on late in the afternoon. Dr. Thacher said: "You have a very interesting case here. Let's see. His complaints are mostly right-sided—head, liver and lower quadrant of abdomen. He has easy satiety or sudden repletion when eating—a few mouthfuls fill him. He suffers from a great amount of gas. His time of aggravation is from 4 p. m. until some time in the evening. Probably it is from 4 to 8 p. m. You say he is very sallow in appearance. Why, that man needs *Lycopodium.*" (Lycopodium clavatum or club moss—often used as a dusting powder and generally considered inert.) He couldn't have named a more helpless or hopeless remedy according to my way of thinking.

The doctor took down a book and showed me the symptoms listed under *Lycopodium*. Now he said: "Doesn't that look like your man?" I read over the symptoms and sure enough not only were the ones there that I had told him about but, to my amazement, a number of others almost in the same words the patient used in describing them. "Fits him like a glove", said Dr. Thacher. "Do you mind if I let you have some of the remedy to give him?" This was really interesting and I said, "Sure, I will give them to him."

Never have I seen more prompt, clear-cut results or a more appreciative patient. When the time came to ask for more powders I was in a vastly different frame of mind. The other two cases now stood out along with this one, in sharp contrast to the results I was usually getting. I said: "Doctor, you have cured three cases for me, sight unseen, and they have been such striking cures I cannot ignore them. I thought it was time for the first man to get well, medicine or no medicine. The second I thought was a fortunate coincidence but three is one too many for me. I would like to read up on homœopathy."

My good friend, the doctor, wasted no time in handing me two books and said: "Read these over. I'll start you easy so you won't get indigestion." Those books were *Leaders in Homœopathic Therapeutics*, by E. B. Nash, and *Homœopathy in Medicine and Surgery*, by Edmond Carleton. I studied these books and talked homœopathy early and often. Soon I had a pocket case containing thirty remedies and started in earnest to try my hand at Hahnemann's proposition that "like cures like", and found as he did, and as every other man finds who will give homœopathy an intelligent and honest trial over a reasonable period of time, that the Law of Similars is indeed one of the fundamental laws of nature, and one of the most easily demonstrated of these laws. But to understand and comprehend this law requires a sincere and gigantic effort of mind. It requires the laying aside of personal prejudice and conceit—an almost superhuman task.

Homœopathy has developed a vast materia medica through a system of drug provings on human beings. A group of men and women of good average health are selected. They constitute the provers. The provers are given minute and frequent doses of a

certain drug until they are brought under the influence of that drug and begin to express symptoms. A few receive blanks. These are the "controls". Before beginning the proving each person writes down any symptoms he may be experiencing. This acts as an additional check or control. After beginning the proving each person, including the controls, must independently write down every symptom observed. The symptom must be described in full in simple lay terms. Its time of onset, its duration, and time of cessation, also especially what aggravates and what ameliorates the symptom. Any symptom which nearly all the provers, but none of the controls express, is called a characteristic symptom of the drug. In this way by patient and repeated provings, a clear picture or image of the drug is gradually brought out.

Drugs have as definite a constitution and personality as have people, and after becoming acquainted with them it is just as easy to distinguish between *Nux vomica* and *Digitalis* as it is to differentiate Mr. Brown from Mr. Smith when once you have come to know them.

When called to see a case, we try to get all the symptoms of the patient. Having gotten in mind or on paper an image of this particular sick patient, the question then arises what remedy in its proving has produced essentially similar symptoms. If that question can be correctly answered we have found the similar or homœopathic remedy for that patient.

In all cases of illness we are dealing with the patient plus the disease and not with the disease *per se*. The disease is modified or warped by the constitution of the individual patient. Hence the frequency with which we meet the so-called atypical case and how seldom the text book picture of the disease.

What about the curative results in homœopathic practice? Let us take pneumonia as an illustration. The generally conceded death rate in pneumonia is 20 to 25%. Allow me to suggest that you give your pneumonia patient *Placebo*—no treatment whatever—except the common sense care that any wife or mother can give, and watch your death rate drop to less than 10%. Then try homœopathy honestly, patiently and intelligently, and your death rate in pneumonia will continue to fall, until you have become really proficient in the science and art of homœopathic practice and in that day your death rate will be definitely less than 1%.

The results of homœopathic treatment in chronic conditions have been most excellent. While the disease is still in the functional plane, rapid and complete cure is the rule. Where organic or structural changes have taken place, a cure is still possible, but in inverse ratio to the extent of the pathology. Pathology *per se* is a result of constitutional disorder, and is, therefore, neither an indication for, not a guide to, treatment.

In homœopathic practice it is not necessary to wait for pathological findings—meet the symptoms of the patient with the remedy capable of producing essentially similar symptoms, and further pathological changes will be largely if not entirely prevented.

PHILADELPHIA, PENN.

PROBLEMS CONFRONTING ONE WHEN FIRST ATTEMPTING TO PRESCRIBE HOMŒOPATHICALLY

ELIZABETH WRIGHT, M. D.

Before discussing the problems of actual homœopathic practice let me show you some of the difficulties in the ordinary practice of medicine which led me to an interest in homœopathy. When I was a student at Columbia Medical School, "P & S" as we called it, in the war time, I was much disappointed at the paucity of therapeutic information. There was pathology and bacteriology galore, and fascinating drill in diagnosis, but being a woman, and therefore a practical soul (I see some of you smiling at women you have met) I hankered after means of cure. Most of what we were taught in therapeutics was hygiene, nursing procedures, diet, hydrotherapy, etc. A large proportion of my class, who had intended to go into general medicine, took up surgery or the specialties because in those fields there was something definite to do for the patients. From medical school I went to Bellevue Hospital for two years' rotating interneship, and there again I met the prevailing therapeutic nihilism. Our chief of service was a wizard at diagnosis, but I always felt that an autopsy was fully as acceptable as a cure and much more frequent. One class of patients in the hospital, particularly distressed me; those who had

abundant subjective symptoms and on whom the diagnostic and laboratory pronouncement was, "There is nothing wrong with you". I remember one saying, "Well, doctor, I may be perfectly well, but *I* know I am sick". And then there were the chronics, not only those with marked pathology but life-long sufferers from "indigestion" or migraine, who had been passed around from doctor to doctor with nothing but temporary relief. Two other problems puzzled me particularly in those days besides the apparently functional cases and the chronics. One of these was the patient with a classically recognizable disease who did not respond to the usual "specific" treatment for that disease. For instance, a young sailor with a severe malaria which no amount of quinine influenced in the least, to the consternation of all the visitings. The other matter which set me thinking was the wide variety of types of a single disease. I used to wonder why the pneumonia in the second bed who was such a strapping specimen, and had come down suddenly at midnight on the date of admission, was in such mortal terror of dying by noon the next day, (which, I may add, he did, to the surprise of all of us), and why the besotted looking fellow in the next bed, lay on the affected side with his hand under his chest, motionless, gulping two or three glasses of water at long intervals, complaining of the light and snapping your head off when spoken to; and why the pneumonia on the other side of the ward thrashed about so incessantly, especially in the evening, calling for cold milk. Now I know that although these three had the same disease and received the same treatment, they would have responded to three different remedies, *Aconite*, *Bryonia* and *Rhus tox*. But that is getting ahead of our story. My puzzles, then, in my training, were the apparently functional cases, the chronics, the patients who did not respond to the classical treatment of a clearly marked disease, and the varied types classified and treated according to one diagnosis.

Dr. Underhill has told you most graphically and humorously how *he* was led into homœopathy so I will omit my initiation except to say that after working at the *Allgemeine Krankenhaus* in Vienna in the usual way, I was apprenticed for nine months to a homœopathic physician in Geneva where I studied, literally, from 12 to 16 hours a day.

Before he was willing to take me as a pupil he gave me a stiff examination in ordinary medicine, including anatomy, fractures, surgical diagnosis, pathology, bacteriology, and chemistry, and gave me slides to diagnose under the microscope, etc. He then asked me certain questions as to what I thought life was about, why I went into the practice of medicine, what were the chief duties of a physician and so on. These questions perplexed me, as I did not then understand their bearing on the philosophy of homœopathy. He then put to me a leading question to see if I already had any background of homœopathy. It was, "What do homœopaths give for rheumatism?" Having read somewhat in homœopathic literature I answered that homœopaths do not give a remedy for rheumatism or for any disease name or diagnosis (although, of course, certain remedies are more frequently indicated in rheumatic conditions). They give a remedy on the symptoms of the patient who has the disease, in other words on the reaction of the individual in question to any given disease entity. This defines one of the fundamental differences between the homœopathic approach and regular medicine.

Until the physician's mind has compassed the differences between the viewpoints of ordinary medical training and homœopathy he cannot even begin to prescribe homœopathically. Let me enumerate, for clarity, wherein these differences lie. First, as above mentioned, he must grasp the principle of *individualization*. Modern medicine lays a good foundation for this through its interest in endocrinology and psychiatry, but except for obvious glandular imbalances it offers, as yet, no therapy commensurate with the refinements of differentiation. What does individualization mean to the homœopath and how does he arrive at it? It involves a subsidiary new method of case-taking. After you have your classical history, elicited largely by asking questions, you can often make a diagnosis but rarely a homœopathic prescription. For the latter you need to know the *mental* state of your patient, and what the homœopaths call his *"generals"*, which mean the things which apply to the patient as a whole—his reaction to heat and cold, wet and dry weather and storms, motion, position, food, etc. You need to know how these same factors affect the specific complaints of your patient, in other words

the *modalities* of his particular disease symptoms—whether his headache is better from hot or cold applications, from motion or rest, from lying or walking, from pressure, or food, and at what time of day it is worse. ("Modalities", in other words, mean aggravations or ameliorations of specific symptoms, just as "generals" mean aggravations and ameliorations of the patient as a whole). There is a fourth type of thing that you must know about your patient in order to prescribe homœopathically and that is his rare, peculiar, or characteristic *particular* symptoms. These often appear trivial idiocyncrasies to the patient, things that he has always had, or that no doctor to whom he has told them, has ever been interested in. These often serve as *keynotes* to guide you to a remedy. But of what use is all this additional information about your patient? How does this picture of his personality aid you? You have individualized, but of what use is such differentiation, if you have only a standard treatment for the condition that you have diagnosed?

This brings us to the second great difference between homœopathy and regular medicine. The law on which homœopathy is based, or, if you prefer, the hypothesis, is to be found in the statement of Hippocrates, *"similia similibus curentur,"* which Hahnemann revived and amplified. Dr. Stearns has told you how Hahnemann came to apply this law and made the first so-called "proving" of quinine. A "proving", in the homœopathic sense, is experimenting with a drug in minute doses on a relatively healthy human being. The record of symptoms so produced, on a large number of provers of different ages and sexes, constitutes the basis of our homœopathic materia medica. The object of proving a drug is to delineate the drug personality. Each of our remedies is to us a living individual, they are like friends whom one recognizes whenever seen, not only by their grand characteristics but also by their mannerisms and tricks. We now have on the one hand, the drug personalities, and on the other the picture of our patient in his present state. It follows, if like cures like, that we must match pictures and fit the personality of a drug to our patient, administer it, and watch the results. After one has grasped this ingenious theory and learned to put it into practice, it remains only to see it work. I, for one, being a natural sceptic, was

slow to believe the evidence of my senses. Could the astonishing improvements and cures have been coincidence, or suggestion, or faulty diagnosis? There are certain controls which one can use. Put the patient on the proper regimen including diet, etc., and see what that alone does for your condition. Then give *Placebo*, with your best manner. In my experience, in nine cases out of ten, the patient will report no progress. When they are discouraged by this unsuccessful first prescription, give them the remedy you have chosen, the *simillimum*. If you feel reasonably certain that the drug-picture fits your patient, and you have the *simillimum*, in most cases you will see a swift and beautiful result. But these are not the only possible methods of control. There are laws of remedy action which are contrary to anything you could expect in an untreated case. When you see these, you know that your remedy is taking hold. They were formulated by Constantine Hering, one of the pioneers of homœopathy in this country, and are as follows: The curative remedy acts *from within outward, from above downward*, and *in the reverse order of the symptoms*. Take, as an illustration, a case of rheumatic fever in which, after the customary salicylate dosing, the joints appear to have cleared up but a heart condition develops. Give such a patient the similar remedy and he will complain that his joints are worse again, but *he himself* feels better and you find that his heart is clearing up. You explain to him that the remedy is working *from within outward;* the more vital organ, the heart, is getting well first, and the peripheral organs, the joints, are again involved. Give him nothing but *Placebo*. Shortly he will tell you that his shoulders and wrists are clearing up but that the pain is now in his knees or ankles. Again you see the law of cure in action, *from above downward*, and you wait. You observe that his symptoms are disappearing *in the reverse order of their appearance*, the heart condition which came last, going first. If you trust your remedy under these conditions, your patient will make a real recovery without the annoying recurrences. (If, on the contrary, you found that the joints in the lower extremities cleared up and those of the upper extremities became involved, you would know you were on the wrong track and had not found the *simillimum*.)

One of the knottiest problems for the beginner is the different concept of pathology and bacteriology. Homœopaths accept the facts of these branches of medicine. The difference lies in the interpretation. Pathology is an end result of some morbid process. The homœopath is not nearly as interested in the diseased tonsil, the hæmorrhoid, the ovarian cyst, the cancer, the tapeworm, or the psoriasis, as he is in the constitutional dyscrasia behind these. He is not eager to remove the ultimates of disease at once, but rather to cure the underlying cause. In the course of this cure the ultimate will often disappear, as in the case of diseased cervical glands or fibroids. If not, it can be removed when it has become merely a foreign body, and when the constitution is so changed that it will not ultimate itself in further pathology in a more deep-seated organ. Similarly one is taught to consider that bacteria cause disease. The homœopath is more interested in the individual's susceptibility, than in the bacteria themselves. Instead of poisoning the malarial plasmodia with quinine or the syphilitic spirochætæ with salvarsan, the homœopath prefers to stimulate the body to make itself uninhabitable for these organisms, and he does this by means of the similar remedy. To give another instance, instead of killing off head lice with delphinium and leaving the patient susceptible to further invasions, the homœopath gives a chronic constitutional remedy which removes the susceptibility and the lice seek better pasturage.

A fourth stumbling-block for the medical mind is the question of suppression. Discharges and eruptions are ordinarily classed with pathology as something to be gotten rid of by local measures. We are taught to use argyrol in coryzas, to paint cervices with mercurochrome in leucorrhœa, to stop a gonorrhœal discharge with protargol, to check a diarrhœa with opium or bismuth, to clear up skin eruptions with ammoniated mercury or sulphur ointment or other applications. The homœopath holds that this is suppression, and not cure, that these outward manifestations are not primarily local but an expression of deep disease, the body trying to throw off impurities. They have watched the incidence of more deep-seated troubles following such "suppression". The chronic constitutional homœopathic remedy given to a case which has been so treated, will often bring back the original eruption or discharge with concomitant relief of recent grave symptoms and ultimate clearing up from *within* of the

original discharge or eruption. Let me illustrate with a case from my practice recently. A woman of 45, came to me for suicidal depression, for which she could give no emotional cause. She dated her mental symptoms definitely from the time when she had had a foul, lumpy, green leucorrhœa "cured" by local vaginal applications, a few months before. I gave her a dose of *Sepia* (a remedy made from cuttlefish ink) on her mental symptoms. A week later she returned exuberant, all the depression for which she had been doctoring being gone, and said, "By the way, doctor, I have that awful discharge back again just as it was before". I was delighted, warned her against suppressing it a second time, and gave *Placebo*. The discharge has since lessened and improved in character and she continues, as her husband says, a changed woman. So much for the fundamental differences.

Another problem which confronted me was whether the homœopathic remedy could influence definite chronic pathology. A girl of 19 came to me for severe intermenstrual bleeding. On examination I found a nodular fibroid bigger than my fist. A well-known New York specialist, she told me later, had diagnosed it and advised merely general health measures, as he did not want to x-ray so young a girl. Her chronic case worked out on mental and general symptoms to *Phosphorus*, which happens to be one of the main remedies useful in fibroids. Three months after I gave her this, I sent her to be checked up by the same specialist. He was amazed at the decrease in size of the fibroid and asked her what she had been doing. Six months later he pronounced her normal and sanctioned her marrying.

A further difficulty I experienced was in believing the current statement that homœopathic remedies can do no harm. THEY CAN!

Another problem which one frequently meets in general practice is that of prophylaxis. Strict homœopaths believe that vaccines and inoculations are harmful. It took considerable experience for me to be convinced that the chronic constitutional remedy is the best prophylactic. The whole subject of the chronic constitutional remedy is a fascinating one, but beyond the scope of this paper.

As a last problem comes the practical one which is such a stumbling-block to students, as to whether one can make a living on homœopathic general practice. Certainly more than half of my patients were not believers in homœopathy, many of them dead against it, but I have found that by up-to-date examination and laboratory procedures, by the actual accomplishment of the remedies, and by adroitly "selling" to the patient the principles of homœopathy without the name, they are intrigued, send you their friends, and become staunch believers in the method.

To all of the puzzling problems outlined above, a satisfactory solution can be found, if one is willing to do the hard work involved in learning enough to get results. I am completely "sold" to homœopathy. When I fail, I know that the failure is *mine* and not homœopathy's, and when I can see a similar remedy for a case, I have, even before giving it, a perfect certainty that good results will be forthcoming.

BOSTON, MASS.

DISCUSSION OF PAPERS ON HOMŒOPATHY AT THE RIVERSIDE MEDICAL SOCIETY

Dr. Maximillian Stern, president, in calling for discussions, said that he felt that he, and all present had come to hear and question, but after hearing the quality of the papers, he had decided to listen and digest.

He called upon Dr. Samuel Morse to discuss the papers stating that he knew he was calling on one acquainted with homœopathy for several years.

Dr. Morse said that he had not sought out homœopathy as Dr. Elizabeth Wright said she had, because of her dissatisfaction with the results of allopathic prescribing in medicine, but that he had been practising the specialty of eye, ear, nose, and throat, for over twenty years from which he had desired and satisfactory results in a large percentage of cases. He felt satisfied and did not seek for any other method of treatment. He felt rather, that homœopathy sought him out of a multitude of specialists in an accidental manner and that was by meeting an old medical acquaintance, Dr. Nathan Schwartz of New York.

Dr. Schwartz told him the way in which he became a homœopathic prescriber. Dr. Morse stated that he remembered what had been said of homœopathy while he was a medical student, namely, that it was of no value and was insignificant. However by frequent contact with Dr. Schwartz some amazing results were seen and verified repeatedly and they were as follows:

1. That very high dilutions such as homœopaths recommend, have decided reactions according to the Arndt-Schultz Law and are not innocuous.
2. The proving of remedies on patients.
3. The remarkable reaction of the *simillimum* by the principle of *"similia similibus curentur"*.

Dr. Morse further quoted that Dr. Oliver Wendell Holmes, in a volume called *Medical Essays*, written fifty years ago, criticized homœ-

opathy very thoroughly and was well versed in the subject of same, but had no actual experience with its practice. He also quoted that Dr. Fishbein, editor of the *A. M. A. Journal,* criticized homœopathy most sarcastically but knew nothing of the subject and had no experience whatever. Some of Dr. Fishbein's arguments were ridiculous and misapplied and one could see that he had no personal experience to be able to criticize a subject based on scientific laws and theories.

Dr. Morse in closing said that he had seen instances of cures by homœopathic prescribing in his own work.

Dr. M. N. Peshkin was called for discussion, and in his own inimitable manner described the analogy of his work, allergy, to homœopathic principles. He pointed out most vividly the theory of suppression causing aggravation by interesting cases, such as children who having had eczema in early childhood, developed asthma, and if anything was done to bring out the eczema, the asthma would get better. He also felt that the dosage and similarity of protein, used in relation to similar causes of asthma, was homœopathic, although not generally known.

In conclusion, Dr. Peshkin complimented the three papers read, and said that they were of such scientific ability, that they would have graced any scientific society.

Dr. M. L. Landman said that he was very much pleased to be at the meeting and was also impressed with the scientific exposition of the subject of homœopathy. He was very much interested in the exposition of the Arndt-Schultz Law as given in Dr. Dieffenbach's paper and that many of the principles therein described, were very much in evidence to him in the subject of immunology in which he was interested, and in closing he appreciated the privilege of having been able to listen in on such an interesting subject.

Dr. Samuel Sobel, in his discussion, said that he had been practising homœopathy for many years and was absolutely convinced of the many things that were claimed and proven. It is interesting to note that while Dr. Underhill was describing certain cases, Dr. Sobel picked out two of three remedies that cured just by hearing the citation of the symptoms. This he said was something that is usually so in homœopathy, namely, that the similar remedy of a case could usually be found to be sure, no matter who examines the case.

Dr. Sobel also gave instances of prominent men from the allopathic world who had practised homœopathy for many years with much more advantage to their patients and themselves.

In closing, Dr. Maximillian Stern, president of the Riverside Medical Society, called upon Dr. Dieffenbach, who was very much pleased with the reception of his paper, and said in closing that the principle of homœopathy and the Arndt-Schultz Law, were things of proven scientific fact and could not be disputed by those who had an open mind to the subject and made proper investigations.

Dr. Guy Beckley Stearns did not have much to add to the discussion because his paper itself expressed everything he desired to say to the gathering of allopathic physicians and surgeons.

Dr. Elizabeth Wright said that she was very much surprised at the tameness and mildness of the discussion, after hearing her paper in particular, which she purposely filled full of fire-crackers in order to raise questions which she was prepared to answer.

Dr. Underhill spoke of some of the details that were incidental to homœopathic prescribing and went on to answer many questions that were asked by numerous men of the audience long after the meeting was closed.

A rising vote of thanks was then given to the readers of the papers and the meeting was adjourned.

LITTLE DOSES—BIG RESULTS! HOMŒOPATHY FOR ANIMALS—II.

PIERRE SCHMIDT, M. D.

THIRD CASE: Motor paralysis following distemper in a German hound dog seven months old, sick for two months with distemper which was manifested by the usual symptoms:

Temperature.

Catarrhal symptoms of the urinary tract.

Dyspnœa.

Purulent discharge from the eyes and nose.

Loss of appetite.

Diarrhœa alternating with constipation.

The owner had given various allopathic pills with ipecac as a base, purges and syrups, without any result except the suppression of certain symptoms and the progressive development of a spasmodic paraplegia of the hind quarters.

The striking features on examination of the dog were:

Spasmodic muscular symptoms.

Trembling of the limbs.

Marked paresis of the hind quarters.

Increased reflexes.

Symptoms only during the day.

The animal drinks little.

Aggravation from cold air.

Aggravation after motion.

Swaying, very uncertain gait.

Repertory study, taking into account the non-pathognomonic symptoms, done with Dr. Ferreol, showed *Agaricus muscarius* as being the remedy corresponding best to the case and alone possessing all the indicated symptoms. In fact, all these spasmodic and paretic symptoms, associated with this curious aggravation from cold, are found in the pathogenesy of this poisonous mushroom.

June 15, 1928, we gave *Agaricus muscarius* 200 dilution, ten drops in one single dose.

Five days after, this dog, who previously could not go up stairs, could mount them although with difficulty. He swayed less but he still frequently fell to the right in walking.

Eleven days after the first dose its eyes suppurated abundantly and the owner, of course, ran to the pharmacy to buy a collyrium which Dr. Ferreol hastened to empty down the sink! The dog no longer fell, although he still tottered a little; he could mount the stairs without difficulty, run, jump and play with other dogs; his general condition was much improved.

Agaricus being supposed to act forty days, and the amelioration having been progressive from the time of the first medication, we allowed the remedy to act and simply advised bathing the eyes with boiled water. Fifteen days after the first dose the animal was cured.

On July 13, 1928, four weeks after the first dose, we again saw the animal who was marvelously well: he walked, ran and behaved like a normal dog. His eyes still discharging a little but we ordered no local treatment as that is a natural vent for distemper which we knew ought to be respected.

All veterinaries know the progressive evolution and the gravity of the nervous sequelæ of distemper. This cure was complete, patent and permanent.

Was the 200 centesimal dilution of *Agaricus* too weak to act in this case? Is this not the confirmation of the law of similars? A verification of the symptoms of this dangerous mushroom? A proof of the undeniable action of high dilutions when they are administered according to Hahnemannian rules? And a plain demonstration that a single dose is entirely sufficient to cure even a severe case, if one knows enough to give the organism time to react to the action of the remedy administered?

Although insufficient from the point of view of numbers, the two cases cited in the previous issue together with this case, which were experiments rigorously conducted, admirably illustrate this great general law, the law of similars. This therapeutic law has an inconceivable bearing on cure; and the imperious necessity of plumbing it and giving it the place of honor which it merits in therapeutics, is none other than the crown and object of medical work. It is this law, together with the cases which have permitted its establishment and confirmed it, which gives to homœopathy the right to be a science and a therapeutic method. Medicaments applied according to this law and studied along

Hahnemannian lines become positive substances whose action on healthy men and whose application to the sick are no longer variables as they are in allopathic therapeutics. No sooner have the remedies of the so-called official school had their burst into prominence and been proclaimed so marvelous at their debut, than they rapidly arrive at their period of decline and disappear without leaving behind them, most of the time, any traces except their inconveniences, one could even say, with the French pharmacologist Pouchet, ". . . their bad results".

On the contrary homœopathic remedies are not subject to the influence of style or an extravagant modernism; once firmly established by experimentation they become medicaments and the homœopathic physicians who know them and use them remain constant to them.

Hahnemann said, in his Prolegomenon to his treatise on *Materia Medica Pura,* written in French in 1834:

Homœopathy rests entirely on experience. Imitate me, says she out loud, but imitate me well, and you will see at each step the confirmation of my claim. That which no materia medica, no system of medicine, no therapeutics has done or has been able to do heretofore, she loudly demands: to be judged according to results.

Homœopathy has never pretended to cure diseases by the same power as that which produced them; she wishes to do it by a power which is not identical but simply analogous, by a medicament which can only produce a morbid condition analogous to the disease.

Take cases of illness one after the other, describe them in the order outlined in the *Organon;* paint them so well according to all their perceptible symptoms that the author of homœopathy, himself, could have no criticism of the exactitude of your picture; and, supposing that these cases are among those for which one can find a remedy in the medicines already proved today, select the medicinal substance which is the most appropriate, homœopathically speaking; give it alone and unmixed, in doses as weak as the doctrine prescribes, while removing all other medicinal influences; and if the patient is not cured, if he is not cured promptly, if he is not cured gently, if he is not cured in a durable way, cover homœopathy publicly with shame, while proclaiming the failure of a treatment rigorously followed according to its own principles. But abstain, I beg you, from all mistakes.

If, after you have acted in good faith, others no less conscientious than yourself arrive at the same results in repeating your experiments, if all that homœopathy promises to him who follows it faithfully is not made good, then this doctrine can be considered as of no account.

Do you know any better method of disproving this doctrine which only needs to appeal to good sense and to minds free from prejudice in order to find access everywhere? Do you wish to obtain the same successes? Imitate me freely and loyally.

GENEVA, SWITZERLAND.

MEASURING MEDICAL PROGRESS

GEORGE ROYAL, M. D.

Most of us have been obliged to ride in a car of a slow train which had to be switched upon a side-track to let the express train speed by on the main track. Most of us also remember that as the express whizzed by it seemed that it was our train and not the express that was making progress toward its destination. Again most of us, while riding on the limited express, have looked out of the window and seen the telegraph poles and trees apparently moving at a very rapid speed in the other direction, going backward. So vivid have been these two incidences that I have, for the instant, taken the true for the false, the moving for the motionless, stagnation or even retrogression for progress. The reading of the magazines and medical journals of the past few months has left a big question mark in my mind about the rapidity and permanency of progress in medical matters. The reading of these articles has also raised another question, *viz.*: Is there any way of measuring and thereby ascertaining the rapidity and permanency of progress in medicine?

I believe we have yard-sticks and steelyards for measuring and weighing evidence on this question. Let us begin by admitting that there has been progress in medicine. Let us take as an illustration the increased span of life. Then let us inquire as to the cause of this longevity. The care of the child during the first 18 months of his life is the most important cause, and of this care the child's diet is the greatest part. The rest is hygiene, and quarantine for prevention of communicable diseases.

Progress has also been good in the treatment of tbc. (4) Here again diet, fresh air and prophylactic care have been important factors. I feel sure that had good homœopathic drug therapy been added to these non-drug therapies, even much greater progress would have been made. Nihilism regarding drugs, both as prophylactics and cures, has cost many lives; and has been one of the greatest obstacles to medical progress. Dietetic, hygienic and physical therapy should have been made auxiliary to drug therapy and not a substitute for it, in treating patients afflicted with tbc., rickets and all similar diseases.

Radio-therapy and electro-therapy should be added to diet, hygiene and prophylaxis. Much more could be said along the same line about progress in the treatment of diphtheria, smallpox and scarlet fever. But what about progress in the treatment of patients with flu, with cerebral hæmorrhage, with the various forms of heart disease, with the neuroses, and with mental abnormalities?

I am fully convinced that the use of the so-called anodynes, nervines, heart stimulants and cigarette smoking prescribed or taken. (I say taken because it is fashionable for patients to go to the drug stores, purchase and take aspirin, for example) have done much to prevent progress in medicine.

The above applies to drugs given or taken in heroic doses, doses as large as one dares give and not produce fatal results; not in doses "just large enough to secure the desired effect". Not only has the heroic dose of poisonous "nasty" drugs checked progress by its effects, but has caused a large per cent of our people to lose confidence in the regular medical profession and refuse to take medicine altogether, going for treatment to the drugless healers.

Another great impediment to medical progress is the separation of the physicians into groups of specialists, and then, what seems contrary to that statement, the combination of specialists into groups of physicians. The reason that specialists are an impediment to medical progress is not due to the fact that they are specialists, but to the manner in which and the motive for which they become specialists. Many specialists have gone, at once, after securing their license, into their chosen specialty without any experience as general practitioners, as family physicians. As a result every symptom or condition of every patient seems to emanate from the organ of which they are specialists.

The motive for being a specialist instead of a general practitioner, as many have confided to me, is that they can get more money and at the same time have more time for tennis, golf, motoring, etc. To use the expression of many, "so that my nose will not be on the grindstone all the time".

The laity judge all specialists by the pretensions, lack of

preparation and paucity of good results of the unworthy members of the various groups of specialists.

The idea above hinted at is most forcibly and fully illustrated by Daniel E. S. Coleman (6) in his article "Superior Clinical Knowledge Only Obtainable in Private General Practice", and by O. S. Haines' "Adventuring in Medicine" (2). This fact is further demonstrated by Wingate M. Johnson (10) in his article "A Family Doctor Speaks His Mind". The laity use as their mouthpiece Lloyd Morris in his "Mammon M. D."

The tweedledee and tweedledum arguments, made by the "scientific investigators" into the minute and final chemical changes which take place in the ultimate infinitesimal division of cellular structure, are other serious impediments to progress. This is well illustrated by Irwin H. Myers in "Socrates Up-to-date". (9)

In closing I wish to add something to Dr. Coleman's idea and make it apply to all teachers in our medical colleges. (1), (6) I maintain that to be a success in his department one must not only have been, but must still be, an active practitioner of what one tries to teach.

The idea that anyone who never had nor now has a private practice, can teach the properties of a drug: how the knowledge of that property was obtained, or how that knowledge can be applied for curing or relieving the sick, seems to me not only an inconsistent, but an insane idea. Imagine, if you can, putting at the head of the department of surgery one who had never performed even a minor operation and let him, after exploring the technique of the operation for gastric ulcer, take up his instruments and say to the students, "Now watch and see me do it!"

Imagine the professor of obstetrics with similar qualifications successfully teaching his students how to determine the position or how to adjust the forceps and deliver the head!

SUMMARY.

From the evidence presented by those named in our bibliography and others we form the following conclusions:

1. That the instrument used for measuring medical progress is public opinion, as expressed by the profession and the laity. (1-12)

2. That the greatest progress has been made in diseases of children and communicable diseases.

3. That the factors contributing to progress in the above diseases are diet, hygiene, physical-therapy, electro-therapy, radio-therapy and general prophylaxis.

4. (a.) That little or no progress has been made in the treatment of cancer, syphilis, diseases of the heart and circulatory organs (especially cerebral hæmorrhage) and of the nervous system.

4. (b.) That the hurry and worry of our American life is the cause of failure of progress in these diseases.

5. That progress has been impeded by the use of anodynes, nervines and stimulants given in heroic doses and unpalatable preparations.

6. That progress has been impeded by forsaking the old, tried and well proven drug therapy and substituting therefor the new, unknown and impossible drug therapy. (12)

7. The improper teaching in our medical colleges by those who have no practical knowledge, (knowledge acquired by experience) of the subject they attempt to teach. (1)

8. How to remove the impediments and hasten progress in medicine are suggested in the above and need not be stated.

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DES MOINES, IOWA.

The American Institute of Homœopathy meets at the Mount Royal Hotel, Montreal, beginning Monday, June 24. This will be a program replete with things in which all physicians are interested, and will be followed by the trip to Quebec and thence to Europe on board SS. Duchess of York. Those who have time to take this trip will find it a source of great pleasure and profit, and the return trip on the Lapland will renew pleasant memories of the floating convention of 1927. Certainly the members of the International Hahnemannian Association should attend the American Institute convention after our convention closes, for there should be friendly co-operation between the two organizations.

TRAUMATIC HEMIPLEGIA CURED BY HOMŒOPATHY*

GEORGE E. DIENST, M. D.

We are often perplexed by those paralytic conditions that come into our offices from time to time. In January 1926 one of our real estate men, who had been apparently always in good health, came into my office dragging his left foot. I noticed too that his left arm swung rather helplessly, the left eyelid was closed, and he had it suspended by a little strip of adhesive plaster. His tongue seemed to be pretty thick, he was unable to articulate distinctly, the muscles of the pharynx functioned backward so that when he attempted to swallow the food it would regurgitate through the nose; that was especially true with drink. Solid foods he could not swallow.

He was a man sixty-five years of age, and my first thought when he came in was, "Well he belongs to that overworked class that naturally drifts into these paralytic conditions".

In talking with him a little while, I really forgot the significant feature of the trouble, as we often do. I prescribed for him *Causticum*, but as days and weeks went by, results were negative. He thought he was doing fairly well, but I did not think so. The latter part of February, his sister, an old friend, came into my office and asked me if this man had ever told me about his accident. "No". Then she told me herself, and he repeated later on, that on the Christmas previous, his son-in-law, who had become demented, was taken into his home, as he was unable to support his family. They had two little girls. One of the little girls did something that displeased him on Christmas day and he took the child by the shoulders, lifted her up and bounced her down on the floor as hard as he could. This old grandfather objected to such procedure. The son-in-law is a very robust man, and he struck Mr. Wolfe on the right mastoid, knocked him down, and the old man lay unconscious for an hour and a half, and after he was able to get up, these things came on.

I was very glad to know that. In the latter part of March, I think it was, when I got the secret of the matter, I gave that man a dose of *Arnica* IOM. In about ten days he reported feeling a

*Read before the I. H. A., June 1928, Bureau of Clinical Medicine.

little better. I let him rest, I think something like thirty days, on that one dose of medicine. Then I repeated my remedy when I saw that the symptoms were about at a standstill, and he bobbed up again and began to improve quite rapidly so that I dismissed him practically cured in April. He was so that he could eat solid food, he could drink without regurgitating through the nose, he could keep his left eye open and instead of dragging his left foot he walked very well.

Last summer, after a year's absence he came into my office walking like a soldier. "Good morning, Dr. Dienst, I came in to let you see how I could walk", and he has walked that way ever since, for I saw him the other day on the street, feeling fine, attending to his work, and with his left eyelid, his left foot, and his tongue all normal.

We cannot dispute what we see. It might look a little fishy that a few doses of a highly potentized *Arnica* would do a thing of that kind, but it did, and this man has been well ever since.

I think that is all that I want to say upon this matter, just to report what the homœopathic remedies will do when properly administered, but I do want to emphasize this other thought: that it is always well to look for *causes*. Had I detected the cause in the beginning it would not have taken so long to get him on his feet.

AURORA, ILLINOIS.

DISCUSSION.

DR. NELSON: I don't know how many of you would guess that I have been paralyzed on both sides of my face, and one eye didn't shut—it stood open. It struck me very forcibly when this happened the first time, on the left side, and I went to Dr. Truss in Columbus and he told me to take *Causticum* 30. He wanted me to see an eye specialist to see whether there was anything wrong with my eye. I did that and found I couldn't see so far with my left eye as I could with my right eye. That was in '94 or '95, along in June. Sometime in '97 or '98 I had the same thing on the other side of the face. I took the *Causticum* again. I had a little osteopathic treatment too.

DR. SLOAN: The potency of *Arnica* brings up a case I had last winter. An old gentleman 85 years old had an automobile accident. He bruised his chest very badly. I saw him and gave him *Arnica* 200th, several doses. They didn't do any good. I gave him one dose of *Arnica* CM. It didn't touch him. Then I went back to the tincture and inside of twenty-four hours he began to feel better. A few doses of the tincture cleared the thing up much quicker than I ever saw a potentized dose do it.

I think an injury is a material condition and is best met by a material dose.

DR. UNDERHILL: Did this man have *Arnica* symptoms?

DR. DIENST: Yes.

DR. OLDS: I think these two cases of Dr. Dienst and Dr. Sloan illustrate very well the fact that you cannot be sure that any one potency or series of potencies is the nearest *simillimum*. In the one case the tincture cured, in the other the IOM, so I think we should be very careful about saying that the high potencies are the only thing, or that the low potencies are the only thing, that is curative.

DR. MCLAREN, JR.: Replying to Dr. Sloan's thought that the material injury requires more of a material remedy, is it not possible that in our considerable variations in the vitality of different people that some people are of a grosser nature and require a crude remedy, and others are of a much finer nature and respond better to high potencies? There may be something along that line too.

DR. UNDERHILL: I don't know that this is the point to take up the question of potencies, but I would like to ask Dr. Sloan how long an interval elapsed between the last high potency and the tincture.

DR. SLOAN: Four or five days.

DR. UNDERHILL: When was the trauma received?

DR. SLOAN: Probably a week or ten days previously.

DR. UNDERHILL: In the matter of potency it seems to me generally the high potencies work better, but there are undoubtedly individual instances where the tincture, perhaps, may prove more effective.

CHAIRMAN DIXON: Do you wish to add anything in closing, Dr. Dienst?

DR. DIENST: Nothing in particular except to emphasize this point that Dr. Sloan got his patient soon after the injury, before there was a chance for anything particularly pathological to develop. Because of that I think his lower potency worked.

APIS IN OBSCURE PARALYSIS

(From a letter by J. Ellis Barker in *Hom. World*, Mar. 1929)

Young woman with paralysis of the legs and bladder and bowel sphincters, due, she insisted, to severe mosquito bites. The experts whom she had consulted laughed at the idea. Her urine was boiling hot, burnt her like acid and the upper legs were the color of a boiled lobster. Instead of giving the lady *Camph.* or *Tereb.*, I gave her *Apis*. After a few days the bladder trouble had cleared up, her walking power, which had practically disappeared, increased miraculously . . . and she feels sure that she is cured. The interesting and most important question arises whether *Apis* is able to counteract poisoning by insect bites and its consequences? That seems to be a very big problem and vast vistas are open to the inquirer. Was the cure a coincidence or not? If it was no coincidence, it may be that *Apis, Vespa* or some other insect medicine may cure a number of insect-caused diseases, perhaps even malaria, yellow fever, etc.

POINTERS

We were frankly sceptical concerning the success of the proposed Conference of the American Foundation for Homœopathy in Washington last December. The purely objective eye of a codfish fresh from the banks of a Gloucester refrigerator could not have symbolized more indifference than that with which the writer envisioned the project. "In the first place", he thought, colloquially, "there won't be much of anybody there anyhow" and "they can't get the Doctors to leave their work at this time of the year to go down there". Some undissected impulse sent us off just the same and we must confess to not only happy disappointment but to a lively anticipation of another event of the same kind.

The attendance was not only goodly in number but there was distinction as well for many homœopaths well known for practical homœopathic wisdom and insight and therapeutic exploits were there.

Neither attendance nor personnel were the immediate cause of success, however, and we doubt whether large attendance often contributes very much to it. Large assemblage does give an impression of weightiness, leaders are particularly fond of reproducing the mass or mob spirit, and a certain warmth or liveliness may arise from the process of mere human amplification: but we have seen sizable meetings of various kinds engineered by sturdy elbow men backed up with plenty of omental expansiveness, and yet the proceedings were, to the writer, at least, as lacking in marrow as any bone on the sands of Arizona.

The real reason for the success of the December Conference was that, for the most part, restrictions were off. It was a real conference and forum, the leaders helping to facilitate the exchange of ideas and methods.

If you want to kill the spirit of any artistic or æsthetic proposition all you have to do is to report and resolve and move and carry and parliamentate. It must be quite a vital thing that will not become waterlogged by this process and the more it is mechanized the deader it becomes.

There is more real happiness to the square inch around an outdoor coffee table or beer arbor or a spaghetti joint of the right mellowness and cuisine than in all the substance that a directors' meeting can provide, that is, for one interested in the practical æsthetics of a subject.

This time mind rather than means dominated. The subject was homœopathics not policies, missions or salvation. Consequently everybody appeared to be refreshed and repaid for the time spent.

It seemed as if everyone might have learned something from everyone else: questions were settled, viewpoints gained, and pointers acquired.

The Homœopathic Survey for January, 1929, contains a number of the sparks that flew from the informal contacts of minds and individual experiences. It was a pleasant and worthwhile adventure.

The editor of the Pointer Department hopes to fulfill a similar function, a genial monthly Round Table, without expenditure of money or time on the part of the epistolatory conferees. but feels that he has failed, for some cause either within himself or otherwise, to put the project across. During the last two months the pointers received from the readers have been scarce as Cadmus' dragon's teeth. But they have been planted, and we await the living harvest. May it people the mails with fecund pointers!—R. E. S. H.

In nine cases out of ten when acute appendicitis comes on with a rush I have found it calls for *Belladonna*.—F. E. GLADWIN.

It has been my experience that I get much quicker as well as better results with the high potencies, 10M and 50M, then I do with 200ths.—F. E. GLADWIN.

Gels. is rarely found of benefit in superficial affections of the eye but is especially adapted to diseases of the fundus and paralysis of the nerves.—C. HERING.

In croup without fever think of *Kali-bi.* or *Brom.*, the latter especially if there is cyanosis.—G. E. DUNHAM.

In post-operative hiccough, worse at midnight, with involuntary urination look up *Hyos.*—G. E. DUNHAM.

Thuja softens hard tissue. Think of it in cases of hypertrophied, horny toe nails.—G. E. DUNHAM.

Merc. i. r. has intense frontal headache above the eyes, in the turbinates and in the facial bones, so that he holds his face in his hands and groans; usually accompanied by catarrhal troubles. —B. ROY.

For the sensation as if the head were enlarged think of *Arg. nit., Bov., Cor. rub., Dulc., Glon., Lachn., Merc. i. r., Nat. mur.; Nux vom., Plat., Ther.*—B. ROY.

Patients who are made sick by the odor of paint may be relieved by cutting an onion in half and placing it in the newly painted room. It will absorb the paint odor in a few hours.—N. CHOUDHURI.

If a cork is too large, cut out a section from the tapered end, squeeze the parts together, and it will slip in quite easily. Corks may be made watertight by being immersed in oil for a few minutes.—N. CHOUDHURI.

Tea stains can be removed with dry salt. [This makes one wonder about *Nat. mur.* as a remedy in tea hearts, and the amount of salt in the diet of a *Sel.* patient, *Sel.* being a great remedy for aggravation from tea.—Ed.]—N. CHOUDHURI.

Silicea has augmented menses with repeated paroxysms of glacial coldness throughout the body.—L. VANNIER.

For afterpains following delivery, with bruised sensation of the uterus, try *Arnica*.—L. VANNIER.

ORANGES AND SCARLATINA

(From a letter by F. J. Wheeler, M. D. to the *Hom. World*, Mar. 1929)

There is a point about oranges which I have been intending for a long time to send you. About three years ago my youngest child came out with a rash resembling scarlet fever. Some men would have said it was this. The child had been having a lot of oranges, being fond of them. An allopathic friend of mine saw her and said it was some article of diet. On turning to Clarke's *Dictionary* I found the rash and the symptoms clearly defined under orange, *Aurantium*.

EDITORIAL.

From a teaching standpoint, and that of one coming in frequent contact with regular physicians learning to use homœopathy, one of the greatest obstacles is, as often, connected with a most precious aid. We mean the Kent *Repertory*. Invaluable, magnificent and fascinating as it is there is no denying that there are a great many rubrics in it that are rarely used, others which are repetitious and still others which are confusingly placed. The price of the book makes it almost prohibitive for medical students. Its size makes it unwieldy for carrying on the daily round. We have had brought home to us from many quarters the very great need of a small Kent *Repertory* available at say $5.00, which would contain the main rubrics, following the general present arrangement. Such an abridged edition should, we strongly feel, contain the three classes of remedies as at present. There should be neither change nor curtailing in the remedies given under any rubric. We think that under rubrics to be omitted should be not only those which repeat, those which are rarely used, such as many under Delusions, etc., but also those containing so many remedies and in their nature so general as to be practically useless to the physician, i. e., such rubrics as Sadness, Restlessness, Vertigo, etc. Such an edition should have a brief index and some scheme of collating rubrics having to do with diagnosis such as suppressed gonorrhœa, scarlet fever, hæmorrhoids, etc., and rubrics relating to mental causes which are at present sprinkled all through the book.

The first step, however, would be to ask a number of veteran users of the *Repertory* to typewrite those rubric titles under one section, say Mentals, which they most often use and consider most important. Such a book would not supplant the present *Repertory* but would be, so to speak, a hand-book to it for beginners and for ready reference in a hurry. One cannot carry to the bedside one's entire cabinet of homœopathic remedies, but one can carry a succinct little case of chosen ones. This is no discredit to those of our remedies which are left in the office. In the same way the portable edition of the Kent's *Repertory* would be of great use on a large number of occasions and one would always have to refer to the fuller original book.

We should be glad to have our readers and correspondents write us their views on this subject.—E. W.

COMMUNICATIONS*

To the Editor of *The Homœopathic Recorder*:

I was very much interested in the answers to the question on *Sepia* but I see that none of the homœopaths exactly understood the question and the answers were not clear. I have found an explanation of this question in the *Life of Samuel Hahnemann*, written by Haehl (II, 249), where he speaks of intercurrent remedies and says that in psoric cases it is sometimes useful and even necessary to interpolate a complementary remedy between two doses of the fundamental remedy. In the case of *Sepia* this means that in order to obtain the full result one must, in the course of treating a *Sepia* type, introduce one or two intercurrent remedies, after which *Sepia* will act better. It is clear that Kent's experience with remedies in high dilution seems to show that a remedy that really corresponds to the symptoms never needs an intercurrent. At all events, the old practitioners held, I am sure, that, of the patients under their care for chronic troubles, there was but a small proportion who could be completely cured by the use of only one remedy. The single remedy is the ideal cure, but despite variation in potency it is sometimes necessary to call upon another remedy to complete the action of the first.

PIERRE SCHMIDT, M. D., GENEVA.

To the Members of the I. H. A., through the courtesy of *The Homœopathic Recorder*:

I have learned with astonishment and regret of the nomination of certain doctors for membership in the I. H. A. They are "complex homœopaths" whose practice is a mixture of several brands of homœopathy even when they do not give some allopathic treatment besides! Up to this time I have felt it a very great honor to belong to an association which stood for *pure* homœopathy and I feel that the I. H. A. owes it not only to its standards but to its members to maintain a strict criterion among its fellowship, and to take the necessary precautions to learn the quality of the practice of its prospective new members.

With a strong plea for the maintenance of the strict standard of the I. H. A.,

Fraternally yours,

PIERRE SCHMIDT, M. D., GENEVA.

WHAT'S IN A NAME?

Editor of *The Homœopathic Recorder*.

Dear Editor:

In the December issue of the *Recorder*, the question is asked by Dr. E. B. Lyle of Brookline, if anyone can suggest a better name than "allopathic" for the so-called *regular school* of medicine. It seems to the writer that this query opens up again an oft-discussed question. Of course this does not involve the various terms, such as Hahnemannian, Homœopathist, Homœopathician, as contrasted with such contrary terms as half-homœopaths, pseudo-homœopaths, non-homœopaths, *et cetera*. After all, what better term may we apply to the non-homœopaths (to use Dr. Lyle's term) than that of the *Old School of Medicine*? *Regular* school is certainly not the proper term, nor are any of the others which the Doctor enumerates.

Let us therefore call attention to Hahnemann's writings on this subject. Hahnemann, be it said, prefers the Greek term, *allœopathia*, and its English equivalent, *allœopathy*, and the terms "former school of medicine", i. e., those prior to homœopathy in point of time. Reference to these terms is found in his introduction to the *Organon*, particularly in the first American (sometimes spoken of as the Allentown) edition of the fourth German edition, translated by the eminent scholar, Samuel Stratten of Dublin. This edition is the only English edition, to our knowledge, that uses the correct spelling of the term—allœopathy. All other editions have dropped the entire diphthong, thereby not only, in this simplification, emasculating the spelling but perverting the original meaning. This edition contains Hering's masterly preface. If the true term allœopathy be used, as it appears in the context of Hahnemann's original writings, i. e., in contrast to the name of the new school, *homœopathy*, it will become self-explanatory.

Hahnemann's deductions make this clear when he states (Stratten edition, Introd. p. 43)—here using both the correct spelling of *allœopathic*, and the correct methodological interpretation of the Latin formula *similia similibus*, about which there has been so great contention: "Observation, reflection and experience have unfolded to me that, in opposition to the old allœopathic method, the best and true method of cure is founded on the principle, *similia similibus curentur*. To cure in a mild, prompt, safe and durable manner, it is necessary to choose in each case a medicine that will excite an affection similar to that against which it is employed."

Hahnemann's preference is really in favor of the term "old school", and this to emphasize that for long employed in the early days of homœopathy—the "new school", in direct contrast to the older method of time-honored medical practice. If it be examined with an unbiased mind, it will at once be evident that neither of these terms is in the least opprobrious, both allocating to the other definitive terms which are merely historical, and qualitative, rather than polemical and contentious.

Hahnemann further speaks of homœopathy as: "the sole therapeutic law of nature—*cure with medicines that are capable of exciting symptoms analogous to those of the disease itself*".

Let us adhere, therefore, to Hahnemann's term "old school", rather than to the term "regular", or others as meaningless; and if we use the Greek form, use the correct term *allœopathy*, instead of the hybrid, incorrect and meaningless term, *allopathy*. In the use of homœopathic terminology, let us strive, insofar as possible to use words in their original intent, and in the purity of their derivation.

B. C. WOODBURY, M. D., BOSTON, MASS.

SYMPHYTUM IN FRACTURED RIM

THOMAS SIMPSON, M. D.

Tom Wain, chimney sweep, slipped over a polished floor, causing fracture of the third rib. A broad bandage tightly applied to the chest wall kept the pain from causing him to exclaim during deep breathing and from my own experience long ago I found *Symphytum officinalis* 3 to be the specific remedy—affording immediate and permanent relief.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS.

26. One of the answers to Question 17 states that a proving of *China* would be accentuated by a malarial mosquito bite *if* the prover were tubercular. Why? Is the predisposition to malaria of tubercular origin?—E. WRIGHT.

27. Is heart trouble more likely to have a sycotic background rather than a syphilitic or psoric one?—E. LYLE.

28. Is a patient who has had a great deal of crude drugging likely to be sluggish or hypersensitive for that reason, and how would this influence the potency you would give?—E. WALLACE.

29. One of the students in my homœopathic clinic asked me just what the homœopathic remedy did to the protoplasm of the body cells to get its action? How would you have answered this? —E. WRIGHT.

30. What are the homœopathic implications of isomerism?—P. SCHMIDT.

31. What other remedies have aggravation after sleep except *Lachesis*? Is there any medicine which has the peculiar symptom aggravation after sleep which also will be complementary to *Lachesis*? If *Lachesis* 6x is to be used, at what stage of the disease is it used? Does the lower trituration of *Lachesis* possess any peculiar permanent effect on the nervous system?—BELA ROY, CALCUTTA. (repr. from *Hom. Bulletin*)

32. Two children, aged three and five, ate several seeds at 10 a. m. Four hours later they began to vomit, continuing to do so almost unceasingly for six hours. The substance vomited was thin, watery, foamy, slightly dissolved yellow, with the odor of green willow, and contained some thin glairy mucus. There seemed to be no retching or nausea. The attacks were sudden, violent, over quickly only to begin again. During the intervals which were of only a few minutes' duration the patients lay listless, clear mentally, but too exhausted to give attention to anything. Their faces were pale and bathed in cold perspiration. Pulse was thin and thready. They complained of thirst and some pain or distress in the epigastrium. After vomiting for about four hours, they began to have frequent watery, painless evacuations from the bowels, purging and vomiting at the same time. The vomiting ceased at 8 p. m. and the diarrhœa after midnight. The following day the older child brightened up, took a little food, and from then on rapidly recovered. However during the following three months he had occasional attacks when he vomited yellowish watery substance with the characteristic odor of green willow. The other child lay lifeless for three days, refusing all food, after which he began to improve and made a slow recovery. What drug in our materia medica is capable of producing the above symptoms, and what will you prescribe for the above cases? Your answer, please.—V. SUBRAMANIA IYER, CALCUTTA. (repr. from *Hom. Bulletin*)

ANSWERS TO QUESTIONS IN MARCH ISSUE.

If a patient who has been on Sulphur *calls unmistakably for* Lycopodium *may you give it, or should* Calcarea *be interposed? If you do give the unindicated* Calcarea *will it have any effect at all? Could it harm the patient?*

—If a patient has had *Sulph.* and it has removed the *Sulph.* symptoms and conditions, and by their removal has paved the way for the development of a *Lyc.* condition I certainly would give *Lyc.* as I have often done without injury to my patient.—G. E. DIENST.

—My practice is always to give the *indicated remedy* regardless of theories.—DR. ——

—If a patient who has been on *Sulph.* calls unmistakably for *Lyc.* then *Lyc.* is the only possible remedy for that patient at that time. Otherwise where would be your law of similars? However *Lyc.* should not follow *Sulph.* immediately as a general rule. Experience has shown that the usual sequence in chronic dis-

eases is *Sulph., Calc., Lyc.* but there are possibilities where *Lyc.* might be indicated after *Sulph.*, as where an acute disease supervenes, or where in a chronic condition no improvement was had under the *Sulph.* If *Sulph.* has been given in one or more potencies with improvement of the patient, do not abandon it until you are certain that it will no longer cause improvement. Then select a new remedy. It is likely to be *Calc.* But if it is "unmistakably" *Lyc.*, then give *Lyc.* A single dose of *Calc.*, if unindicated, cannot possibly do any harm, except, perhaps, to the conscience of the prescriber.—C. L. OLDS.

—It is my opinion that, unless the case be of a very chronic or of a very serious nature, or both, *Lyc.* will follow *Sulph.* very nicely and without untoward results; but should the case be very critical, then *Calc.* should by all means be interposed.—A. PULFORD.

—Give the *Lyc.* Whether the *Calc.* would have any effect would depend on the degree of cellular vitality. If it was of a high degree it would do no harm. If it was restricted by advance pathology it might be destructive and require antidoting.—J. WAFFENSMITH.

—The law of similars requires that we give the *indicated remedy.* Symptoms are more important than sequence. Just what harm the *Calc.* would do when thus interposed is pure conjecture. The patient may recover in due season, but if the symptoms call for *Lyc.* do not expect *Calc.* to cure.—E. UNDERHILL, JR.

Is it true that lower potencies antidote higher ones, and if so, why?

—Any remedy or drug capable of arresting or disturbing an action or movement once set in motion, may be antidotal. Thus, a low potency may completely upset or displace the action of a higher one.—DR. ——

—It is not true that lower potencies antidote the higher ones, but it is true that where the lower do not act and the remedy is still indicated the higher potency will act. Witness, for instance, *Acon.* high in acute inflammation of the lungs.—G. E. DIENST.

—Experience has shown that the high may antidote the low and the low the high potencies. At least this appears to be so. Why it is so I am unable to explain.—C. L. OLDS.

—No! A potentized remedy acts at once just as the strike of the finger on the piano key acts at once, and what follows is merely the continued result of that action. All that the next remedy can do after the action of the first remedy is extended is to protect the system against the effects of the further results of the action of the first remedy. Thus, all that any potency can do, whether high or low, is to change the course of, or stop the results of, the action of the first remedy; for it is too late to antidote a thing that has already passed away and gone.—A. PULFORD.

—It has been a matter of frequent observation that a low potency of a given remedy will antidote a higher potency of the same remedy, but I am not so sure that all will agree that such is invariably the case. More observations along these lines are needed. The *simillimum* when given in single potency starts a cycle or wave of action. This cycle should be allowed to finish its course without interference of any kind. However, in cases with advanced pathology or in extremely sensitive persons the remedy may over-act or produce a destructive aggravation. If the symptoms still call for the same remedy give it in a much lower potency and theoretically at least it should check or stop the action of the higher potency but note this, if your patient develops symptoms of another remedy give it to him, but in a more cautious (lower) potency.—E. UNDERHILL, JR.

—The lower modifies the over-action of the higher, which continues its action in normal rhythm.—J. WAFFENSMITH.

Is Natrum mur. *a right-sided remedy?*

—See Hering's *Condensed Materia Medica*, page 676 [five right-sided symptoms and seven left-sided ones.—Ed.]—DR. ——

—*Natrum mur.* is not decidedly a right-sided remedy. It has an affinity for right and left.—G. E. DIENST.

—*Nat-m.* is not a right-sided remedy. If anything it predominates on the left side. Vide "Bœnninghausen".—C. L. OLDS.

—*Natrum mur.* seems to have no special affinity for either side. It acts equally well on either side.—A. PULFORD.

—*Natrum mur.* acts on either or both sides. See Hering's *Guiding Symptoms,* VII, 593.—E. UNDERHILL, JR.

—A remedy may be either sided. The repertory is an invaluable aid, not an unerring guide.—J. WAFFENSMITH.

What would happen if you got a picture of China *in a prover and a malarial mosquito then bit him?*

—This hypothetical question is entirely beside the mark, especially because the mosquito may not be infected with the genuine type of plasmodium.—DR. ——

—If I had a prover proving *China* and a malarial mosquito bit him I would call the undertaker at once, not for the prover but for the mosquito.—G. E. DIENST.

—I think any self-respecting mosquito would shrivel up and die of shame at showing such poor taste. However, if the mosquito happened to be carrying a malaria that was not similar to *China* the tale might not end so quickly. *China* is not a specific for malaria; but only for its own particular kind as revealed by its provings.—C. L. OLDS.

—*China officinalis* is NOT *the* SPECIFIC for malaria though it may be so considered by some. Should it prove to be *the* specific in your particular case the system would be absolutely rendered immune to the mosquito bite.—A. PULFORD.

—When the organism is actively expressing symptoms as is the case in a successful proving it will doubtless be more or less immune to various infections. This immunity may be almost complete to malaria during a proving of *China, Nat. mur.* and other remedies having the malarial picture. But here again we have our old friend "X"—the individual—be he patient or prover. —E. UNDERHILL, JR.

—It would depend upon the miasmatic background of the person. If the grouping were intensely syphilitic or sycotic there would be no reaction. On the other hand if he were tubercular an accentuation of the proving would possibly result, always allowing for individual variations.—J. WAFFENSMITH.

Could this not be a case of homœopathic acquired immunity against malaria?

—A prover proving *China* is practically immune from malarial plasmodium for the condition of his blood leaves no ground for the development of malaria.—G. E. DIENST.

—Only if the remedy applied be *the* specific to that particular case could immunity be implied or guaranteed.—A. PULFORD.

—Probably, at least some temporary immunity can be thus acquired, but would *China* always prove to be the immunizing *simillimum* against malaria? I doubt it. This immunization ground is rather shaky at best. Let us get back of Hahnemann's first proposition: "The Physician's highest and only calling is to restore health to the sick which is called Healing". Here indeed is solid ground. But should not the children be protected against diphtheria, small-pox, and other dire scourges? Indeed they should—"and how"? By the indicated antipsoric remedy prescribed on the symptoms each child expresses, and we are still well within the bounds of "The Physician's highest calling". But you say some of them have no symptoms; they are well. What are we going to do then? The answer is simple: "They that be whole need not a physician but they that are sick".—E. UNDERHILL, JR.

—Yes, if *China* is the *simillimum* of the basic complex; otherwise temporary, to reappear as an added part of the future picture of the disease chronicity of the person in question. This allows for the possibility of acute recurrences by subsequent inoculations.—J. WAFFENSMITH.

On what plane would you dose a sluggish patient and how would you know you had a sluggish patient in a new case?

—If this questioner will use his eyes and ears he will know whether he has a sluggish patient or not.—DR. ——

—I am too sluggish to understand the meaning of this question. But if it means would I adopt a procedure differing from the usual one, I answer, no. Base your prescription on the totality of the patient's symptoms, using whatever potency (dose) experience dictates.—C. L. OLDS.

—(A)—On a high plane all other things being equal. (B)—Study his temperament.—A. PULFORD.

—Start him on a medium potency perhaps the 30th or 200th.

You will know when you have a sluggish patient if you carefully take his symptoms. A sluggish patient will need a sluggish remedy, like *Carbo veg., Phosphoric acid* and many others. The sluggishness is part of the picture of the patient and therefore of the remedy he needs.—E. UNDERHILL, JR.

—Begin on the 30c plane and be guided in further handling of the case by observation.—J. WAFFENSMITH.

MONTREAL DATA

Before the time of the Fiftieth Annual Convention of the International Hahnemannian Association and the Eighty-Fifth Annual Session of the American Institute of Homœopathy in Montreal, the regular summer excursion fares will be in effect from practically all points.

Due to the fact that these summer excursion fares are from many points lower than "certificate" plan fares and from no points more than a dollar or two greater than the "certificate" plan fares, delegates to the Montreal Conventions will not be requested to procure "certificates" this year as heretofore. Merely ask for a round trip ticket to Montreal at the specially reduced summer excursion fare.

Delegates proceeding on the European tour may take advantage of reduced summer tourist tickets to Montreal even though their return home is from New York City rather than from the first destination. Fuller information covering reduced fares to Montreal will be published at a later date.

CALC. CARB. CONGENITAL CATARACT

A. A. POMPE, M. D.

An eight months' girl was brought to me with congenital cataracts pronounced incurable by allopathic eye specialists, who said nothing but operation could help her. She also was cross-eyed. She certainly can see now after three doses of *Calc. carb.*

BOOK REVIEWS.

Medizinsches Taschenworterbuch (*Medical Pocket Dictionary*), by H. Balzli, M. D., published by J. Sonntag of Regensburg, Germany, 1926. In German. 307 pp. Price 7 RM. ($1.75)

This handy little pocket dictionary of medical terms is written for the laity and gives special attention to the words peculiar to homœopathy. For instance, potentization, homœopathic aggravation, psora, sycosis, etc. It also gives very brief biographical data on Hahnemann, Rademacher, etc. No remedies are mentioned in the entire dictionary. Its purpose is evidently to enable the laymen to read homœopathic literature, philosophy and domestic therapeutics books more easily. A special feature is the fact that the author quotes under the definition of any word the paragraphs of the *Organon* which deal with that subject. For instance, under HOMŒOPATHIC AGGRAVATION appears "(s. O. d. H. pars. 58, 161, 248, 276, 277, 280, 282)" There are also references by page to Von Grauvogl, as, for instance, under PSORA.

Unfortunately the number of words dealing with exclusively homœopathic terms and giving references is relatively small. It is astonishing that there is not even a list of the homœopathic remedies anywhere in the book. Also certain words in common homœopathic usage such as "polychrest" are omitted.—E. W.

Lectures on Cholera by R. N. Ganguly, L. M. P., published by the Homœopathic Publishing Co., 172 Bowbazar St., Calcutta, India, 1928. In English. Pp. 61. Price Re. 1 (38c).

After a preliminary chapter on the aspect of the disease with a three-page section on the conventional allopathic treatment, the author goes on to take up the exclusively homœopathic treatment of the five stages of cholera. For the first stage he stresses *Acon., Ars., Camph., Carb. veg., Cham., Chin., Ip., Nux-v., Phos., Phos. ac., Puls.* In the second stage he discusses *Verat. alb., Ars. alb., Cupr. met., Sec. cor., Ricinus, Acon., Camph.* (*Ricinus* being an unusual remedy to us, I will quote his indications: "Extreme collapse, eyes convulsed and drawn upwards, forehead covered with cold sweat; features contracted, voice very husky, almost lost; pulse normal in frequency but extremely small, sometimes scarce-

ly perceptible at the wrist. Muscles of the limbs and trunks are affected with very painful cramps; cramps in the stomach, great thirst; pyrosis, violent profuse vomiting of matter colored by bile and purging accompanied by burning in the œsophagus, yellowish green vomiting with violent colic, pain in the epigastrium radiating toward navel, pain and sensitiveness over the abdomen, increased by pressure, diarrhœa without pain, stool frequent and watery like rice water and later on mucous.") In the stage of collapse he suggests *Tab., Ant. tart., Crot. t., Ip., Euph. corollata, Merc. cor. Aloe, Camph.* and *Sulph.* he also takes up. As remedies *in extremis* in addition to some of the above he mentions *Hydr. ac., Naja, Lach.* and *Croc.*—E. W.

CRATÆGUS CARRIES ON

H. B. BAKER, M. D.

You certainly will be fooled on heart cases if you just see them once or a few times. I recall such a case. If you had listened to that man's heart you would have thought he wasn't going to live more than a week. We kept him going on the strictly indicated remedy for five or six years, then he got to the point where we put him on *Cratægus* and that carried him along for years. There was a peculiar thing about that case: he could go to the seashore and throw his *Cratægus* away and do anything he wanted to and his heart seemed to compensate. When he would get back to Richmond, in four hours he would be all in. He got along very well until he went to Atlantic City and met a heart specialist. He had two idiosyncrasies, *Belladonna* would shut his eyes up inside of five minutes and *Mercury* knocked him out. The heart specialist gave him calomel—he went to pieces. He lived about six months afterwards, but never recovered his sight. That was a case where just the physical signs and all the general clinical picture was most serious and yet he lived for years that way, and in very good comfort, on *Cratægus*.

CURRENT HOMŒOPATHIC PERIODICALS*

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(In German)

(Leipzig: Dec. 1928), CLXXVI, 269-367.

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R. Planer, M. D. 318
The Opponents of Homœopathy, a Psychological Appraisal
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Contribution to the Pharmacodynamics of Manganum: This article, drawn from many sources including Casamajor and Boyd, points an arresting parallel between manganese poisoning symptoms, and that of paralysis agitans, progressive lenticular degeneration, and pseudosclerosis, and on those grounds suggests *Mang.* as being homœopathic in those conditions.

ANNAES DE MEDICINA HOMŒOPATHICA

(In Portuguese)

(Rio de Janeiro, Brazil: July-Dec. incl., 1928) XXX, 191-276.

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(In Bengali)

(Calcutta, India: Jan. 15, 1929), III, 449-504.

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(Philadelphia, Pa.: Mar. 1929), LXIV, 161-240.

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Silicea in the Treatment of the Ear: The author uses *Silicea* for auditory vertigo due to hyperæmia and effusion of the labyrinth, so-called Meniere's disease. It is most successfully used after the first, more acute symptoms have been met by a more actively working remedy like *Gelsemium*. It is used in certain cases of distressing dizziness without Meniere's disease: in cases of over-sensitiveness to noise, ringing and roaring in the ears, pain in the ears; in suppurative cases with carious involvement of bone tissue; after bone surgery when it is desired to hasten a sluggish healing process, or correct some abnormality in healing; in incipient carious processes which can be met and checked in their development by the timely administration of the remedy; in local suppuration slightly within the meatus upon the floor of the external auditory canal, at about the point of juncture of its cartilaginous and osseous portions; in suppuration with caries in the tympanic cavity, and especially when its seat is in the attic of the tympanum; after mastoid operation; in the treatment of long-continued cases of chronic suppuration with caries (*Silicea* sometimes works well for awhile and then loses its effect. In such cases the author uses as an intercurrent remedy the *silico-fluoride of calcium, Lapis albus*. He later returns to *Silicea* and finds its action renewed); and lastly to favor the closure of perforations in the tympanic membrane which are healing too sluggishly. The author uses *Silicea* in the third and sixth decimal triturations.

The Menopause: Some Homœopathic Remedies Useful in Treating Its Symptoms: Among the most frequently used remedies are:

Sabina—Indicated when there is pain extending from the sacrum to the pubes. The blood is partly fluid and partly clotted.

Secale—This remedy has clots accompanied by bearing down, labor-like pains. The patient is aggravated by warmth and desires to be uncovered.

Millefolium—Indicated when there is fluid, bright red blood which pours from the vagina. There are no modalities.

Ipecac—Profuse, bright red, clotted blood accompanied by nausea and distress in the lower abdomen.

Chamomilla—Always irritable; intolerant of pain; intermittent, dark, offensive, bloody discharge.

China—Useful in weakness and debility resulting from long-continued hæmorrhage. Pale, sickly appearance; bursting headache, ringing in the ears; coldness; faintness; uterine atony; the blood is dark and clotted.

Carbo veg.—Degenerated blood, passive flow. Patient cyanotic, cold, desires to be fanned.

Lachesis—Profuse, black, acrid, offensive blood. Hyperæsthesia of body surfaces. Sleeps into an aggravation.

For the abnormal mental conditions arising at this period of life:

Cimicifuga—Cannot be aroused from weight of gloom and dejection. Fears insanity and death. Has severe headache extending from the occipital region to the vertex and forehead.

Cannab.—Fears death and insanity. Mental exaltation with excessive loquacity and immoderate laughing. Innumerable hallucinations and imaginations. Exaggeration of time and space sense.

Ignatia—Conceals her troubles, broods over them. Despondent, sighs deeply, rejects attempts to console her.

Hyos., Calc. carb., Lach., Stram., and many other remedies are found useful according to indications in the mental disturbances.

The vasomotor disturbances due to imbalance in the endocrine system often responds well to the homœopathic remedy, such as:

Sulphur—One of the most frequently used in such conditions. Flushes of heat; empty, weak sensation in the epigastrium, worse at 11 a. m., relieved by eating; redness of orifices of body; patient is intolerant of heat, especially heat of the bed at night.

Sulphuric acid—Marked physical weakness and trembling; flushes of heat mostly of the upper part of the body, attended by easy sweating; sweat and body odors are sour.

Amyl. nit.—Violent, sudden flushing of the face and upper part of the body, attended by marked redness of the face and a pulsating headache.

Lachesis—With the flushes of heat there is desire to loose the clothing, especially about the neck; this is attended by a feeling of suffocation; mentally there is melancholia, especially of the religious type; sadness and depression worse on waking.

Jaborandi—Flushing attended by profuse sweating, cold extremities, nausea and vomiting.

Lac.—Flushes of heat accompanying right-sided headache; nausea and vomiting of bile; better in open air and by sleep.

Bell., Stramon., Calc. carb., Sepia and many others are useful according to the indications.

HOME AND HOMŒOPATHY

(Calcutta, India: Jan. 1929), IV, 193-232.

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Oral Hygiene of Ancient India: The ancient Indians, including the Aryans and Dravidians, were supposed to possess most excellent teeth and healthy mouths. They and their children were breast fed; they were absolute vegetarians; they lived principally on coarse food, vegetables and fruit; they enjoyed life in the open air and exercise gained in cultivation; they adopted simple but effective hygienic prophylactic measures; there was no heritage of malnutrition for future generations. Herb sticks of such plants as Nim (Milia Azederach) and Mangœ (Mengifera Indica) were chewed regularly night and morning and after meals for about fifteen minutes. All surfaces of the teeth and all spaces were thoroughly cleaned with the chewed brush-like point of the stick. A new stick was used each day. The ancient Indians were fully aware of the value of the astringent, antiseptic, and refreshing properties of the Milia Azederach and Mengifera Indica sticks hundreds of years before the use of modern dentifrices. A simple dentifrice used commonly for many years in India is made up of powdered charcoal or burned almond shells eight parts and rock salt one part.

THE HOMŒOPATHIC BULLETIN

(Calcutta, India: Jan. 1929), I, 161-184.

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(London: Mar. 1929), LXIV, 57-84.

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(Calcutta, India: Nov. and Dec. 1928), XXXVII, 273-320.

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*Homœopathy Coming Into Its Own
G. Royal, M. D., Des Moines, Ia 258
Therapeutics of the Pancreas
E. A. Farrington, M. D., (repr. from *Trans. of Hom. Med. Soc. of Pa.*, 1880, p. 339) 272
Homœopathy Coming Into Its Own: This is a very scholarly article in which Dr. Royal quotes at length from a number of endocrinological authorities such as J. Bauer of Germany, N. Pende of Italy and mentions the work of G. Draper in New York, Martius, Kraus and Moehlig, the point of his paper being to show how much unconscious scientific and practical homœopathy is being used and how much the principle of constitutional medicine is coming to the fore. We need more such articles to bring out the relationships between the orthodox science of today and homœopathic science.

THE JOURNAL OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY

(New York: Feb. 1929), XXXIII, 43-78.

Osteoma of Nasal Accessory Sinuses
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LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig: Mar. 1, 1929), LX, 81-100.

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Signs of Illness in the Face: This article deals with the interpretation in terms of the localization of physical ailments of facial expressions which are usually considered psychological. One wonders on what theories Held bases his deductions and what has been the quantity of his empirical data. To illustrate the type of observation: "When a sick child's indifferent expression gives place to brightness, cramps are in the offing; children who smile in their sleep show a tendency to cramps". He then gives one of his sources explaining Jadelot's *three facial folds* developed through illness: The first or *ocular* (from the canthus to the highest point of the lower jaw) is a sign of brain and nerve trouble and foreshadows eclampsia, epilepsy, hydrocephalus, and also onanism. The second or *nasal* (from alae of the nose to the oral commissures) shows abdominal disease, peritonitis, worms, etc. The third or *labial* line (from corner of mouth down) means chest or neck trouble and often precedes these. The nasal line often occurs in diabetes, gastric cancer, and liver degeneration. The labial line often goes with laryngeal and asthmatic troubles. Next he takes up color: The hectic tubercular malar flush, the darker more diffuse one of pneumonia, the circumscribed bright red below the cheek bones indicating gastric irritation; bright red swelling of the mid upper lip and nose tip betokens erysipelas; dark reddish face, yellow tint around the nose and mouth means stomach or intestine trouble; flickering red or bluish hue with tiny veins on the cheek points to heart involvements, etc. Having covered the look of the face as a whole, Held promises in future articles to give the "language" of the eyes, lips, nails, hair, etc., working up to a semiotic picture, which will be of diagnostic and prognostic value.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig: Mar. 15, 1929), LX, 101-120.

The Work the Heart Does
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(Palatine, Ill.: March 1929), II, 1-45.

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(In German)

(Berlin: Mar. 1929), IV, 85-123.

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PACIFIC COAST JOURNAL OF HOMŒOPATHY

(Los Angeles, Cal.: March, 1929), XL, 69-95.

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W. H. Hanchette, M. D., San Pedro, Calif..... 84

LE PROPAGATEUR DE L'HOMŒOPATHIE

(In French)

(Lyon, France: Mar. 1929), IV, 473-528.

*One Year of Homœopathic Veterinary Practice
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Demonstration of the Law of Similars by the Four Methods of Induction (from the book by D. L. H. Dejust)—III.
C. Montfort, M. D., Mexico..... 526

One Year of Homœopathic Veterinary Practice: Ferreol gives a series of cases of convincing cures: an *Ars.* distemper; a dog with *Carb. veg.* hæmatemesis with collapse; a cow with prolapse, an ovarian cyst and suppression of milk, which responded to *Sep.*; retained placenta in a cow with *Bell.* symptoms; infectious vaginitis of the *Merc. cor.* or *Nit. ac.* types; and a bitch with diarrhœa from going in boats, bilious, late in heat each time, who was cured by *Puls.* He ends with this fine summary from his case book: "One hundred cases given up by allopaths cured by homœopathy; more than six hundred cases of internal disease treated by homœopathy exclusively with 4 per cent mortality or failure to cure and 96 per cent cures"! His method as inculcated by his teacher, Dr. P. Schmidt of Geneva, he epitomizes as follows: "The single remedy; the infinitesimal, if possible the single dose; strict individualization of all cases; and treatment always in accordance with Law of Similars".

REVISTA DE HOMEOPATIA PRACTICA

(In Spanish)

(Barcelona, Spain: Feb. 1929), XVI, 33-64.

Consistent with Homœopathy
D. Vicente Peset, M. D..... 33
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Rheumatism: Among the drugs and their indications mentioned in this article are:

Aconitum—Used at the onset from exposure to dry cold; aggravation in the evening, by heat and by warm coverings; the joints are swollen and painful, the pain being accompanied by an intense restlessness, the patient cannot tolerate the pain; pains are tearing; the fever is high; insomnia is marked; there is great fear of death.

Actea spicata—Pains in the small joints of the hands and feet, which prickle when the patient walks.

Actea racemosa—Indicated in muscular rheumatism with painful cramps; fleeting, shifting pains; rigidity of the throat; rheumatism of the abdominal muscles; pain like electrical shocks.

Ammonium muriaticum—Sensation as if the muscles were shortened and contracted; pain in the heels as if the skin were stripped off; indicated in sciatica; worse sitting, better walking, above all worse lying.

Anacardium—Stitching pains in the cardiac region, one after another, quieted for a short time to appear in an extremity; indicated in rheumatic pericarditis.

Antimonium crudum—Extreme sensitiveness of the soles of the feet, with difficulty in walking because of this.

Apis mellifica—Burning pain; swelling of the affected joints, pale red color; stinging; intermittent fever; alternating sweating and dryness of the skin; smothering as if each breath would be the last; aggravated after sleep; aggravated by heat and touch; ameliorated by entering a cold room and from cold applications. Sleep is restless.

Arnica—Attacks the joints, which feel broken or numb or crawling; used in rheumatism caused by exposure to dampness and cold; soreness of whole body.

Belladonna—After *Bryonia* in treatment of polyarticular rheumatism, face is red, carotids full and beating; patient shakes and this aggravates the pain; tongue dry and red with red borders and a white line in the centre, dry mouth also; severe tearing, pricking pains; appear suddenly and after a longer or shorter time disappear as suddenly as they came; aggravated at night; nightmares are common; aggravated by draughts of air, and by uncovering; the eyes are injected, there is photophobia; surfaces of affected parts are hot, red like erysipelas. The sick one cannot swallow, especially liquids; the least sip is rejected on touching the vestibule of the throat.

Benzoicum acidum—Rheumatism and chronic gout with urinary disturbances; the urine is strong, dark brown in color and of a pungent odor.

Berberis vulgaris—Pains in the region of the kidney and waist; bruised feeling; drowsy sensation with stiffness and pressing pains in the lumbar and kidney region; sensation of bubbling in the renal region; rheumatism and gout with urinary disturbances.

Bryonia—Most used medicine in acute polyarticular rheumatism; aggravated by movement; articulations are red, swollen and the least motion causes tearing, burning, lancinating pains; the lips are dry, the tongue coated or more frequently white and dry in the middle and at the base; there is high fever with chills; the pulse is full and rapid; general sweating; the pains in general run from above downward; aggravated by cough, cold and noise; the temperament is irritable and the patient is easily angered; type is thin, dark in color with a rheumatic diathesis.

Cactus grandiflorus—Indicated in rheumatism with cardiac complications, when there is a terrible sensation in the heart of oppression as if an iron hand were squeezing it.

Calcarea carbonica—Rheumatism caused by having worked a long time in the water.

Calcarea fluorica—Lumbar pain aggravated at the beginning of movement but better from continued movement.

Calcarea phosphorica—Rheumatism in the sacral region which radiates toward the legs; stiffness of the neck, heat in the extremities; these pains appear in changes of weather.

Caulophyllum—Rheumatism of the phalanges, the metacarpals and of the articulations of the feet; chiefly in women.

Causticum—Arthritic inflammation which is aggravated by cold air and is better by heat; stiffness of the articulations; shortening of the tendons, and deformity of the articulations; the jaws are stiff; the rheumatism of *Rhus is* caused by dampness, that of *Causticum* by dry cold; the urine has an abundant deposit of urates; the muscles contract until there is stiffness of the joints.

Chamomilla—Pain which is aggravated at night; the patient cannot sleep and must get up; the affected parts feel numb; the sick one is sensitive to cold, feels sick and has marked nervous irritability. This is manifested when the pains are drawing or tearing with the sensation of paralysis and numbness. He can have temperature and thirst.

China—Harrowing and pressing pains. The sick one wants to be alone, doesn't want anyone near him; skin is hyper-sensitive; aggravated at night; Nash refers to a case of inflammatory rheumatism in which he obtained a great cure from the symptom of aggravation every three days.

Colchicum—Wandering pains which pass from one articulation to another; aggravated in the afternoon or by the slightest movement; the urine is increased and spurts in large amounts from the urethra; violent pains cutting and boring in the chest around the heart with oppression; indicated in chronic valvular diseases of the heart.

Dulcamara—Chronic rheumatism which is aggravated by changes in weather; pains better with heat.

Ferrum metallicum—Localized in the muscles of the left shoulder; pain alleviated by slow movement.

Gnaphalium—Pain of the sciatic nerve alternating with numbness.

Guaiacum—Administered in time it can prevent the formation of concretions of chronic arthritis deformans; contractions deforming the articulations, aggravated by movement. It should be remembered in syphilitic and gonorrhœal rheumatism.

Hamamelis virginica—Pains as if bruised somewhat like *Arnica,* but this drug acts on the capillaries and *Hamamelis* on the veins.

Iodium—Pains aggravated at night and by the heat of the bed; patient is emaciated; pain is better on rising from the bed.

Kali bichromicum—The pains appear and disappear suddenly; a good medicine for gonorrhœal rheumatism.

(To be continued)

REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris, France: Jan. 1929), LXII, 1-40.

*Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists (concl.)
A. Thooris, M. D. 1

Aurum muriaticum, Baptisia
J. T. Kent, M. D. (trans. from his *Materia Medica,* by —— Audureau, M. D.) 15

Meeting of the *Societe Francaise d'Homœopathie,* with List of Members 27

Comparative Study of the Typologies Proposed by the Homœopaths and the Morphologists (concl.): Thooris regrets that homœopaths concern themselves more with portraits than with their classification. He suggests beginning the study of classification by morphological study of animals. In the human sphere we must recognize the endocrine classifications and implications of our remedies' morphologies. What is *Puls.* with its pallor, big lower lip, split in the centre, swollen hand veins, late menses, but a thyroid, suprarenal and ovarian insufficiency? What is *Calc. fluor,* with its facial asymmetry, mandibular protrusion, with irregular tooth implantation, ligamentous laxity, ptoses and varices, but hypophyseal insufficiency? In the frail skeleton with brown skin, large upper lip, sensation of shortness of the tendons, longilinear type, who does not see *Calc. phos.,* also hypophyseal with thyroid and suprarenal imbalance added? Take *Cocc.,* blonde, hot faced with yawning and masseter cramps, and cracking joints, what a picture of thyroid instability. Is not *Cupr.* the perfect parathyroid? How hyperthyroid is *Sulph.* with his exaggerated metabolism, *hyper-* everything, except for the crackings of the hypo. Thooris extends his classification to nations: the Germans being suprarenal, the intense type, persevering, preferring *mass;* the French, the thyroid type, speedy, preferring *rush.* He closes with analogies between endocrinological and homœopathic thinking, both believing that a given drug excites a symptom or cures it according to the dose.

THE SERVANT OF HOMŒOPATHY

(In Bengali)

(Calcutta, India: Jan. 10, 1929). X, 369-408.

Discussion about *Thuja occidentalis* and Antisyphilitics
S. S. Mittra, M. D., Bhowanipur 369

*Homœopathy and Ancient Treatment
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A. S. Dey, Barahanagar 386
*Typhoid and Homœopathy (cont.)
K. P. Sirkar, Dhanbad 388

Homœopathy and Ancient Treatment: Dr. Bhattacharya shows how a remedy in high dilution can affect a human system so well. He quotes from Dr. Darwin's *Insectivorous Plants* how phosphate of ammonia in .000,005 dose affects the *Drosera rotundifolia*. Similarly he proves that the prevailing idea of using crude medicines to cure any diseases, is not true.

Typhoid and Homœopathy: Dr. Sirkar discusses at great length the following remedies: *Phosphorus, Cocculus, Rhus tox, Lycopodium.*

YOUR HEALTH

(Chardon, Ohio: March 1929), X, 1-48.

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WANTED—Second-hand copies of Kent's *Repertory*, third edition. Reply to E. Wright, M. D., Editor, *Homœopathic Recorder*, 472 Commonwealth Ave., Boston, Mass.

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DAYTON T. PULFORD, M. D., Toledo

A Few Suggestions for Homœopathic Prescribing
GEORGE ROYAL, M. D., Des Moines, Iowa

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GRACE STEVENS, M. D., Northampton, Mass.

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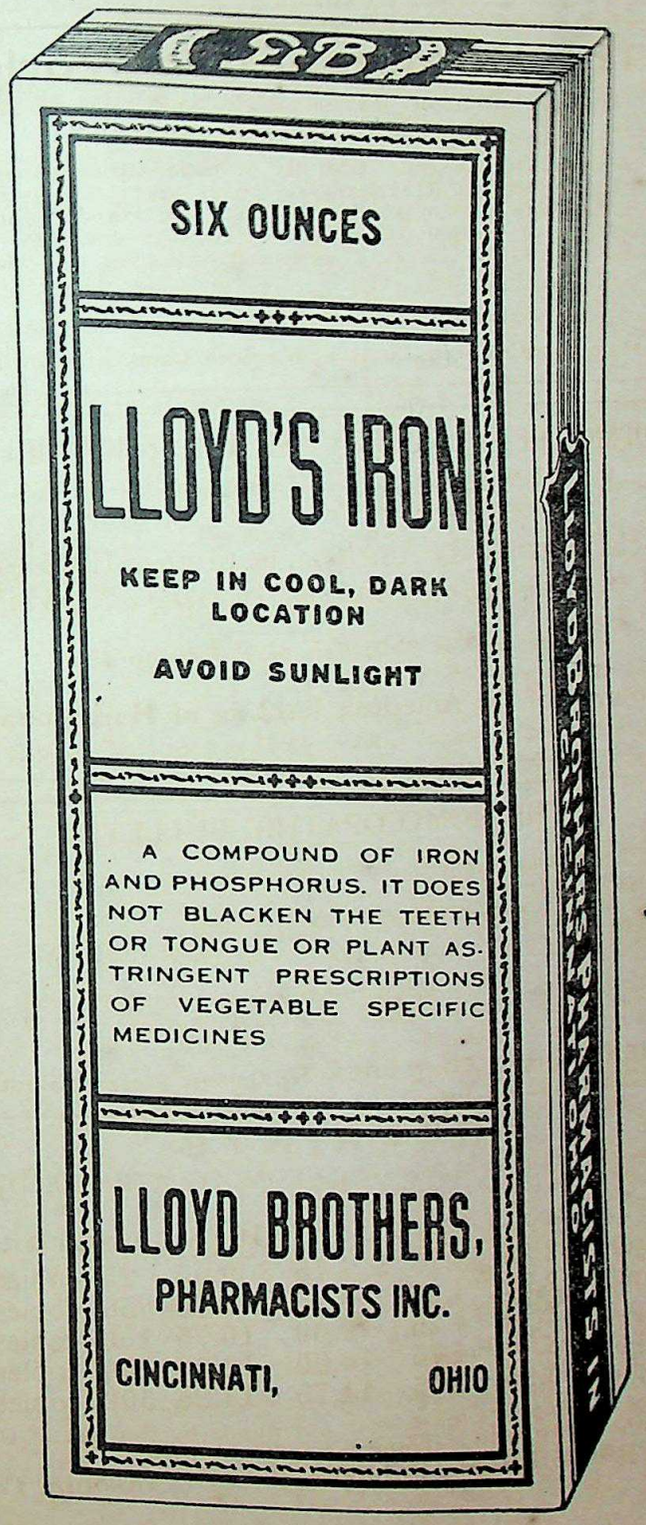

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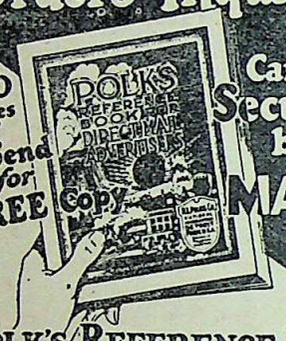

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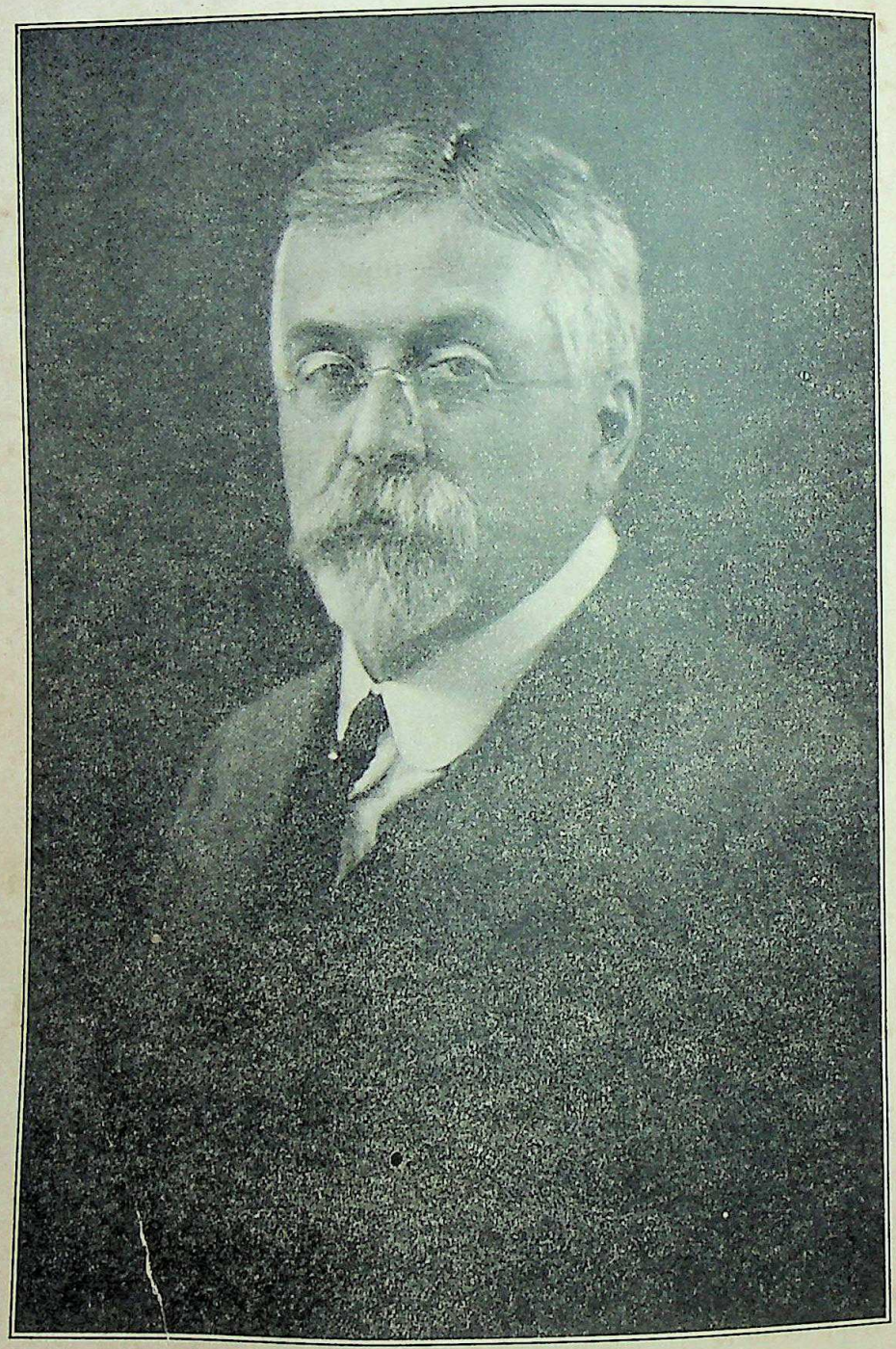

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THE
HOMŒOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., JUNE 15, 1929. No. 6.

CATECHISM OF THE HOMŒOPATHIC DOCTRINE*

HIGINIO G. PEREZ, M. D.
DIRECTOR OF THE FREE SCHOOL OF HOMŒOPATHY OF MEXICO

PREFACE

The diffusion of homœopathy should constitute an apostleship because it is for the welfare and health of all humanity. It should be propagated in every way possible, together with the irrefutable evidence of its marvelous results, by means that will carry conviction to the hearts of the sick.

The brief pages which I today publish, as heralds of truth and messengers of health, breathe enthusiasm and express sincerity; neither personal interest nor vanity have inspired them, but only the desire to do something good in favor of those who suffer from diseases and who are exposed to the dangers of the empiricism and audacity of the savants who pay practically no heed to the teachings of Nature.

It is necessary to be convinced in regard to the principal part which the deranged organism performs in the healing of diseases and that the physician is wisest when he interferes less and less with that natural effort which by force of instinct is sure, easy and efficient. In all maladies the role of the physician is entirely a secondary one, as he is only the assistant of Nature which is the only power capable of effecting a cure.

What erudite traditionist, with all his science is able to heal up the wound in a corpse? What laureated savant is able to make or create a single simple cell and infuse life into it? Not one of them, neither today, tomorrow, nor ever; because the

(*Translated by Roger G. Hershberger)

secret of life will forever constitute the sphinx of the desert of our ignorance, always ready to be investigated.

But if we have not yet attained absolute truth, we can at least modestly confess that by imitating Nature we approach the truth in all the branches of human knowledge; for homœopathy does nothing but imitate Nature by directing its efforts in the same direction that Nature itself takes, and in this way the medicamentous dynamism is added to the vital dynamism.

The catechistical form which I have given to my pamphlet is an old pedagogic method, but it is always new because the infancy of every science, like the infancy of a human being, is reduced to an uninterrupted series of interrogations which must be responded to for the purpose of satisfying our curiosity or that of the child who is but awakening to intellectual life.

What homœopathy is is asked by everybody before having employed it. In order to satisfy this curiosity it is necessary to answer them in an abridged and categorical manner. This is the object of my catechism, to answer questions and explain everything that refers to the homœopathic doctrine. It will not be easy for everyone to understand its principles and paradoxes, but everyone can test it absolutely without danger and without inconveniences.

Homœopathy is a science of high principles, and in order to comprehend them it is necessary to have an initiation or preparation in the other sciences. In order to understand the celestial mechanism a knowledge of mathematics, mechanics and physics, etc., etc., is necessary, while with reference to every-day astronomy, it suffices to have eyes and feel that the world does not move, to erroneously believe that the earth is the stationary body, and that all the stars revolve around it as in the days of Ptolemy.

It is not easy to convince the man in the street that it is possible to cure constipation without a purgative and that the purgative is always detrimental and aggravates his ailment; for in order to convince him it would be necessary to instruct him in all the medical sciences, and even then, as occurs with the allopaths, they will continue along with their routine such as constitutes their second nature.

To break off habits is as difficult as the ironing out of creases

from a sheet of paper that has been folded and pressed many times. But a start must be made. The clientele of the homœopaths no longer use purgatives and although some hybrid physicians deviate from the straight and narrow road, the majority of them govern themselves in accordance with the principles of homœopathy which bases its ethics principally on that apothegm of universal law: PRIMUM NON NOCERE. The first thing for the physician to remember is, NOT TO INJURE.

This maxim is strictly observed by all true homœopaths, because we can never injure another with our minute doses and we never inject, purge, cauterize, administer frictions, nor do anything that might redound in detriment to a fellow man.

THE GLOBULE is our host or consecrated wafer and with it we offer the eucharistic bread of health.—H. G. P.

CATECHISM OF THE HOMŒOPATHIC DOCTRINE

1. What is homœopathy?

It is the method for healing the sick by means of medicines capable of producing in the healthy organism the same symptoms that they cure in the diseased organism.

2. In what other manner can it be defined?

It is the science and art of healing the sick by assisting Nature in its curative efforts.

3. How can Nature be assisted, or say the deranged organism?

By administering medicaments which produce the same symptoms as is done by the deranged organism.

4. What is to be understood by the healing of the sick?

The restoration of their health in a rapid, mild and permanent manner.

5. What is medicine?

It is the science and art which has for its object a knowledge of both the healthy and the diseased person, and lastly, the preservation and restoration of health.

6. What sciences make a study of the healthy person?

Normal anatomy and physiology, as biological sciences; and psychology, as the science of the spirit.

7. What science is studied for the preservation of the health?

Hygiene. Natural hygiene is that of the organism which is a paradigm of health and cleanliness; and artificial hygiene is that which imitates the other, and applied according to needs.

8. What sciences make a study of the diseased person?

Histopathy and physiopathy: that is, the organic alterations or modifications and the functional perturbations.

9. What science teaches us how to restore health?

Therapeutics, which is the science of indications.

10. What is an indication in medicine?

Galen says, that it is the evident necessity of a determinate action. Or say, that it is necessary to do the most convenient thing for the purpose of restoring health to a sick person.

11. On what are therapeutics based?

On the necessary relation existing between the most appropriate means and remedies, and the manifestations of the disease.

12. How are these relations established?

In the same direction as the symptoms or inversely to them. In the first case there exists a relation of analogy or of homœopathy; and in the second one that of enantiopathy or of inverse action.

13. And where there is no relation existing between the symptoms of the sick person and those of the medicament, what is it called?

It is called allopathy. This name was given by the selfsame Hahnemann to the traditional or empirical method.

14. What is the meaning of the word *homœopathy*?

Literally it signifies: *similar to the malady*.

15. What is the fundamental principle of homœopathy?

That which was enunciated by Hahnemann: SIMILIA SIMILIBUS CURENTUR.

16. How is this principle interpreted?

Literally: similars are cured by similars.

17. And how is it to be understood in its broadest sense?

As similar to the response of the organism against the morbific cause.

18. Is the organism capable of reacting for the purpose of its healing?

Not only is it capable, but it is the principal factor in every healing.

19. Who was the first person to make this curative power of Nature known to the world?

Hippocrates, who is justly called the Father of Medicine. His enunciation is formulated as follows: NATURA MORBORUM MEDICATRIX. Nature is the physician that cures diseases.

20. From whence did he deduce this principle?

From another more general one: NATURE is the master instructor in all the sciences and arts.

21. How is it demonstrated that Nature is the master instructor in all the sciences and arts.

By observation and experience, which are the means employed for the purpose of arriving at a knowledge of the relations existing between the phenomenon and its cause. The laws of gravity, of valences, or of optics, are nothing more than the manifestation of a relation existing between the phenomenon and its cause.

22. What is Nature to the artist?

Art as the realization of beauty, copies from Nature its manifestations and adds to them the soul of the artist.

23. Does medical science require the assistance of Nature?

No science needs the assistance of Nature more than medicine, because without its action a cure cannot be conceived of. The best of sutures would be useless without the vital force that cicatrizes it.

24. How did Hippocrates become aware of the existence of vital dynamism?

By observation and experimentation. The voice of Nature is heard during observation and is interrogated by means of experimentation.

25. Why was Hippocratic medicine not efficacious in spite of being naturistic?

Because it was unaware of the positive effects of the medicaments for assisting Nature in its curative efforts.

26. And who was the genius that accomplished the realization of the Hippocratic enunciation?

The immortal son of Meissen: SAMUEL HAHNEMANN.

27. Who was Hahnemann?

A great physician, a famous chemist and excellent philologist, a native of Germany, born in Meissen on April 10, 1755, and who died in Paris on July 2, 1843. But Hahnemann really is not dead, for he lives in the hearts of all humanity.

28. How did Hahnemann make his great discovery?

He had always harbored the idea that medicaments must have a constant relation to diseases, so he therefore began to experiment on himself the effects of *China,* which is a medicament very much in vogue for the cure of intermittent fevers.

29. And what was the result of his first experiment?

That *China* produced in him the same symptoms that it cured. From this he deduced, after many experiments on himself, that the medicaments were capable of curing the same symptoms that they produced in the healthy organism.

30. How did this discovery impress him?

He was first affected with pleased astonishment, and then came the absolute conviction that the medicaments acted on the organism owing to their analogy with the symptoms of the diseased person.

31. What did he then do?

He communicated his discovery to several of his friends, so that he would be able to continue experimenting on others as he had been doing on himself.

32. And what was the result of these experiments?

The formation of the body of a true materia medica, the wonder of the ages and model of the most logical induction. This work of a Benedictine is the fruit of the closest observation, of the most tenacious perseverance and patience, as well as of the perspicacity of an inspired human being.

33. What did he do with such positive data?

He began to formulate his doctrine which has not been a reformation of traditional medicine, but an entirely new system and a work which founded the school of scientific medicine: Homœopathy.

34. What principle served as the key to this doctrine?

The general principle of the SIMILIA SIMILIBUS CURENTUR.

35. How did he expound his new doctrine?

By means of his monumental work, entitled: ORGANON *of the Art of Healing* or EXPOSITION of the HOMŒOPATHIC MEDICAL DOCTRINE. It contains 294 paragraphs wherein he sets forth in a masterly manner and in the form of aphorisms and observations all that his observations and experiments had taught him.

36. On what hypothesis did he base his doctrine?

On the substitution of the natural disease for the artificial one as provoked by the homœopathic medicament whose stronger and irresistible action overcomes the natural disease.

37. Is this theory accepted at the present time?

Homœopathy has now passed from the hypothetical stage to that of doctrine, and consequently, it does not now need to base its certitude on theories; but it is based on self-evident truths. If Nature is the physician *par excellence* for the cure of diseases, it suffices that it be assisted in the same direction as its curative effort in order to become fully cognizant of the analogy which exists between the symptoms of the malady and those of the medicament.

39. What is the concept of disease or diseases as held by the homœopathic doctrine?

As diseases are only constituted according to the totality of symptoms that have relation to the organic alterations or modifications, and the symptoms are manifestations of their vitality such as responds to every aggression, it follows that the disease is the manifestation of an effort directed against the cause that provokes it. A lesion is not the disease but the cause of the reaction which constitutes the disease, and consequently, this is an organic defensive movement having a tendency to restore and preserve life.

This indicates that we should never combat the symptoms, but direct them along the same lines as their effort in order to assist Nature which creates, forms, and cures disease.

40. How do we become familiar with diseases?

By close observation and minute examinations of the patients: this is what constitutes clinical study.

41. How many kinds of clinical studies are there?

There cannot be more than two: that which shows us how to find out what the ailment of the patient is, and that which indicates to us the best treatment to be given for his recovery.

42. What do pathological clinics consist in?

In finding the exact relation existing between the totality of the symptoms and the organic alteration or modification. That is, that the clinic is realized when the conversion of the symptoms into signs has been effected.

43. When is the best indication accomplished?

When the analogous relation is established between the symptoms of the patient and those of the medicament.

44. How do the medicaments act on a sick person?

Along the same lines as his symptoms, in an inverse direction or in a different one. In the first instance, it is homœopathy; in the second, enantiopathy; and in the third, allopathy.

45. What is needed in order to insure action on the organism in any direction whatsoever?

A knowledge of the pure and positive effects of the medicaments.

46. And how can this knowledge be acquired?

By means of *pure experiments* which consist in experimenting with the medicaments on healthy persons. That is, on human beings and not on animals, and on healthy organisms, not on diseased ones.

47. Who was the first person to employ this method?

The incomparable Hahnemann. Before his time no one had ever attempted it in the inductive manner as he did. Only in this same way can we become familiar with the positive effects and not with the hypothetical ones of the medicaments.

THE TRUE HOMŒOPATH NEVER EMPLOYS A MEDICAMENT WHOSE EFFECTS ON A HEALTHY ORGANISM ARE UNKNOWN TO HIM.

48. What is pathogenesy?

The complete and detailed description of all the effects as produced by the medicaments when experimented with on a healthy individual.*

*Medicaments are all substances capable of deranging the well person and healing the sick, says Hahnemann.

49. Can the law of the *Similia* be applied without a knowledge of the medicaments?

By no means. Because even when realizing the necessity that exists for assisting Nature in its curative efforts, this assistance could not be given without knowing in what direction the medicaments are going to act.

50. When the medicament is known, what kind of doses should be administered?

The homœopathic doses have been made the object of ridicule and sarcasm by those who are ignorant of their action, or have no knowledge of the dynamic action of matter. The minute doses constitute the superiority of homœopathy.

51. How did Hahnemann discover the power of infinitesimal doses?

By observation and experimentation which are the keys to the unknown. He perceived that heavy doses exacerbated the patients to a high degree instead of curing them and even endangered their lives; whereupon, he began to diminish the doses to a minimum degree, and proved that the medicaments increased in curative power according as they continued to be diluted.

52. What did he do in order to accomplish such repeated dilutions?

The genius of Hahnemann is revealed in everything. Availing himself of an inert vehicle medicinally speaking, as pure water, sugar of milk, alcohol, etc., he set to work to divide up a minimum amount of medicament into 9 or 99 drops of the inert liquid or in a grain of the substance. From this division he took a drop or a grain which he again diluted into 9 or 99 parts for the purpose of forming the second dilution or trituration; from this also he took a drop or a grain and again divided it into 9 or 99 parts in order to constitute the third dilution or trituration; and so on successively he continued to dilute or triturate up to the 6th., 12th., 30th., 60th. potency, etc., etc.

The following numbers respectively indicate the amount of vehicle and of medicinal substance:

1	100	10,000	1,000,000	100,000,000	10,000,000,000
0	1	2	3	4	5

1,2000,000,1000,000

6

53. How is the action of the imponderable doses explained?

In the face of facts a negation is impossible. Do the small doses act? No one can deny it. 'Does colloidal gold act? Let the allopaths answer and also say what amount of gold is contained in a dose of colloidal gold.

54. Why do the homœopathic doses not act on a healthy organism?

Because the healthy organism is not sensibilized by the malady. The deranged organ is very sensitive and in order for it to act in the same direction as its sensibility, this is to be effected by means of small doses. The doses should be proportional to the sensibility of the organism.

55. Can medicinal substance be conceived of as being present in the high dilutions?

Matter is infinitely divisible. The aroma of a perfume remains in the bottle which has contained it after many years. The dissociation of matter in general, as proven by Gustave LeBon, leaves no doubt whatever in regard to the divisibility of matter. The colloidal substances, catalysers, emanations, ions and electrons, are so many other evident proofs of the divisibility of matter. The wonderful part of it all is that the Master of masters in medicine, HAHNEMANN, surprised the world with his great discoveries many centuries in advance of their time, such as had never been dreamed of up to that date.

56. How do the medicines act according to the doses?

Heavy doses act in an irritating, physico-chemical or organic manner; small doses act in a physiological, dyscrasic or stimulating manner; and in minimum or imponderable doses, their action is dynamic; that is, they only stimulate the organism to function in accordance with the necessities of the moment.

57. Can the organism be stimulated without medicine?

Very easily, as experience demonstrates. The mere sight of a quince excites the salivary secretion; the remembrance of a purulent sputum provokes vomiting; and a strident sound can produce vertigo.

58. Are there various forms of dynamism?

Undoubtedly. The attraction of the worlds rolling in space is the most wonderful manifestation of the universal dynamic force. The life of plants and animals is nothing more than different forms of vital dynamism; and the life of man is the sum total of dynamic energies of a physiological and psychic nature, superior to all dynamism, because with only a very small volume of matter he develops activities which are not in proportion to the amount of matter such as apparently sustains him.

59. If the physico-psychological dynamism conforms the human being, how can we regulate it in case of disease?

By means of medicaments that can develop a similar dynamism, or by means analogous to those which produced the functional perturbation. A luxation caused by a mechanical cause is adjusted mechanically and not by medicamentous means; an incision by means of a suture; and a chemical intoxication by means of a chemical antidote.

60. Are the homœopathic doses infinitesimal or imponderable?

The infinite has no limits while the imponderable is that which on account of its smallness is not capable of being measured, but which can become appreciable through the channel of the senses or by other means. In any dilution however high it may be, a definite though imponderable limit is arrived at. The perfume which a flask still retains after many years is a sign that there remain therein particles of aromatic substance; but the amount of which cannot be measured.

61. What substances are employed in homœopathy for its cures?

Besides all the mechanical and physico-chemical means, it utilizes all the remedies with which Nature supplies us in the three natural kingdoms.

62. How does homœopathy develop the latent or unknown medicamentous power?

By means of friction or trituration which develop latent activities, such as that developed by an electric dynamo in vertiginous revolution. Silicea, gold, amber, only develop their medicinal power when they have been dynamized to high potencies.

63. To what is applied the name of medicinal potency in homœopathy?

To that which is acquired by the medicament according as

it becomes more and more diluted or divided up by virtue of having multiplied its surface area by means of the division. A cube measuring one meter on each of its sides is covered by six square meters of cloth, while one thousand cubes measuring ten centimeters on each of their sides require for their covering 100 meters of cloth. The surface area of action of the medicaments is greater according as they become more and more diluted or divided up.

64. What property is peculiar to each one of the medicaments?

That of developing symptoms or causing perturbations in a manner peculiar to the organism, such as cannot be confounded with any other medicament.

65. Does the medicamentous individuality refer to the selfsame action or to the number of medicaments?

It refers to their selfsame action by virtue of the fact that identicalness between products of different species is impossible. As regards the number it is preferable to indicate one sole medicament in order to be able to know just how it affects the patient; although two analogous or complementary medicaments can be alternated; but not antidotes.

66. What relations exist between the medicaments?

They can be analogous, complementary, antidotal, etc., in view of their similarity of action, because they either complete the picture of the symptoms or destroy the action of the first medicament.

67. How can the medicaments act in connection with diseases?

As *palliative,* as *curative,* or as *prophylactic* medicaments. The palliative medicament is that which calms or moderates the intensity of a symptom and is employed in massive doses; the remedies that heal are the strictly homœopathic ones given in imponderable doses; and the prophylactic medicaments are those which check or prevent diseases. The prophylactic remedy is, or would constitute, the greatest triumph in medicine. It is far better to prevent diseases than to cure them.

68. At what intervals should the medicament be administered?

According to the case and to the criterion of the experienced physician. In very serious cases the doses should be given with frequency; in normal ones when a disease is developing along the lines of its natural evolution, then the doses should be administered every three or four hours at the most; and in chronic cases the doses should be given at rather long intervals. A 30th potency dose of *Sulphur* suffices during many weeks in a case of psora.

69. What is to be understood by morbific individuality?

It is an accepted pathological principle that every animal is afflicted according to its species, and every individual according to his own peculiar nature. That is, that there are no diseases but rather deranged persons, in view of the fact that every deranged person is a singular case and never identical with another. There is no typhus but rather a typhus patient. Homœopathy always and necessarily individualizes, by virtue of which there is sought each time the nearest similitude.

70. How can diseases be reputed?

As simple abstractions and denominations of groups of symptoms, as the name of a dove recalls to our mind all its zoological characteristics. And just as there does not exist nor can exist a particular garb for a whole race or family, neither can there be a medicament for a whole morbific species. A physician has to be like a tailor, having to fit the suit each time according to the body.

71. What are the specific remedies in medicine?

Those which are employed for a whole morbific species.

72. How can the specifics be reputed?

As simple palliative remedies and of dangerous action when they are not correctly indicated and administered in proper doses in accordance with the vitality of each individual; and they cannot be reputed as homœopathic ones in spite of their similitude of origin and action, by virtue of the fact that they have not been experimented with on a healthy person and that they nullify the principle of a morbific individuality.

73. Are the specific serums homœopathic?

Apparently they are; but their action on the healthy organism is unknown, and cross barriers that Nature has completely

closed. When the medicaments have been experimented with through the skin or venous circulation, only then will a medicament be scientifically indicated as being applicable through these channels. Moreover, homœopathy is fully equipped with all kinds of medicaments for all diseases and requires no new ones as empirically used. Our medicaments, upon acting in the same direction and in harmony with the vital energy, develop opsonic potencies and produce a peculiar anaphylaxis.

74. What are chronic diseases?

Those which have a common basis, such as those caused by defective nutrition (scrofulosis), by an excessive nutrition (arthritism), or by a perversion in same (herpetism).

In homœopathy they are considered to have another origin. According to Hahnemann, the chronic diseases are also three in number: psora, syphilis, and sycosis. These originate nearly all the maladies which afflict the human species.

75. What is psora?

It is like the mark of original sin or the atonement for sin, the indelible taint as inherited or left by acquired diseases. All these reveal a predisposition which, like tendencies, lead fatally to determinate maladies. This diathesis is the origin of the major portion of our ailments. Its type is that of the itch, and its typical remedy, although not the only one, is *Sulphur*.

76. How is syphilis considered according to the theories of Hahnemann?

As a diathetic disease indicating the debilitation of the species, and characterized by manifestations of a regression such as invades the whole organism owing to its localization in the blood, which is the fountain of life.

77. And sycosis?

It is like a condition of decadency or sign of natural or premature old age, which manifests itself by excrescences and scabs that come out on the surface of the body for the purpose of eliminating these acrimonies from the organism, which, if they remained on the inside, would shorten life and make it more burdensome.

78. What medicaments are the most homœopathic ones for these predispositions?

For psora, we have already stated that it is *Sulphur;* for syphilis, *Mercury;* and for sycosis, *Thuja*. However, these are not the only remedies. Hahnemann enumerates many others, but the most typical ones are those indicated and even considered as synonyms for such chronic affections.

79. Should the chronic diseases be borne in mind in connection with the treatment of every disease?

They being the supposed basis and origin of many maladies, the patient has nothing to lose and much to be gained through the physician beginning his treatment by modifying the chronic cause which aggravates his acute malady.

80. And with reference to the moral or psychic state of the patient, what should be done?

It should always be borne in mind, especially as our medicaments after having been experimented with have enlightened us in regard to their psychic or moral action; as it is thereby possible to modify the organism, and no one is ignorant of the intimate relation which exists between the organic and the spiritual.

The physician should begin healing the spirit before he does the body. The first act of the physician in the presence of the patient should be that of influencing his thought, leading and encouraging him or her to harbor real hopes such as are always so beneficial and necessary.

81. Did Hahnemann make any mention of mesmerism and suggestion as means for healing the sick?

He did so in a special manner in the last paragraphs of his *Organon*. The Master left nothing unsaid in regard to his doctrine, and to this is due the magnitude of his labor which is the greatest of any that has ever been the fruit of human genius.

82. Who is the true, puristic or orthodox homœopathic physician?

He who adjusts his indications and methods in accordance with the principles of homœopathic science.

Orthodoxy in homœopathy is not dogmatism, but an adherence to the truth which is immutable and eternal. The accident can be modified, but the foundation principles of truth must persist and herein lies true science.

HOMŒOPATHIC DECALOGUE

I.—To adjust all medical indications to the principles of homœopathy.

II.—To prescribe only those medicines as tested by actual experiment on a well person.

III.—To always employ small or imponderable doses.

IV.—To heal the sick and not diseases.

V.—To employ surgery only when the medicaments fail to heal the patient and it is seen to be the only recourse.

VI.—To never employ palliatives when there are indicated remedies.

VII.—To never employ antiseptics *in vivo,* antibodies, tonics, laxatives, nor allopathic specifics.

VIII.—To prefer prophylaxis to medicaments.

IX.—To employ hygiene before beginning treatment.

X.—The mission of the physician should be one of piety and apostleship.

All these laws are reduced to two:

1. To assist Nature in its curative efforts; and
2. To never injure the patients.

SYSTEMATIZATION OF PRINCIPLES OF THE HOMŒOPATHIC DOCTRINE

UNIVERSAL PRINCIPLE OF ALL SCIENCE AND ART

1. NATURE is the master instructor in all the sciences and arts.

2. Medicine as a science should have Nature for its guide: NATURA MORBORUM MEDICATRIX.

3. If Nature is the principal healer of disease, it should be imitated and assisted in its curative efforts: SIMILIA SIMILIBUS CURENTUR.

4. Every sick person owing to his idiosyncrasies is a particular case, because every animal is afflicted according to its species, and in each species every animal is afflicted according to its selfsame nature. *The morbific individuality is a self-evident fact.*

5. Every medicament develops a pathogenesy peculiar to itself. *The medicaments possess individuality of action.*

6. The medicaments act owing to their dynamic action and not as the result of their *physico-chemical effects.*

7. *The imponderable doses develop dynamic action.*

Large doses alter the organism; the small doses excite it; and the minimum or imponderable doses *heal owing to the fact that they add their efforts to the vital dynamism.*

8. It is necessary to add the medicamentous dynamism to the vital dynamism: THE SUM TOTAL OF DYNAMIC ACTION.

9. Every medicament administered in ponderable doses develops first *a primary* or irritating *effect*; and then *a secondary effect* which is the reaction or that which resists the action of the drug.

10. The palliatives calm the pains of the body because they suspend the organic activities which afterwards become more intense. They do not cure, but only impede the curative movement of the organization.

11. Every disease is the manifestation of an effort directed against the cause that produces it, and a tendency towards the prolongation and preservation of life. Paradoxical as it may seem to some, it is the self-defense of the organism.

12. The mission of the physician is to heal quickly, mildly, and permanently. (Hahnemann.)

SYNTHESIS OF THE *ORGANON* OF HAHNEMANN

The *Organon* of Hahnemann, as the Code of New Medicine, was first given publicity in the year of 1810, after fifteen (15) years of study and experimentation on the part of the author.

It contains a Preface by the same author which is an arraignment of allopathy, a name applied by Hahnemann to the traditional empirical system.

He then formulates a resume of the allopathic and palliative methods as employed by the schools that have dominated in medicine from the date of their founding up to the time of the author. In this exposition he shows himself to be a great scholar, a severe critic and a profound philosopher, destroying the prevailing errors and erecting over and above these ruins the grand

edifice of his monumental doctrine which will endure down through the centuries.

The *Organon of Medicine,* as he has called it, contains 294 paragraphs in aphoristic form and with brief footnotes teeming with profound conceptions.

The errors of his time are pardonable by virtue of their humanness and in view of the fact that it is impossible to wholly ignore some of the beliefs of the epoch which is being lived.

Hahnemann stood on the threshold of the Hippocratic temple, and if he had penetrated therein he would have found the supreme reason for his enunciation which establishes the homœopathic doctrine.

The homœopathic principle is the realization of the Hippocratic principle.

Subjects which correspond to the numbers of the *Organon*:

Introduction: 1, 2, 3 and 4.
Clinical: 5 to 8 and 83 to 89.
Vital Dynamism: 9 to 16.
Diseases: 17 to 19 and 71 to 82.
Medicaments: 20 to 23 and 105 to 116.
Homœopathy: 24 to 34.
Allopathy: 55.
Antipathy: 56 to 62.
Pathological Antagonism: 35 to 45.
Vaccine: 46.
Natural Laws: 48 to 54.
Artificial Diseases: 47.
Palliatives: 58 to 60.
Primary and Secondary Effects: 63 to 66.
Infinitesimal Doses: 67 to 68.
State of Mind: 96 to 99.
Repertorization: 102 to 104.
Idiosyncrasies: 117.
Medicamentous Individuality: 118 to 120.
Pharmacopæia: 121 to 124.
Experimenters: 125 to 145.
Doses: 248 to 278 and 259 to 260.
Aspect of the Patient: 249 to 258.
Regimen: 261 to 263.
Purity of the Medicaments: 264 to 269.
Preparation of the Medicaments: 270.
One Sole Medicament: 273 and 274.
Dilution: 288.
Impregnation of the Medicaments: 289 to 292.
Mesmerism: 293 and 294.

AMIEL'S IDEAL OF A PHYSICIAN*

"Why do doctors so often make mistakes? Because they are not sufficiently individual in their diagnosis or their treatment. They class a sick man under some given department of their nosology, whereas every invalid is really a special case, a unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a factor simple or complex, which is multiplied by a second factor, invariably complex—the individual, that is to say, who is suffering from it, so that the result is a special problem, demanding a special solution, the more so the greater the remoteness of the patient from childhood or from country life.

"The principal grievance which I have against the doctors is that they neglect the real problem, which is to seize the unity of the individual who claims their care. Their methods of investigation are far too elementary; a doctor who does not read you to the bottom is ignorant of essentials. To me the ideal doctor would be a man endowed with a profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence. Such a doctor is possible, but the greater number of them lack the higher and inner life, they know nothing of the transcendent laboratories of nature; they seem to me superficial, profane, strangers to divine things, destitute of intuition, and sympathy. The ideal doctor should be at once a genius, a saint, a man of God".

Amiel's *Journal,* 1873.

THE MORPHOLOGICAL DIAGNOSIS AND TREATMENT OF CONSTITUTIONAL STATES IN CHILDREN*

PHILIP RICE, M. D., F. A. C. S.

The problem of disease is primarily a problem of morphology and not of pathology nor of symptomatology. That is to say, it is a problem of organic structure, and not one of effects produced in the structure. Symptoms and pathologic changes are effects produced in the structure of the organism. They are the end results and are, hence, no more than a reflection of a physical state.

In the process of evolution of the organism the vital force produces distinct structural changes and definite conditions in the intimate structure of the organs, and through these in the external form, by the character of the growth and development. As a structural unit, the organism is, therefore, the sum of the conditions composing the separate parts. From this it follows, since function is merely the activity of the vital force in organization, that the degree, and so the value of the vital processes at any given stage in the life of the individual, are determined by the character of the growth and development on the organism in its separate parts and in the whole.

If, as a result of uneven growth and development, excesses are created in one part and deficiencies in another, the resulting inequalities in structure are of necessity followed by inequalities or inharmonies in function. Nothing can be more obvious than the need of a structural balance in order to have functional harmony. Excess on the one hand and deficiency on the other produce an anomalous state; and observation and experience confirm the fact that the greater the anomalies in structure the more marked the anomalies in function and the greater the predispositions and the susceptibilities. Thus it will be noted that normal vigor of function as well as morbid dispositions are the consequences of the morphological conditions which prevail in the organism.

How irregularities in growth and development come to be is another question, and beyond the scope of the present discussion.

*Read before the I. H. A., Bureau of Pediatrics, June 1928.

It is a question which we are not always able to answer accurately. In one instance they may be due to a powerful hereditary urge, while in another they are the result of powerful environmental influences. In all probability both operate in varying degrees under varying conditions in each instance. As no perfect organic being has yet been found, there is naturally no such thing as a perfect heredity; and a perfectly harmonious environmental situation probably has never surrounded an individual for any great length of time during his life.

That these things are true and constitute tremendously important factors in the problem of health and disease is now being recognized by the leading clinicians in the great medical centers of Europe, as is shown by their now approaching the problem of internal disease from the standpoint of organic constitution. And let me say that when speaking of constitutions, they mean something very different than we do when we speak of psoric, sycotic and syphilitic constitutions. With painstaking effort they show that by constitution they mean the chemical and structural composition and relationship of organs and parts. In a word, they mean the morphology of the body, for this is really what the word morphology means.

Hence the term morphological diagnosis means the ascertainment of the exact structural status of the body; and that of morphological treatment means the selection of such hygienic and therapeutic measures as will bring about a harmonious structural and functional state.

The achievement of the latter is the goal of every true physician, since it is the only state which insures normal vigor, health and high resistance. Removing symptoms is the duty of every physician, but we must come to realize that absence of signs and symptoms of disease does not necessarily mean health. The question may be asked, indeed has been asked many times, "What is there left when signs and symptoms of disease have been removed?" The answer is, predisposition and susceptibility. This is a fact which many of us have not yet learned, as is proved by the way in which case histories are still being taken and by the kind of bases on which internal remedies are still being selected. Unless we dig deeper and remove underlying predisposing con-

ditions and those which make the individual susceptible, conditions preceding all disease, we have done no more than scratch the surface, albeit we have eased a patient's distress and established a semblance of health.

We are well aware that the composition of the body is different at different periods of life. What it is at birth, it is not and cannot be at any subsequent period and be normal. Changes must take place with the passing of the months and years. The state that is normal at birth is abnormal if carried over even to the end of the first year; and if carried over to a later period, it is still more abnormal. The older the individual, the more inadequate is the morphologic equipment of infancy and childhood.

All this is so obviously true as to make further comment and discussion unnecessary. We have simply the problem of method to solve which will enable us to discover all the morphological facts in the concrete case, and thus enable us to get at all the fundamental factors in the problem. When we have succeeded in doing this, then and only then, will we be in a position to go forward with truly scientific methods; then and only then, are we able to accurately interpret the effects produced by a morbid process as well as those produced by a drug during a proving.

With these few thoughts touching the principles of morphology, let us briefly consider some of the morphologic features presented by these two boys, who, through the efforts and kindness of Dr. Wright, we have before us.

It is clear that no great amount of skill is required to discern the morphological differences which are presented. Their ages, let me say, are almost the same; one is twelve and the other a few months younger. One presents clear evidence of an extreme development of all the vital organs, and the other presents just as clear evidence of extreme deficiency. The nutritive processes are very obviously not equal. In one there is an abundant, indeed, an over-supply; while in the other there is a scanty supply. Let me say in passing, that in the examination no other than morphological data were made note of, and in the analysis only such will be considered. But from this do not jump to the conclusion that this is deemed a complete examination or a complete analysis. I wish merely to try and show how much can be

made out in the concrete case from this standpoint only, and how important and essential that morphological factors are taken into consideration.

As you turn to the figures which are here placed on the blackboard, note first of all the difference in stature. That of Bob we see is 134.5 cm., and that of Charles is 152.5, a difference of 18, a shade over 7 inches. Remember their ages are about equal. The thoracic circumference of Bob is 78 cm., and of Charles 62.5, a difference of 15.5. The former is 10.8 above normal and the latter 14 below normal. The sagittal diameters are 13 and 19 in the former, and 11 and 14 in the latter. The one has a deep chest and the other a shallow and flat chest. The biaxillary diameter is 27 in Bob and 20 in Charles. In actual figures the former has a thoracic excess of 1570 ccm. or 36 per cent and the latter a deficiency of 1879 ccm., or 35 per cent. Need I emphasize the fact that the vigor of the functions is not and cannot be equal? Equal supply of oxygen is utterly impossible. Neither quantitatively nor qualitatively can the circulatory functions be the same. In one there is an arterial dominance and in the other a venous dominance. This is very evident when we compare the character of development of the subcutaneous veins. In one they are absent and in the other they are abundant; which means that the deeper tissues and parenchymatous organs are supplied with arterial blood and have an active metabolism in one, and engorged with venous blood and have a sluggish metabolism in the other. One does not have to be much of a physiologist to know that the nutritive processes and so the building processes cannot be equal. Now when we come to examine the heart we find similar disproportions that we found in the lungs; and naturally so, for there is always a definite relation between the development of these organs. The heart in this boy with the large chest is large, vigorous and fast—the pulse is 88—while in this other boy the heart is small, weak and considerably slower —the pulse being 70. How greatly these things influence the circulation is not difficult to imagine.

The examination of the abdomen reveals similar disproportions in development of the organs. In the case of Bob we find excess in every measurement—length, depth, width and circum-

ference; while in Charles we find deficiency in every one except length. But in this case the excessive length does not have the same significance as it has in this one, for the excess is found in the upper segment of the abdomen, that is, between the end of the sternum and the umbilicus. Between the umbilicus and the crest of the pubis we find deficiency. Though the upper is long it is small in circumference, shallow in depth and narrow in width. This can have but one meaning, and that is, ptosis. Every organ in this region is badly placed, and the predisposition to ptosis is great. Only a radical change in the size of the cavity will prevent this unhappy condition. The short umbilico-pubic line and narrow pelvis tell us that the intestinal cavity is smaller than normal, and this means that the intestines are likewise smaller than normal. With this other boy we find the lower as well as the upper segments of the abdomen large, and we also find the bi-iliac diameter greater than the normal. In this boy the organs are larger, better placed, better nourished and hence are more vigorous in their functions.

And, finally, when we come to examine the nervous system we again find excess in one and deficiency in the other. In which one we find excess and in which one deficiency you can easily guess. This means that the large and capacious organs in this boy are also vigorously energized, while in this one the organs are not only small, badly placed, but also poorly energized; making us wonder that he has as much of a body as he has. He weighs 90 pounds while Bob, 7 inches shorter, weighs 112. Examination of the muscular system shows that Charles' muscles are exceedingly small and flabby. The thoracic muscles are especially attenuated; and you observe the droop of the shoulders. Time and again he is told to straighten up; and with this command he tries to comply. He pulls himself up, pushes his abdomen forward and produces a marked lordosis. We are apt to overlook the fact that the spine has little or nothing to do with squaring the shoulders. The rhomboid muscles do this. Now look at his scapulæ: they are far apart and project far beyond the normal. Observe how I am able to push my fingers under the scapula to their full length. Now this has a deeper meaning than merely square shoulders. Drooping shoulders result in pressure on the first

rib, and the pressure is exerted in such a way as to cause an abnormal increase in the arc of the rib and so decreasing the sagittal diameter of the apex cavity. Let this condition remain until the costal cartilage has become ossified and you have a permanent defect which prevents normal and adequate expansion of the apex of the lungs and thus a condition of predisposition to tuberculosis. This fact was definitely shown in a study of several hundred cases of pulmonary tuberculosis. How important then that a child is helped to develop his rhomboids.

Now how do these structural conditions influence the functions?

Let us consider those of the thorax first. Charles has a deficiency, as has been said, of 14 cm. in his circumference, 1.5 in length of sternum, 2 in sagittal diameter and 5.4 in the bi-axillary diameter, or a deficiency of 35 per cent. Surely no one with a modicum of knowledge of physiology will say that a 35 per cent deficiency in oxygen supply can exist and the metabolic processes be normal; or that with a deficient metabolic rate the nutritive processes can be normal; or that such a defect can be safely ignored in the treatment of any condition that may develop and demand treatment. And yet it is an incredible fact that this latter is just what men and women are doing who pretend to be scientific physicians. Nothing is normal and nothing can be normal in the presence of such a morphological condition. Our physiologists are now telling us that the amount of oxygen consumed is an index of the metabolic rate. This deficiency accounts for the distended subcutaneous veins, the cold clammy hands, the sallow skin, the malnutrition that is so evident, the poor muscular condition and a host of other things that indicate low vitality, predisposition and susceptibility. In an acute condition, no matter how severe, the temperature would likely not reach 102. But in Bob the same condition would run a temperature of 104 or even 105, and, moreover, this would be reached in a few hours' time. Here the blood surges through the system with great force and great rapidity. He would, in a pneumonia, reach a crisis quickly, recover quickly or pass away quickly. While with Charles it is doubtful that a crisis would be reached at all. The whole process would be tedious. And does anyone imagine that

given *Aconite,* for example, in a proving, they would react alike? Impossible. I doubt that Charles would develop a single symptom. Bob, on the other hand, would undoubtedly develop every characteristic symptom of the drug. He has the apparatus to do it with.

The character of development of the abdominal organs quite clearly indicates what the character of the functions must be. Bob will digest anything that is edible, whereas Charles will digest nothing perfectly, no matter how simple and digestible. His organs are small, badly placed and very imperfectly nourished, and as has been said, poorly energized because of a deficient nervous development. The intestinal tract is deficient in growth as well as in development. This is shown by the short umbilico-pubic line and a short bi-iliac diameter. These two measurements are positive evidence that the intestinal cavity is small; and as nature cannot put large organs in small cavities the conclusion is justified that the intestines are small. This of course can have but one meaning, namely, weak function, a strong disposition to constipation, imperfect intestinal digestion. The fact is now well established that the vigor of the digestive function is in relation to degree of development of the intestines. But in Charles the intestinal condition is aggravated by the deficiency in the anatomical and functional correlations. Nothing is up to the normal. The liver appears to be larger than normal because of the wide area of dulness. But this is not reliable evidence. The area is wide because the liver is forced down by the shallow dome of abdomen, the short bi-hypochondriac diameter and deficient circumference. Bob, on the other hand, has an enormous development of the liver. Where Charles is deficient, Bob has excess. The lower sagittal diameter of the thorax, which really means that of the dome of the abdomen, in Charles is 14.2 cm, while in Bob it is 19. The hypochondriac diameters are 20 and 27, and the circumferences are 60 and 81—8 below normal in Charles and 15 above normal in Bob. And so I might go on for an hour; but this much may serve to show what is meant by the morphological diagnosis.

Now for just a word about the treatment; that is, the morphological treatment. The medical treatment is not within the scope of the present subject.

In the case of Charles we see at once the absolute necessity of increasing the thoracic functions. Hence we prescribe deep breathing exercises. The oxygen supply must be greatly increased, for only so can normal chemical processes be made possible. With a deficiency of 35 per cent these, as I have said, are not possible. Next, the diet is tremendously important; and this must be selected, not on some theory worked out in a chemical or diet laboratory, but on the basis of the structural facts. The size of his organs, the strong tendency to ptosis, the poor circulation, etc., are far more important factors than are those on which our diet theorists usually base their prescriptions. On a vegetable diet, which is invariably prescribed for constipation, Charles will starve. His small intestines can neither furnish the necessary amount of intestinal ferment for vegetable proteid digestion, nor can they properly take care of the large mass of material. He must have a relatively large amount of the animal proteids—meat, fish, eggs and milk. These have more nourishment per given bulk than vegetables, moreover, are digested in the stomach. This will relieve the intestines. Bob, on the other hand, should have the reverse. His diet should consist largely, if not entirely, of vegetables, and especially in the raw form. In this way the appetite would be satisfied yet the lymphatic output would be low. A diet with a low proteid content is clearly indicated. Much more could be said on this subject, but I fear I have already taken too much of your time.

But someone asks, How about selecting remedies on the morphological basis? There is little to be said. We have been too concerned throughout the years in gathering symptoms and have completely ignored the relation between effects, symptoms, and the morphologic conditions in which they originate and by which their mode of evolution is determined; hence we are unable at the present time to make a connection between the two—structure and function. We should be able to do so, and could do so if we had a broader vision. And could we do so, we should be in a position to scientifically interpret the symptoms in the materia medica; something we are not able to do at the present time.

NEW YORK CITY.



DISCUSSION.

DR. WILSON: What influence would you think the endocrine glands would have in the increased development of one boy and the lack of development of the other?

DR. RICE: They have a profound influence in regulating the vital forces, but they are not producers of such force. Hence they are sometimes the victim and sometimes the villain in the case. Which means that we are always confronted with the question: When are they the victim and when the villain? A defective thoracic development and poor pulmonary and cardiac functions will exert a profound influence on the glandular development and function. This fact is certainly not difficult to understand no matter how little one may know of morphology.

DR. UNDERHILL: How is the average physician to arrive at a remedy from the morphological standpoint? How many measurements are required?

DR. RICE: I have been successful on occasions in choosing the right remedy on the morphological data alone, but that can't always be done. The construction of the materia medica does not enable us to do so. In the building of this we took note only of effects, ignoring causal conditions altogether; and this I consider was a serious error. Were we able to accurately connect cause and effect we would be far better prescribers and physicians than we are. This tall boy has in general the appearance of a *Phosphorus* type, but this is only in general. Before one decides he must search into the particulars. I usually make from 30 to 35 measurements in each case.

DR. UNDERHILL: If you had, for instance, the case on the left, the tall boy, Bob, you could then get up a rubric of remedies that would be included under such a combination of measurements, for instance *Phosphorus, Tuberculinum,* and so forth. If that was usually warranted, such a rubric could be introduced into the *Repertory,* but symptoms not ignored nevertheless.

DR. MACLAREN: Do you consider the fat boy normal?

DR. RICE: Emphatically no! His predispositions to disease are equally as strong as they are in the other boy, but obviously of an entirely different type. Unless wisely dealt with his chances for a long life are no better than are those of the other boy. His strong propensities will lead him to abuse his functions, and this will end in unhappy consequences later in life. Of course both need exercise in their treatment, but not of the same character.

DR. HAYES: I would like to ask Dr. Rice one question—if he will give a morphological explanation of how water can come out of the same pipe either fast or slow.

DR. RICE: Yes, it depends upon the size of the pipe and the pressure behind it.

DR. HAYES: The pressure—that's it.

DR. RICE: Not being a plumber, and never having made a proving of this experiment, I don't know.

DR. HAYES: The pressure explains it.

DR. RICE: What makes the pressure?

DR. HAYES: Back of the pipe, the tank.

DR. RICE: No, because the pressure, the condition which produces the pressure is part of that same morphology, the tank which contains the water is part of the pipe that is transporting the water.

DR. HAYES: We have the same function in the human being.

DR. RICE: That is why I say sometimes plumbers use better judgment than we do. When you have, for example, the case there with the little bit of development, what has that heart to do? Small development of the lungs means small pulmonary organs. There is a predisposition to right side enlargement, I wouldn't be a bit surprised whether this tall boy already had an enlargement

there—I didn't go into that, yet where we have this huge development there is intense pressure too, but a tendency to enlargement of the left side. To sum up: The pages of our materia medica are pages of facts with bewildering contradictions and uncertainties, and by contradictions I mean this: a remedy is indicated in constipation, in diarrhœa, it is indicated for sleeplessness and stupor.

WHY does *Bryonia* indicate constipation in one individual and diarrhœa in another?

Bryonia will produce constipation in every single case in which lower abdominal development is less than the normal. On the other hand, in an individual who has a lower abdominal measurement up to the normal or above normal, *Bryonia* will produce a looseness of the stool and in some cases a high degree of diarrhœa.

DR. PULFORD: What brings about those changes?

DR. RICE: You know that there can be no such thing as function without organization. A function is in relation to degree of development in every instance, and in a case where there is deficient development there is deficiency in function, and you have depression from a drug like *Bryonia*. On the other hand, if you have a high degree of development, and you give him a drug, you stimulate and you get the reverse effect. There is the whole thing and so far as Hahnemann is concerned, he tells us that unless we know the constitution behind these conditions we don't know as much as we ought to know.

HOMŒOPATHY IN THE WHITE HOUSE

A. PULFORD, M. D.

Jottings (B. and T.) gives space to the announcement of Dr. Joel T. Boone's appointment as personal physician to President Hoover and notes that Dr. Boone is a graduate of the Hahnemann Medical College of Philadelphia.

Here is a chance for homœopathy to score. Will it have the opportunity or will it be caricatured as it was during the Harding administration by the late Dr. C. E. Sawyer? Will homœopathy, the spirit of Hahnemann and all true homœopaths everywhere, have the opportunity to be proud of the homœopathy of Dr. Boone and the homœopathic teachings of old Hahnemann of Philadelphia, the old Hahnemann of early history, when homœopathy was HOMŒOPATHY and not a disreputable hybrid? Or will it —to the everlasting shame and disgrace of the homœopathic profession—be another LOST OPPORTUNITY?

It is up to Dr. Joel T. Boone. Is he equal to the occasion? We truly HOPE SO.

TOLEDO, OHIO.

DE PROFUNDIS IN HOMŒOPATHIC PHILOSOPHY

R. E. S. HAYES, M. D.

We have just read Dr. Pulford's article in the February *Recorder* entitled "The Science and Art of Prescribing" and take the liberty of attempting a little autopsy on it. We admit that this simile is far from perfect for the article is a very lively one and calculated to stir every homœopath who has an active interest in his art. The subject is one that will not be settled until Dr. Freeman has the electronic vitalizer installed in every home along with the auxiliary cerebro-spinal service, the patent cerebellar amplifier, the invisible handmaiden (praise the Lord!) etc.

Some months ago Dr. Pulford and the writer were engaged in a calorific correspondence on the subject of the super-*simillimum* and the results of its use. Probably his waste-basket was quite handy for some of the writer's efforts were lost and the lapse of time makes it now difficult to reweave the consistent pattern which was at first projected.

It is to be noted that the good doctor has a long reach at whatever engages his attention and this conception of homœopathic depth and range is no exception. Indeed, in the right perspective it is seen to be so potent that if it were a matter of "red-bloodedness" for instance, it might invite a crusade or inquisition

It is not a new thought, but the idea of perfect therapeutic art and effect has lain dormant so long that it has come to be regarded as an ideal seen as far off in some beautiful future, instead of as a practical proposition requiring close planning, personal coordination and effort.

Attempting to apply it individually it must rack the conscience of every prescriber. Personally we confess that when we first read the original manuscript of "The Predisposition and the *Simillimum*" (*Recorder*, Oct. 1928), we were sobered and depressed for some time; for we realized that even if the statements were only categorically true and not unqualifiedly true, that here was a proposition in which consciences and care are

to be laid bare, here were possibilities limited only by the boundaries of individual will to self discipline and accomplishment.

Just the same we cannot resist a little criticism. Dr. Pulford's proposition as stated that "in each and every case, no matter how severe, serious or complicated the disease may be, the perfect *simillimum* (perfect remedy and potency) should carry completely through without the aid of any other agent wha[illegible] and in the majority of cases without a single repetition" is r[illegible] cryptic, for we might ask what is meant by "case" and "dise[illegible] Does he mean all there is of the individual, past, prese[illegible] future? Or does he mean the phenomena present at a[illegible] time? The conditions cited in the February article hardly [illegible] the questions because although they were magnificent cu[illegible] dounding to the power of homœopathy as well as to the p[illegible] of the prescriber, how do we know whether these patie[illegible] not sometime have to be cured again of something or oth[illegible]

We remember asking something like this, and wheth[illegible] contended that the individual should be cured for lif[illegible] made a perfect being or whether something latent and in[illegible] the individual might yet come to the surface? And [illegible] whether disease itself were not a process of evolutic[illegible] elimination by homœopathic treatment a process of de[illegible] of the individual?

Let the doctor answer in his own words:

DEAR DOCTOR HAYES:

Your valued favor of Sept. 24th. was received.

No! no potency of any remedy will make any person "a pe[illegible] but it will lay the foundation for a more perfect generation to follow. Yes "it is a case of development", but not in the sense that I understand that you understand it. The gradual unlocking of miasms is equivalent to prescribing for separate existing conditions; and the consequences of the wrong potency the same as removing a part of the symptoms, then changing remedies. I admit that this is the best we can do under the present unfinished condition of homœopathy but by continuing in the state we are educating ourselves wrongly. In trying to help ourselves out of the consequences of this imperfect conception we are doing what Hahnemann so strictly warned us not to do—that is, "spin no theories". We should stick to facts and prescribe for the totality irrespective.

Let us take *Lycopodium* as an example. *Lycopodium* is an antipsoric, an antisycotic, and an anti-syphilitic. Now if *Lycopodium* is capable of routing out any or all of these miasms singly why not collectively? There is no doubt in my mind, from the results I have obtained with the *simillimum* that, when all our curative agents are fully proven, our difficulties will be solved but not before. If this were accomplished it would save a lot of argument.

Our ranks would then be more harmonious in effort. As it stands now, we are trying to accomplish perfect results with imperfect tools and laying the blame for our failures on the homœopathic method. If we will continue to develop and perfect homœopathy, we shall eventually find the individual keys to unlock the doors that will free and rid the body of all these states without repetition, or even change of remedy.

Sincerely and steadfastly yours,

A. PULFORD.

P. S.—When all is said and done regarding the miasms and their complicity should we not treat individuals rather than diseases or independent states?—A. P.

And again:

DEAR DR. HAYES:

In my paper at Pittsburgh, last June, "With a Paucity of Symptoms",* I related a case of syphilis of 30 years' standing. He received his first dose of *Hepar* on May 15th., '26 and his last dose of the 10M of the same remedy on November 23rd., '27. On October 6th. I received the following: "Am feeling fine. Have gained in weight and otherwise and with such results I cannot resist asking you for another prescription to keep on hand. It seems too good to be true". We immediately sent him a prescription of *Sac lac.*

It is the above letter that prompts me to re-answer your last letter regarding the unlocking of the complicity and cementation of the mixed miasms with a single remedy or key. Here we have not theoretical, but practical proof of our statement that: At all times, if we have the true, and especially the perfect *simillimum*, that the single remedy, and I feel confident the single dose, will unlock and free all these miasms, singly or complicated, without the aid of other remedies or repetition of the same remedy.

There is a marked distinction between the true and the perfect *simillimum*. The true *simillimum* just covers every phase of the case, while the perfect *simillimum* must in addition to this include the correct potency. Herein lies the perfect mastery of the art of prescribing and no man living or dead has ever attained that goal, though I feel sure that Hahnemann or Bœnninghausen would have reached it had homœopathy been completed.

We believe the above result one of the most model results ever attained by homœopathy, a practical demonstration and a true verification. When one considers the time the case had run, the complication of miasms and the excessive drugging the victim had undergone, it shows what the perfect *simillimum* will do unaided and alone and how it will unlock the door of any miasm or complicity of miasms.

We have since learned that the gentleman is an offspring of a complication of psora and sycosis, this being complicated with a fresh dose of syphilis, so diagnosed by the never-failing modern implements of "precision" of the modern medical man and further complicated by excessive doses of mercury, salvarsan and other modern innovations.

Again does all of the above confirm our statement and belief that when homœopathy is fully completed any and all diseases may be eradicated by the single unaided remedy in direct ratio to our ability, as masters of the art of prescribing, to find the perfect *simillimum*. This will eventually be commonly done.

Doggedly, persistently and consistently yours,

A. PULFORD.

We replied:

I enjoyed your last letter very much. The part that I enjoyed most, as a fitting finish to the whole, was "Doggedly, persistently and consistently yours". We can not, or do not, select the *simillimum* every time, but your

*March, 1929, *Recorder*.

ideal is not mere fancy or a dream, it is a proposition. It is something to work for, it needs study and planning both individually and concertedly.

To me the proposition seems so big that I almost shrink from it. It is so much easier to drift along on the security which discrete homœopathic prescribing has brought than it is to start pushing upstream again. To shave closely to the possibilities of the materia medica even as it exists now, to find out or follow out the wavering and shadowy line of perfected proving is no small matter, to say nothing of further additions and extensions. But the infection of homœopathic art is strong once it gets hold of one, the strongest influence in professional life; so let me ask a few more questions.

Is every vital force of that stable quality and quantity which will inevitably react as a cure to the perfect *simillimum?* In those cases which you have cited and which we all see occasionally, where a very chronic and complicated condition is cured by a single dose of the perfect *simillimum*, was the cure solely because of the perfect quality and potency of the remedy or because these individuals had sufficiently powerful latent vitality when roused, to sweep away all obstacles to harmony in the organism? Is there not this third element and is it not also a determining factor in the completeness of the cure, *viz.*, the power of the latent vitality? Is the weakness of every individual who is not moribund or disorganized matchable by some remedy and potency?

If so the way is clear. All we have to do is to perfect our art and expand our resources. But if there is this third factor then it is still more difficult and problematical.

We know that even homœopathy cannot overcome some congenital imperfections, nor create a perfect machine out of a deformed one. There must be a dividing line, a valency of energy somewhere.

Again, in considering your proposition we must ask: What is a cure? How long may one of these ideal cures last? If the patient should return some years later with symptoms, say of psora, would you think it a relapse or a new infection?

R. E. S. HAYES.

To this Dr. Pulford replied as follows:

DEAR DOCTOR HAYES:

In testing out things before I accepted them I found and made new discoveries, consequently the more I have delved into homœopathy the more fascinating it has become and the more its possibilities have been revealed, all of which are to me a dreamless ideal, a proposition that will come true some day just as sure as daylight follows darkness.

The real grounds of a homœopath's faith lie in getting results which, it was said, "could not possibly be gotten". I am ignorant and know it and the more I learn the more I am convinced of it and the less I think of the modern's assumed knowledge that he knows. As Pepys said: "One science will but one genius fit, so vast is art, so narrow human wit". It seems disheartening at times to think how little any of us know of even that one science. So little that it does not behove the very best of us to laud it over the rest of us. That familiarity breeds contempt is well illustrated in my own case, intimate association with doctors, judges and preachers has not heightened my respect regarding their "superior learning", but rather reversed the status. To fully realize how small a concededly great man is, just rise to his own plane and see how little he really knows, yet what little he knows seems to us both phenomenal and monumental.

We hear much of "when the carefully selected remedy failed to act, etc." This should read "when the *apparently* indicated remedy etc." for there is no difference in the carefully chosen and the carelessly chosen remedy that fails, no matter who gives the remedy nor how expert he may be. Our estimate of what a thing ought to be is neither final nor necessarily correct.

You expressed it clearly and concisely when you said: "It is so much easier to drift along on the security (?—A. P.) which discrete (?—A. P.) homœopathic prescribing has brought, especially when time is an element of consideration, etc." Yes! there is the rub. A charted track into a great forest would save all this wasted time of studying symptoms if we would only use that wasted time in preparing the chart! Each time we start into this dense forest we have to grope our way to find the goal, whereas there are clear and distinct markers if we will only spend the wasted time in finding them.

I was much surprised when I read, in Kent's *Materia Medica*, the very thing that I had believed for some time, which, when fully carried out, will solve all our present troubles. It reads as follows: "In the mineral kingdom, man may find his remedy when sick, so in the vegetable and animal kingdoms. It is possible that in the product of the serpent may be everything needed for the healing of man. Extend this to the whole animal kingdom and it is probably so. There seems to be everything existing in one kingdom that exists in another. The lowest is the mineral, the next the vegetable, and last the animal kingdom. If we had a perfect knowledge of any one kingdom, we could probably cover the entire scope of curative possibilities. But we have knowledge of only a few remedies in each kingdom". How true that is! and thereby hang all our failures. When we gain a complete knowledge of any one of these kingdoms the use of the repertory will be greatly curtailed for it is not "the wavering and shadowy lines" that "clinch" the *simillimum*, but the "rare, strange and peculiar symptoms".

The repertory is absolutely neutral, you only get out of it exactly what you put into it, so if the wrong symptoms are put into it only a wrong result can possibly come out of it. It has fooled me so often that I rarely use it any more in the regular way, for I have made more "ten strikes" without it than with it. However I would recommend its use by others rather than discourage it. How much I think of the repertory you can judge when I tell you that I have already bought five copies of Kent, four of which are almost worn out. I could not practice medicine without one. I have one at my elbow all the time. We carry one with us all the time and are not afraid to use it, but personally I spend very little time comparing "wavering, shadowy lines."

"Is the vital force of that stable quality and quantity which will inevitably react as a cure to the perfect *simillimum*? Is there not a third element and is it not a determining factor in the completeness of the cure, *viz.*, the power of the latent vitality? Is the weakness of every individual not moribund or disorganized matchable by some one remedy?" Yes! The weakness of every individual where the parts are not worn out by age or mechanically changed by accident or surgery, is matchable by some one remedy and potency and it is up to us to finish the unfolding of homœopathy that it may be brought about. This truth is also demonstrable by the remarkable cures made by the newly introduced remedies, cases whose cure was never dreamed of before. All this should be convincing evidence of our statement. There are more failures in our art through the wrong potency than through the wrong remedy. I have verified this many times. The vital force, itself, is never weakened; only its action through an obstructed or partially destroyed part is weakened.

The vital force itself is as strong as ever no matter what the ailment. The vital force is something apart from its container and must have a free right of way to operate. No matter how much force there is back of a stream of water, if the pipe through which it must pass is obstructed, the stream will be weak. Thus it is with the obstructed vital force. Once the opposing obstacle is removed the vital force will be just as strong as ever and can and does come back with all its previous vigor. The cure of any disease is de-

pendent on the complete removal of the obstructing force. Only the perfect *simillimum* can unlock the door to free the disease or rather the predisposition thereto. The completeness of the cure, and cure means completeness, does not depend on the state of the vitality but upon the material to be restored so that it is futile to expect a cure where a part is missing or even partially destroyed, but if all parts are intact a perfect cure can be expected.

"The way *is* clear" and all we have to do is "to expand our resources and perfect our art." We shall never arrive at the potency solution until our art is perfected and the unfolding of homœopathy is completed, only after careful observation of its action on many cases relative to age, conditions, form, character, acuteness and chronicity of the various diseases. We must bear in mind as you say that, "there must be a dividing line somewhere". We are not unmindful of the inability of the proper remedy and potency to overcome "congenital imperfections nor create a perfect machine out of a deformed one", but even here the line must not be drawn too rigidly for I have seen some wonderful results with some forms of congenital conditions.

"What is cure? How long do these ideal cures last"? Hahnemann specifically defined the term cure in the first paragraph of the *Organon*, in a very few words, whether he realized or meant it in that way or not. Relief consists of three divisions, *viz.*: Cure, palliation and physical suppression. Here two things must be considered: Cure and health. Hahnemann said: "The physician's high and only mission is to restore the sick to health, to cure as it is termed". Then the question arises: What is health? Health is the complete absence of disease. A cure then must of necessity consist of the complete eradication of disease or rather the particular disease to be cured, root and branch, which includes also the predisposition to that particular disease to be cured. If the cure is made it is final, and will prevent the transmission of the predisposition to the offspring.

"If the patient should return some years later with symptoms, say of psora, would you think it a relapse or a new infection?" If the patient returns with a relapse in the original form the supposed cure was only a suppression and not a cure. If it return in a different form then it is a new infection. A relapse in the original form is always a sign of the wrong remedy or the wrong potency.

Our fatal mistake is in considering homœopaths as finished products and basing all our conclusions on that false premise. There are many obstructions in our path to our final goal and the selection of the perfect *simillimum*. First, foremost and greatest of all there is the indisputable fact that instead of homœopathy being a completed product we are only just beginning to scratch the surface of its unlimited possibilities; again there is the patient's inability to express himself; our inability to interpret his expressions and the records of our materia medica so as to be able to perfectly match the two; the average poor acquaintance with the materia medica as it even now exists; lastly, we are attempting to do just what Hahnemann warned us against doing, i. e., "attempting to formulate theories" as to miasms, etc., and trying to obliterate this miasm or that miasm instead of trying to find the characteristics, the red strands and the "rare, strange and peculiar" symptoms that indicate the remedy of the individual regardless of these theoretical speculations.

Let us not forget for a single moment that homœopathy is a separate, distinct and complete system of medicine in itself, it is perfectly independent of any other so-called system whatever and until it is absolutely divorced from them can never be a perfect success. Those who claim otherwise and insist that it is a therapeutic specialty do not understand homœopathy thoroughly and base their conclusions entirely, though falsely, on the firm belief that it is a finished product. When it is completely unfolded it will be perfectly independent of everything but surgery. Allopathy is nothing but a chaotic jumble

of temporary expedients from which homœopathy need not borrow except for two reasons, *viz.*, ignorance of homœopathy or to temporarily fill in until homœopathy can be fully unfolded. So far homœopathy has shown that it does, or will, contain everything necessary to cure, to palliate (temporarily suspend), for euthanasia, and when necessary, for physical suppression, this latter being all that allopathy can possibly do.

It will take a few more Hahnemanns to finish the unfolding and a few more Bœnninghausens and Kents to interpret the findings after that is finished. Eventually these men will come on the scene, but unfortunately for us at the present time such men do not exist.

Yours, with a constant, burning desire for more LIGHT,

A. PULFORD.

Whether we regard the individual vital force as a static, self-contained thing or as an ever flowing fountain supplied by the common source; whether as a complete spirit-like mechanism to be modified by the physico-material existence or as a constantly evolving thing in which disease is but a knot in the vital energy to be dissolved; whether we agree that in the natural world is somewhere contained the *simillimum* for any and all perverted states of the vital force unless material pathology obstruct (and it would seem that it must be because man's body came and developed from it) at least we must agree to the way Dr. Pulford points out, i. e., the development of the peculiar, rare and strange in our armamentarium of *similia*.

How often, almost daily, do patients give us strange, rare and peculiar symptoms which have a cardinal relation to the selection but which cannot be found in the materia medica; but which, if they could be found, would indicate either finely selective but now unknown remedies or shorten the work of discerning a familiar one. We suspect, too, that this work must be finer and superior, in end results to those of purely electronic selections. The latter, it would seem, must average to be less psychic in their sphere and therefore not as pervasive in action.

On the other hand, "matching on" remedies and manipulation of potency in the present status of materia medica art cannot be despised. We have seen too many patients "zigzagged" to health, too many short and feeble reactions (both in acute and chronic patients, the supposedly incurable,) lengthen out; and we have seen the patients be finally restored by careful repetition and change of potency according to the increasing degree of vital energy as they progressed.

That there may be a single remedy and a single potency

and dose for such patients would seem logical. Perhaps we encounter it oftener than we observe it for many of our best cures soon get out of sight and are only heard of years after and no doubt others not at all. We have seen so many unexpected and remarkable cures and recoveries that we rather tend to doubt what homœopathy may *not* do than what it *may* do.

Dr. Pulford's criticism of present ways and means and his vision toward future development is vital; and the problem of how and how not to attempt that development is just as vital.

WATERBURY, CONN.

ARSENICUM ALBUM

HENRY N. MARTIN, M. D.

"The *Arsenicum* man is the most miserly man in the materia medica. In a state of health he is tall, spare and austere. His features are wrinkled, dried and leathery, while his hair and eyes are dark, his hair is straight and harsh; everything about him is harsh; when he walks by you in the street, he walks fast, runs against you and wants a good deal of elbow room; he is impolite, money-making, covetous and malicious; he would rob his own brother for the sake of gain; he has no affection for the opposite sex, and if he marries he does so to obtain wealth; he is more attentive to his ledger than his wife. He is a very anxious man—he is so anxious to make money that he has no time to be a fashionable man, but studies his ledger instead of attending parties, balls, theatres, or the billiard room; he is not a daring man, and therefore does not take great risks in his business operations, but rather seeks wealth through miserly habits, and low underhanded cunning and meanness; he is totally wanting in moral courage and constantly fears death; he cherishes none of the finer feelings of human nature; unlike the *Aconite* and *Phosphorus* persons he never thinks of fine clothes, and never goes into ecstacies over a new hat or a new acquaintance; he has no love for anything except self. He is himself repulsive and his diseases are of the repulsive kind, such as ulcers, cancers, etc. He loves a hot stove and warmth generally, and his diseases are of a burning and acrid character".

PRODROMAL SYMPTOMS*

GUY BECKLEY STEARNS, M. D.

"The prodromal symptoms contain the keynote for the homœopathic remedy."

The above quotation is from a remark made by Dr. Boger at one of our meetings and is borrowed as a text for this paper. It was made in a discussion of some aspect of acute prescribing, but has a profound application to the homœopathic method as a whole. Six years ago I was asked to prescribe for the wife of a physician; she was in a grave condition from Bright's disease. Her case had been worked up clinically by standard methods at the hands of competent physicians. She presented the following indications for homœopathic study:

A frontal headache in the morning on arising from lying.

More or less constant fulness of the head, with cold hands and cold, perspiring feet.

Hunger diminished.

A faint all-gone feeling at 11 a. m.

Craving for alcohol, salads and fruit.

More thirst than hunger.

Aggravation from eating fats.

Constipation.

General aggravation of all symptoms in the morning.

General aggravation from heat and from the sun.

Enlarged thyroid before her menses.

Her past history was: Typhoid fever eleven years before. She had never been well since this. Her treatment during typhoid was cold baths with no medication.

The following were the points that she could remember of that illness:.

The first symptoms were a severe "bronchial cold" with a hard cough which caused a pain through the upper right chest to the back.

With this was a severe frontal headache which was worse from light and better from cold. She remembers having this throughout the illness.

*Read before the I. H. A. Bureau of Clinical Medicine, June 1928.

Great thirst.

Constipation.

Quiet delirium, in which she saw figures with hideous faces in the corner of the room.

All of her symptoms were worse from four o'clock in the morning on.

Although *Sulphur* appeared to be the suitable remedy for the symptoms she had at the time that she came to me, the symptoms that she had with the typhoid infection called for *Bryonia*. This was given with immediate benefit and final cure and she is today apparently in perfect health. Her husband remarked that he had never seen a case worked out just that way and said it ought to be published. This was an application of the principle embodied in the opening quotation. Her prodromal symptoms were those which she had with typhoid fever, from which she had never recovered. It is not possible to apply this principle to every chronic case, because the beginnings are often buried so deep in the past that they cannot be recalled and also, in many cases, conditions develop without any obvious symptoms. It is like many other principles in homœopathy. It applies only to the cases to which it can be fitted.

Another case where this principle applied was that of a patient suffering from valvular heart disease with failing compensation. This patient gave a history of two attacks of acute rheumatism and one attack of pneumonia. The history of each of these attacks showed plain indications for *Bryonia*. Her present symptoms were not particularly indicative of *Bryonia*. She had been digitalized more or less for a long time. *Bryonia* gave her marked relief and restored her to a comfortable state of health. One of the best illustrations of this principle was related to me by the late Dr. J. H. Carter. A man had been in the hands of the elder Wesselhoeft of Boston. One of his chief complaints was an obstinate constipation. He went regularly to Wesselhoeft over a period of two years when, because of change of business, he moved to Philadelphia. At his last visit, he asked for the address of a physician in Philadelphia and Wesselhoeft told him to go to Dr. Lippe. The doctor then said to the patient, "I have never been able to help you and I have often wondered why you

continued to come to me. Your case has troubled me a great deal". The man told him that he had continued under his treatment because he had confidence in him and that, although he had not helped him as regarded his constipation, there was some improvement in other ways and he was impressed by the painstaking way in which his case had been handled. At his first interview with Dr. Lippe, the doctor went into his past history and learned that, many years before, he had had diphtheria from which he nearly died and that, from that time, he had been constipated. Lippe told him that he had never been cured of diphtheria and, on the symptoms that the patient could remember, he was given *Lac. can.* in high potency. This brought about a speedy cure.

That there is a natural sequence of conditions leading to any chronic state is not a new idea. This appears occasionally in medical writings. Dr. J. T. Simonson, several years ago, wrote a paper on "Residual Conditions", showing how many troubles of adult life have their beginnings in infancy. At one of the meetings of the American Medical Association, the thought was presented so neatly in one of the papers that it attracted the attention of the daily press. In this article it was stated that every illness is a fatal one and the writer enlarged upon this idea by showing how each illness in an individual's life leaves its effect and that the culmination of the effects of all the patient's illnesses is the last illness. Thus, the first illness is the prodromal factor of the last one. In cases where the early indications cannot be obtained, the remedy must be selected on the present symptoms. If this is well selected and the patient improves, older manifestations come back. If these are not disturbed but are allowed to develop until a new picture presents itself, a second prescription can be made which carries the patient further back. It is in working back that cases are often mixed up, for, if the second remedy be not skilfully selected, the symptoms become so modified as not to develop the symptom-picture of older conditions. These cases do not fully recover. If the record of such a mixed-up patient be studied over a period of two or three years, it will be found that, instead of the symptoms disappearing after

they have been reproduced, they keep recurring at intervals and there is only a slight headway made toward cure.

In malignant conditions, it is usually difficult to obtain prodromal symptoms. However carefully the case may be taken, nothing can be obtained from the past and frequently there is nothing in the present symptoms that is positively indicative. The reasons for this may be some unknown factors having to do with the ætiology of cancer.

The principle of the prodromal symptom in its relation to the curative remedy was followed by Hahnemann in his directions for prescribing for epidemics. This was taught also by the late Timothy Field Allen, who cited an epidemic of influenza where he and his son made a composite picture of the first few cases and worked out the remedy that best covered them. In such a workout there will be one predominant remedy and a few remedies which cover more or less well. When this group of remedies has once been established, the prodromal symptoms in the individual case show which one of the group of remedies is required. This is true even though the picture at the time is not sufficiently complete to indicate the remedy. The composite picture is the epidemic picture. During the influenza epidemic of 1918-1919, some of the most severe cases required *Arsenic*. The full indications did not appear until the patients were quite ill. These cases had a marked aversion to food. In *Arsenic* in Lippe's *Materia Medica*, appears the symptom "cannot bear the thought of food". In studying a few of the *Arsenic* cases it was found that the first symptom was a sudden and complete loss of appetite, where even the thought of food was repugnant. In fact, when the patient was asked about his appetite, his facial expression indicated his aversion to the thought of food. After observing this prodromal symptom, much time was saved and serious developments avoided, for all conditions requiring *Arsenic* are serious. Another symptom which appeared in that epidemic as a prodromal indication was "circumscribed redness of the cheeks". In one epidemic this almost always indicated *Sulphur*. At other times, it has been indicative of *Arsenic*, or *Phosphorus*, or *Antimonium tart.* or *Sanguinaria*. The rest of the symptoms indicated which of this group

was required. The hectic flush simply called attention to the remedies.

Broadly speaking, the chronic miasms, psora, syphilis and sycosis, are the prodromal indications for the remedy in many chronic cases. It is unfortunate for our school that the late J. H. Allen could not finish his writings on the indications of these chronic miasms. In acute conditions, the prodromal symptom applies to the first symptoms which occur in the present illness and one must not be diverted from the present need to too deep investigation of the past conditions. In chronic diseases, the prodromal symptom applies to all of the former illnesses.

NEW YORK, N. Y.

Dr. R. F. Rabe announces his retirement from practice in New York on June 15th, and his departure for Europe shortly thereafter for an indefinite stay. Upon his return, notices will be mailed to all patients, who in the meantime are referred to Dr. W. J. S. Powers, who has been associated with Dr. Rabe during the past two years. Dr. Powers will have access to all case records.

HIGH POTENCIES DO WONDERS SOMETIMES

R. C. BOWIE, M. D.

One of our doctors had a patient treated by x-ray to stop hæmorrhage at menopause. They gave her an over-dose, more than an hour's exposure. The woman went insane, became moribund, and some six or seven of them said she must die.

I was called to treat another member of the family and they wanted me to examine her. A perfect picture of *Sulphur*, so I just gave her one dose on the tongue.

The husband tells about the marvelous cure to every one he meets, and I just let him give me the credit.

FORT MORGAN, COLO.

THE HOMŒOPATHIC LABYRINTH*

DAYTON T. PULFORD, M. D.

In this, my first paper before this honorable body, I do not expect to snatch any laurels from the brow of Hahnemann or his galaxy of noted followers and it is more than likely that there will be little that I can offer you, being not yet dry behind my professional ears, figuratively speaking. But I would like to make a plea for the bringing of our homœopathic literature, and especially our textbooks, into a more accessible form. As a school we are judged by others from the standpoint of our literature, by those who seek our weaknesses and by those who wish to sincerely investigate homœopathy. A poorly organized and presented literature is not a favorable front to put up to either of these two classes.

Periodically, I might almost say perennially, some one rises up and demands that our materia medica be whittled down and emasculated. We all know most of the "whys and wherefores" of this demand. But there is one reason which has not been given much attention and that is the labyrinthine way these books are put together. There seems to be no head nor tail in reading them. They appear to be full of contradictions. There is no way to find out from a text which are the most important symptoms. And worst of all, no two textbooks seem to agree except in a general way. All of this makes the bulk more apparent than real. An orderly presenting of the material would go a long way in overcoming this eternal objection. None of us here will stand for sapping the materia medica of all the material which is of value. That which is known to be false is another matter. Columbus might just as well have tried to fill up the Atlantic so that he would have less ocean to cross—an asinine and impossible procedure. Our whole trouble with the materia medica is its inaccessibility, particularly to the novice, not its mass.

We should have an authoritative reference materia medica containing all that is truly known of every drug, in loose-leaf binding to permit of expansion and presented in a systematic and easily accessible form. At present each man must have a miniature congressional library so that he can get part of his information from this book and part from that book until after many hours of searching he has obtained the whole. This would not be so bad if he had lots of room and time and what is more important if he could get the material. But, he cannot as much of value is out of print and is unobtainable at any price. A good set, quite complete, published under the authority of a body like this and whose arrangement was systematic would take up but little room and help that apparent mass to fade to a great degree. An index like the *Index Medicus* would keep us in touch with all our current literature and our demands in this could be quickly gratified.

*Read before the I. H. A. Bureau of Homœopathic Philosophy, June 1928.

Our larger works suffer from disorderly arrangement chiefly. Take up a volume of Hering and note the hodge-podge way the symptoms are thrown in. Sensations mixed up with pathology, modalities with concomitants. One must read through a whole section and then if he has not forgotten what he is seeking he may find it. The shorter and smaller books suffer from both disorderly arrangement and omissions. My suggestion would be to write a full materia medica containing all that we know to be true in an orderly and systematic way. This latter could be determined by answering the question: What is it we wish to know about a remedy that will enable us to apply it in disease? This is answered when we say that we must have a picture of the drug as a whole, what characterizes it both as a whole and in its parts, in other words the value of symptoms in general and of any one drug in particular. Then make out a schema which includes all this and be sure to emphasize such material to which we are all forced to agree, thereby making us all sure of its worth, and proceed to write a materia medica on this basis. The data will be orderly and easily found, the bulk will become less noticeable and our labyrinth will become a direct highway to cure.

Much has been said about the diligence of the men who comb at this labyrinth for hours to find what they want. Diligence is a great virtue and is to be admired. But does the diligence in sailing around Cape Horn when one can as diligently sail through the Panama Canal deserve much admiration?

TOLEDO, OHIO.

DISCUSSION.

CHAIRMAN HAYES: We appear to have here a concrete proposal in this paper. Let us have that discussed.

DR. BOGER: Mr. Chairman, at the risk of taking a little something from my own paper, I want to speak of this very excellent paper also. In looking over, studying remedies, we are accustomed to follow the usual course with usual sequence of the organs from mind on down. Now in doing so we miss the main point, the main objective in the study, and that is we at once get the matter in such a dissociated way that we miss the congruence of the symptoms which certain physicians tried to establish in publishing the encyclopædia of drugs. Now take any drug—*Ipecac*, for instance. A certain red strand in *Ipecac* is probable, you have vomiting after breakfast, vomiting here and there and somewhere else; you have continual reiteration of that in connection with almost any symptom. Now if you can hold that connection in any symptomatology, then you have the basis, a firm basis from which to work upwards.

In my *Synoptic Key* I have tried especially in the new edition to point that out a little bit, how to reach a remedy, how the leading indications in each remedy are found, how almost any symptom of that whole remedy may be preceded by this red strand, that is no keynote symptom in every case at all.

The other class of symptoms which we have are the odds and ends, the odd symptoms. Those can be utilized in various ways, and are utilized in various ways, and those odd symptoms don't often occur along these basic symptoms, but those basic symptoms and that congruence of symptomatic arrangement has got to be understood first before you can understand the rest.

Now take a work like Allen's *Encyclopœdia*, and you have got to read one remedy through carefully before you can get that, and I may as well state it here, if you undertake to read a remedy like *Thuja* which has over 3,300 symptoms you have quite a job on your hands, and a man who would like to practise is hardly likely to have time enough to get the picture of *Thuja* in his mind—that must be done while you are a student.

DR. HUTCHINSON: Mr. Chairman, I would like to know if it is in order to ask Dr. Boger to explain why possibly in the books of provings the coincidence of symptoms has been lost sight of since the original provings. Dr. Milton Powell of grateful memory, used often to say that he thought it was a very great mistake in proving a remedy to dissociate the symptoms as they appear; that as they appear, if there was a mental symptom and a gastric symptom and perhaps a muscular one, they should be connected or kept together, as making a possibility of prescribing accurately much more certain, and it seems that if, in new provings, we could preserve that method, it might be an advantage. Perhaps Dr. Boger knows more in detail about what I have suggested.

DR. BOGER: Some of the older books, especially Jahr, give under each chapter the concomitant as a separate subject chapter, or Bœnninghausen who has it all summed up in one rubric, but Jahr has it summed up as concrete symptoms.

Of course there is another side to that question, and that is that these concomitants are of very variable quantity and because a concomitant is there it is just as apt to lead you off the track as on to it, unless you have this basic picture in your mind. First this basic conception has got to be in your mind, then the concomitant won't lead you off.

DR. GREEN: I would like to add something to the paper on a correlated idea which is part of the plan of the Bureau of Publication of the

American Foundation for Homœopathy, that all the homœopathic literature that is now scattered in all sorts of libraries and all of it that is now out of print be indexed adequately which means indexing in more ways than one in order that students may find access to it.

Supposing a student of homœopathy wanted to find out, or suppose an allopathic physician wanted to find out what homœopathy could do for pneumonia, if he could come to headquarters or wherever this index was kept, and look up the card index on pneumonia, he would find out, if this index were completed properly, whatever that library could afford on pneumonia homœopathically treated and also what other libraries in the country contained; and if he wanted to hunt up all that was known about a cerain remedy he could find that; and if he wanted to approach the subject under the heading of what this or that physician now deceased had written, he could find that, all listed under that physician's name.

Such a thing has never been done to my knowledge and it would open up things for students as they have never been opened up before. All we need is the endowment of this Bureau of Publication to get at it.

DR. WILSON: Mr. Chairman, I don't blame Dr. Pulford for his feeling regarding the materia medica and the difficulty of getting at things. For a little period of time it was my pleasure to give a few lectures on materia medica in the New York College, Dr. Stearns and Dr. James Krichbaum having invited me to do so. Dr. Stearns asked me to talk on the derivation of drugs. The way I approached that with the students was: I began at what I thought was the foundation of things, and to my mind the foundation of everything in the world, that is on the earth, is the mineralogical end of it; then comes the plant, because the plant reduces the minerals for its own sustenance; then the animal reduces the plant for its sustenance—the metals first, of course. I then talked on a few set drugs that were given me, and I liked the little Burt's *Characteristics*, simply because that book started in in the very beginning on the nervous system, the affect of the drug on the nervous system throughout the whole body. To my mind the nervous system is the same to the body that the mineral system is to general things on the earth, and if you can find the affects on the nervous system all the way through, both central, secondary and motor, and you know your anatomy, you know where those nerves go. To my mind it was always a great help in working out the symptoms that that drug would produce, and what parts were affected, and it seems to me now that if a materia medica were worked out along that line it would simplify things very greatly because a fellow then could just learn what parts were particularly affected by that drug and following out the nervous system he could get his drug right down to things.

DR. PULFORD: Mr. Chairman, there is no denying the fact that we need a unified materia medica. You take the seven allopathic divisions, give them each a separate distinct materia medica and how do you expect them all to arrive at the same conclusions? It can't be done. Here you have Burt, here you have Farrington, here you have another one, a lot of complicated conditions, a lot of eliminations, a lot of irregularities; and you are expecting a man to pick up any one of those materia medicas. We can't expect any man to have any faith in our system if we offer him something on this point, something else on another point and have them all mixed up—and that is the unity we have today.

There is a crying need for a unified materia medica that will cover the ground and the best investment that we can make is to take a man

like Dr. Boger here and put in enough money to keep him away from his practice to unify that materia medica for us, we would all be better off, we would all make more money and do better, and we could present such a materia medica to our allopathic friend that he could say: "Well, there is a system. You have got something." The way it is now you cannot do it, you have got something way out in California, something in Washington, something locked up in some other place and you cannot get at it. There are lots and lots of things that you cannot get at, that we need, that would help us out time and time again if we had them, but where are you going to get them?

A man who practices medicine today has got to have a complete library, he has got to have a complete set of remedies and potencies. How many men in this room can stand up and say that they are equipped to practise medicine, particularly homœopathy? I am not, and I think I have got nearly everything I can get my hands on.

If we get these things unified and simplified we can go ahead and put it across to our allopathic friends, and say: "Here we have something. You can't get around it, it is right here." I think there is a great need of that very thing.

DR. STEARNS: When you start compiling this perfect materia medica you want to remember that every materia medica that has been written has been written as the nearest perfect that that particular master—and he would have to *be* a master *to* write a materia medica—conceived possible.

You cannot in your new compiling, leave out any of the artistry of any of those who have gone before. I undertook to do something a few years ago, it is in manuscript form, anyone who wants to undertake to do the work can have it with my compliments and good wishes.

I started out with Hering's *Condensed* as the basis. That was all typewritten with additions of everything that pertained to each section from Kent's *Materia Medica,* from Farrington's *Clinical Materia Medica,* from Lippe's *Materia Medica,* and what other sources I could find in addition to the *Keynotes* of H. C. Allen. You see, the concept that was back of it—it was to get the particular slant of these different men, so when you read off the section in Farrington or Hering on any particular drug, you got the composite picture in the words that are given by the different men who prescribed the drug. Now it is anyone's for the asking. I think I have three typewritten copies. It is a stack of manuscript a foot high and I have, I think, the original Hering from which these things were copied. I got one of my students to do this work, I couldn't do it. I left one set of this with Dr. Milton Powell to run over, it was too much for him, he got discouraged; besides the typewriting was badly done. It has got to be gone over and verified so that the job so far, really, is only the idea. I haven't had the time, I never will. I won't live long enough, and I wouldn't have the strength if I did.

DR. DAYTON PULFORD: Mr. Chairman, I would like to thank the society for the discussion and assure all of you that any exuberance and rashness of youth will always be tempered by good judgment, and any criticism, reverse or otherwise, will be gratefully received.

POINTERS

Some years ago we wrote a paper entitled "One Hundred Emergency Shots" and it is about the only thing we ever brought out that we are proud of. It related one hundred cases of emergency nature, many of them desperate, cured then and there with the single homœopathic remedy and most of them with the single dose. The list included intense "algias" of various kinds; sundry colics, renal, hepatic, gastric; hæmorrhages, convulsions, collapse, angina pectoris, acute indigestion, etc.

How many such cases of urgent necessity we have encountered since reporting the hundred could be hardly even guessed but they are always coming up with more or less frequency. We can testify that any and all such conditions not having physiologically immovable obstructions may be cured or removed as quickly or more quickly and finally than they may be with narcotics.

It is a curious and fortunate thing that the language of symptoms in painful and desperate conditions is usually more clear to the observer and a homœopathic cure or relief correspondingly quicker than in conditions of slower pace.

That morphine and other narcotics in painful and urgent conditions are not necessary and by many homœopathic prescribers are not used has been the testimony of many of them. We remember hearing several of the older men say that they never used them. We know that the late Dr. Case never carried a hypodermic. So many years have passed since the writer has used a narcotic except for addicts that the time cannot be recalled, but it must be upwards of a score of years. We confess (with reluctance) that we always carried one in the kit so as to feel secure; but a year or two ago we were horrified to find that the thing had been broken, how long before could not be told. We immediately ordered a new one then forgot about it until a while ago we came across it in the office; we had forgotten to place it in the bag! The climax occurred the other day when we accidentally fished the little tin case out from the substrata of the desk. This time we determined to go armed without fail. What was our discomfiture to find that the morphine was lost. So now

we are in for it, for we have not ordered a speck of narcotic since the narcotic law was invented (though we have paid the tax annually and usually had the money for it on time) and do not propose now to break the record.

It is a notable fact, if one will observe it, that most patients who are in urgent distress are glad to avoid the morphine even before relief has come, especially those who have had it several times, and if the prescriber can give them a ray of hope of being relieved without it. They feel instinctively that things are going wrong under the narcotism, a sort of consciousness of the worse suffering underneath.

No special study of remedies of disease complixia is necessary, so far as we can see, to give competence in managing such emergencies homœopathically. The indications we get simply rise out of the peculiarities of the medicines we use right along, only the setting is different and the prescriber must have his "nerve" with him. It is one of the immaterial recompenses that the doctor has for getting out of a warm bed, etc., that he can smooth out such situations with satisfaction all around and usually leave the field in order.

Imagine the allopathic brother meeting emergencies without the hypodermic! But wait! Such is the efficiency of modern manipulative and manual technique that they could probably smooth out most conditions in one way or another without the narcotic if put to it. The trouble is that narcotic injecting or prescribing is more or less a matter of temperament (laziness or fear, to put it in parentheses).

Anyhow it would be helpful if our readers would use the pointer column to tell briefly of some of their hits and homœopathic or other non-suppressive means of dissolving away emergencies without using narcotics.—R. E. S. HAYES.

Agaricus muscarius I have found to be of great value in cases of twitching of the eyelids.—A. CROSS.

For the excessive weakness which follows the "flu" this year I have had great success with *Tuberculinum aviaire* 30x.—J. S. PUGH.

Tub. aviaire 30x has served me better than any remedy in the long-lasting prostration after the "flu".—H. D. BAKER.

Be on the watch for serious aggravations after the use of Bach nosodes, even as low as the 15th potency. I have had a number of grave ones.—H. B. BAKER.

In retained placenta without symptoms *Sepia* after abortion and *Puls.* after labor are highly recommended.—W. A. YINGLING.

In pains which increase with the establishment of the menstrual flow think of *Tuberculinum* [as well as *Cimicifuga*].—W. BOERICKE.

Hypericum leads in coccygeal nerve pain due to a fall on the tip of the spine.—B. C. WOODBURY.

For persistent nerve pain in amputated stumps without deciding symptoms try *Allium cepa.*—B. C. WOODBURY.

For nausea of pregnancy aggravated by the sight and smell of food you will rarely need to look beyond *Ipecac, Sepia* or *Symphoricarpus.*—B. C. WOODBURY.

Thuja has a circlet of dark, beady warts around the neck.—B. C. WOODBURY.

When *Silica* gives out in caries of the ear, switch to *Lapis albus* (Silico-fluoride of calcium).—H. BELLOWS.

In rheumatism, which is worse every third day, *China* may be the remedy.—E. NASH.

In headache, frontal or behind the eyes, coming at the beginning of every motion, worse closing the eyes, *Theridion* will help.—B. ROY.

When milk tastes sour think of *Nux vomica.*—D. N. DEY.

Alumen has intestinal hæmorrhages (for instance in typhoid) with big clots and much weakness but without much pain.—J. LATHOUD.

Lept. virg. has fœtid stools, black as tar, mixed with brighter blood and mucus, with marked prostration.—J. LATHOUD.

Where dark venous hæmorrhage from the intestines is accompanied with great abdominal pain, it may be *Hamamelis.*—J. A. LATHOUD.

In intestinal hæmorrhage with extreme tympanites, with red tongue which is smooth, shiny and without papillæ, *Tereb.* is indicated.—J. LATHOUD.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

33. Is there any homœopathic treatment for the tendency to be bitten by mosquitoes?—L. GILLIS.

34. How does succussion release the energy of drugs?—D. V. THOMPSON.

35. A girl poisoned by *Belladonna* three years ago still has typical *Bell.* symptoms. How would you treat her?—L. RAND.

36. What is the homœopathic treatment of head lice, body lice and crab lice?—E. BROWN.

37. What would be your classification of the homœopathic remedies and can you give a list of references to the homœopathic classification of remedies?—E. B. LYLE.

38. What is the correct spelling of "polychrest"? Can you give me references from classic homœopathic literature to back up your choice? Also references where varying lists of the polychrests can be found, and your definition of a polychrest?—E. WRIGHT.

FURTHER ANSWER TO QUESTION IN JANUARY ISSUE

Where can I find a proving of Coqueluchin?

—You will find quite a proving of *Coqueluchin,* the nosode of whooping-cough, in the *I. H. A. Transactions,* 1924, p. 218.—W. A. YINGLING.

FURTHER ANSWERS TO QUESTION IN MARCH ISSUE

If a patient who has been on Sulphur *calls unmistakably for* Lycopodium *may you give it, or should* Calcarea *be interposed? If you do give the unindicated* Calcarea *will it have any effect at all? Could it harm the patient?*

—If a patient has had *Sulphur* and within eight weeks thereafter calls unmistakably for *Lycopodium,* I invariably interpose a dose of *Calcarea,* and have never seen any harm result. The *Calcarea* is only allowed to act for one week, and then I follow up with *Lycopodium.* If eight weeks or more have elapsed since the *Sulphur,* it is unnecessary to give *Calcarea.*—C. GORDON.

—In chronic work *Sulphur, Calcarea* and *Lycopodium* are a constitutionally rotating group, so rotating because many of the symptoms are relieved by *Sulphur* and the *Calcarea* carries on. Again, the remainder of the symptoms are very apt to call for *Lycopodium.* This trio is a practical group of rotations because of the symptoms they produce and not because they should be the only ones to be considered in a given case, but according to the symptoms and indications that are left after giving any one of them.—H. A. ROBERTS.

ANSWERS TO QUESTIONS IN APRIL ISSUE

It is laid down that when one ultimate is removed or suppressed by local measures, another coexisting ultimate is made worse. How is it that when polypi are removed, asthma which sometimes coexists is relieved for a time? This is shown by the repeated operation some patients undergo for temporary relief of their asthma.

—You cannot increase pressure, even upon a weakened part, without producing a compensatory action upon the next weakest one.—DR. ——

—An ultimate removed by external measures brings temporary relief without the removal of the exciting cause. Nature is forced to take a different course to express itself. Therefore the removal of a polyp in the nose brings temporary relief in asthma, but in course of time a more serious pathological condition develops and your patient's life is in danger. It is, therefore, imperatively necessary on removing any organ or tissue of the body for temporary relief, that the patient be put, after careful study, on the constitutionally indicated remedy.—G. E. DIENST.

—True, but it isn't laid down that the coexisting ultimate is immediately made worse. Go back to your philosophy for a mo-

ment and see what you have. It is laid down that when the vital force is acting normally, the patient is normal, but if some influence disturbs the normal action of the vital force, the vital force resisting that disturbing influence produces symptoms in the patient. It is also laid down that when a new disturbing influence comes in, the vital force resists the new disturbing influence, but in doing so it ceases to resist the old disturbing influence. When the resistance to the old disturbing influence closes, the old symptoms begin to subside and the symptoms brought out by the resistance of the new disturbing influence appear. The vital force resists the new disturbing influence until it has subsided. During this period the patient seems better but the old disturbing influence is still there and the vital force must again resist it and again the resistance produces symptoms, either the old symptoms intensified, or new symptoms in a more vital organ. It does not matter whether the second disturbing influence is an acute disease, an operation or a suppressing drug, the results are the same. In the case in hand, the symptoms have gone on to the ultimate, polypi and asthma. The vital force is demonstrating its resistance at those two points. Operating upon the polypi causes an interference with the line of resistance and the vital force resists the new interference which according to rule makes the asthma subside until the wound heals, then back comes the asthma and if the vital force doesn't succeed in bringing out more polypi, God help that poor asthmatic patient. The homœopathic remedy resents such treatment and often refuses to take up work again for that patient, then the hope of prolonged comfortable life and euthanasia has been destroyed.—F. E. GLADWIN.

—From our viewpoint, the relief of asthma by the removal of the polypus is due to the removal of a reflex irritation, from which, when the pressure is removed the resultant congestion and irritable nerve stimulus are also removed temporarily, but as this does not remove the real cause of both the polypus and the asthma the trouble is bound to return.—A. PULFORD.

—Some asthmatic patients obtain temporary relief when polypi are removed—others do not, and some cases are markedly aggravated thereby. Removal of ultimates (pathological tissue)

diverts or suppresses symptoms; but do not confuse this with curative action.—E. UNDERHILL, JR.

—The removal of the polypi constitutes a suppression. Experience shows that a period of miasmatic quiescence follows, which varies in different individuals.—J. WAFFENSMITH.

If you are called to an elderly patient in the street with a broken hip, in terrible pain, do you give morphine to make the pain of transportation endurable, or will a homœopathic remedy serve as well and, if so, what?

—The very best homœopathic surgeons have not resorted to the suppressive action of morphia for any condition whatsoever; this is always a confession of ignorance of our art. See Carleton's *Homœopathy in Medicine and Surgery*.—DR. ——

—If I should be called to attend a severe accident in the street and the patient was suffering severe pain, I certainly would administer a sedative until the patient could be made comfortable in the hospital.—G. E. DIENST.

—Have had no experience along this line.—A. PULFORD.

—Put the patient in a natural and comfortable position and *secure him in this position during transportation.* Give no morphine. He is in a bad enough fix already. If nothing alarming, give nothing. If in a dangerous state of shock or in a highly nervous state prescribe on the symptoms the same as you would for colic, grippe or any other ills to which flesh is heir, prescribe for the patient—let the surgeon look after the hip.—E. UNDERHILL, JR.

—In the absence of subjective symptoms I carefully note objective ones and make my selection. In case of failure on my part would do next best, expecting the remedy to modify central shock state.—J. WAFFENSMITH.

In your experience have you seen undoubted cases of acute syphilis treated by homœopathic remedies and no other medication which were aborted so that they did not have any secondaries?

—The absolute aborting in case of syphilis is so common an experience that this question comes as a great surprise.—DR. ——

—I have seen undoubted cases of acute syphilis cured with the indicated remedy without the use of adjuvants.—G. E. DIENST.

—Yes.—A. PULFORD.

—No. Some secondaries have always appeared in the cases I have treated and observed. Tertiary symptoms should not appear with the possible exception of gumma—and this is an eliminative effort on the part of nature. The "classical" treatment of syphilis does not result in gummata but does result in aortic heart disease, aneurysm, paresis and tabes dorsalis—all these being the result of suppressed syphilis.—E. UNDERHILL, JR.

—Yes.—J. WAFFENSMITH.

What is your experience in the treatment of lumps in the breast with homœopathic remedies. How do you determine when they should be operated, if ever?

—Every lump in the breast can either be totally removed with the indicated remedy or the patient will live from two to three times as long as when the knife is used. I have been in practice since 1888 and have in all that time never seen one case cured with the knife.—DR. ——

—My experience in treatment of lumps in the breast has been very encouraging if I can get them before the breaking down of tissue or before reaching the suppurating stage. I never had a case operated because the indicated remedy cures.—G. E. DIENST.

—My experience with patients who have had lumps in the breast has been such that I expect to always help them. Why operate when the remedy cures the condition? In these cases don't forget that the lump is only one symptom and is quite likely to be one of the weaker symptoms of the patient. The answer to question 20 gives the reason why no operation should be performed in such cases.—F. E. GLADWIN.

—Have treated quite a number of cases of lump in the breast and in every case where we were sure that we had *the* indicated remedy the lumps were dispelled. Very few lumps are true cancer except for commercial purposes, neither does a benign lump turn into a cancer any more than a young colt turns into a cow. A lump in the breast should NEVER be operated unless there is either no other known method of cure or if it is immediately and seriously endangering the patient's life, as nothing is ever gained by their promiscuous removal; you do not so remove their cause and you destroy much valuable tissue.—A. PULFORD.

—All kinds of experience—good, bad and indifferent. The type (often a spindle-cell sarcoma) where spontaneous evulsion or enucleation begins and there is no axillary involvement should be removed. I am still undecided regarding the several other types of breast tumor.—E. UNDERHILL, JR.

—(A)—Experience has taught me the value of homœopathy in lumps in the breast provided there has been no history of early irreparable suppression. (B)—I do not think it humanly possible to determine when a case should be operated.—J. WAFFENSMITH.

What do you do when you have a patient who complains of buzzing in the ears in whose case the aurist finds nothing wrong and where the physical and laboratory findings are negative and where taking the homœopathic case does not give you the three legs to your stool, as Hering puts it, and your patient is not even of a marked remedy type?

—The *Organon* tells you what to do with single symptom cases.—DR. ——

—Would say that I would put the flat of my hand over his lower ribs and hit my hand a rather sharp blow with my fist. I would then repeat it on the right side. On the left side it will probably jar him. If it hurts worse than that on the right side it will usually mean a sore, hence sick, liver. Cure that liver with fruit, exercise, massage, electricity both to liver and liver nerves at the spine and by the indicated homœopathic remedy and you will pretty surely cure the tinnitus. Of course I take it for granted that you have excluded high blood-pressure as a cause as well as the ear, etc., causes. You will usually find light stools in such a case, giving you one leg of your stool.—C. H. CHURCH.

—If I had a patient complaining of buzzing in the ears with paucity of local or general symptoms and no pathology, I find my best remedy, though empirical, to be *Kali iod.* 30th, giving the single dose a long time to act which has proved a godsend to me in many instances.—G. E. DIENST.

—As yet there is *no* specific remedy for buzzing in the ears

and we doubt if there ever will be, but we believe that *Chininum sulph.* HIGH, a single dose allowed to act will come closest to that goal.—A. PULFORD.

—Give *Sac. lac.* and wait. Get symptoms from some member of the family. Sooner or later the "three legs" will be found if a diligent search is made.—E. UNDERHILL, JR.

—Make an objective analysis of the constitutional background, search for the red strand symptom of the active miasm and send a remedy to cure it, which may be a nosode.—J. WAFFENSMITH.

If a patient has many particular symptoms like a remedy and no marked generals and they are, apparently, absolutely lacking in the strongest mental faults of that remedy, would you give it anyway; and would its action, if given, be superficial or deep; and would you give it on a lower potency plane than if the mentals and generals agreed?

—The number of cases in which the mental phase is unobtainable is legion, hence only the general trend of the symptoms need often be considered.—DR. ——

—This is a strange question and I would withhold my prescription until some definite symptom or symptoms would develop assuring me of the virtue of my choice of remedies.—G. E. DIENST.

—If the particular symptoms were strong particulars, that is if the patient was shown in those particulars: Let me illustrate: If you went into an audience room and saw, down in front, a row of red heads, you'd think, "I wonder if friend Jack is there" —you would watch until a little turn of the head or jerk of the shoulder revealed friend Jack. The red head was a particular of each individual in the row but the turn of the head and jerk of the shoulder were Jack alone. So with the particular symptoms, if they are designating symptoms and show friend patient and friend remedy, even if those symptoms were few, prescribe on them. With such symptoms it is not necessary to know the generals or mental symptoms. If the many particulars are weak symptoms of the patient and weak in the remedy, don't expect anything of the remedy; but if some of the symptoms are designating symptoms, the action of the remedy will be deep enough to act curatively. Give it on the same plane as though you had the mentals and the generals. Why? Because the remedy fits the patient. You didn't need to have Jack's mental symptoms down there in the front row to recognize friend Jack.—F. E. GLADWIN.

—There is nothing of value to be gained by giving a low potency for any trouble unless you are looking for a mere temporary expedient. Have thoroughly tested this out. If those particular symptoms are found under no other known remedy it is nearly always safe to give the remedy with confidence and if it proves to be *the* indicated remedy its action will be deep and final, otherwise superficial and temporary.—A. PULFORD.

—Give *Sac. lac.* and get more symptoms from the patient himself and from members of his family, if necessary. Perhaps he is grouchy and doesn't admit it. Perhaps he is tearful and hasn't told you. The strongest mentals and generals are often hidden from the world and even from the physician. Do not conclude too soon that a patient has no characteristic symptoms on which to base a correct prescription.—E. UNDERHILL, JR.

—(A)—Yes. (B)—The action would depend upon the attractivity of the remedy, i. e., the power to shake apart the interlocked habit impress of acquired and inherited suppressions, and produce release of chronic shock discordancies. (C)—Would give on a high potency plane.—J. WAFFENSMITH.

ANSWERS TO QUESTIONS IN MAY ISSUE

One of the answers to question 17 states that a proving of China *would be accentuated by a malarial mosquito bite if the prover were tubercular. Why? Is the predisposition to malaria of tubercular origin?*

—In my estimation the predisposition to malaria is decidedly tubercular and *Tuberculinum* is one of the deepest acting remedies for the removal of this predisposition.—A. PULFORD.

—Tuberculous patients are often highly sensitive and will frequently prove a remedy given for therapeutic purposes. Many of them are over-sensitive to the bites of insects and to bee stings, and will sometimes suffer alarming reactions. I have ob-

served this in children of tuberculous parents. But what the effect of a malarial mosquito bite during the proving of *China* would be on a tuberculous prover I am not prepared to say. Nor should one intentionally prove a remedy on a known tuberculous patient.—E. UNDERHILL, JR.

—Malaria is an accentuation of certain phases of the tubercular miasmatic state.—J. W. WAFFENSMITH.

—I think that what the writer had in mind who answered this query was that, granted that the mosquito were a malarial one—an anopheles—this would lower the resistance to this organism, and, like recurrent influenza, measles, and some other epidemic miasmata, might bring to light latent tuberculous taints. Malaria is sometimes very difficult to differentiate from miliary tuberculosis; and such a condition would undoubtedly in the Hahnemannian terminology be the out-cropping of latent psora. Hence if the prover's susceptibility to tuberculosis were heightened by the anopheles, it is probably upon the basis of Hahnemann's chronic miasm that this action takes place. Hahnemann defined psora as the basis of all non-syphilitic and non-sycotic diseases. Tuberculosis is not in all probability due to either of these causes, but is based upon psora. Just where then is the relationship between chronic syphilis, i. e., g. p. and malaria, the injections of the latter organisms being advocated as a cure for this complaint? It may be upon the same basis. That is, syphilis and malaria both being fundamentally psoric in origin, hence perhaps their basic relationship.—B. C. WOODBURY.

Is heart trouble more likely to have a sycotic background rather than a syphilitic or psoric one?

—In my estimation the majority of heart affections are sycotic, as the inflammations, the rheumatisms, etc.; while the fatty degenerations, valvular deficiencies, etc., are of a more syphilitic origin.—A. PULFORD.

—Heart trouble can have a psoric, sycotic or syphilitic base. Syphilitic patients are more apt to suffer from aortic heart disease than from other types of heart lesion. Suppression of rheumatic and arthritic conditions are prone to result in mitral heart

lesions. The same is true of badly treated cases of diphtheria and scarlet fever.—E. UNDERHILL, JR.

—Yes. Sycotic most common and malignant; frequently plus syphilitic. Psoric more functional.—J. W. WAFFENSMITH.

—Certain forms of heart trouble, yes. Dr. J. H. Allen, in his work on *Sycosis*, puts down "gout of the heart", as the most common type of the tertiary lesion of sycosis, as affecting this organ. And in this connection he states that the manifestations are "changes in the form and size of the organs, changes in the valves, hypertrophies, softening of the valves, dilatations and slow, soft, or intermittent pulse. In cardiac diseases they have no pain to speak of, dangerous conditions develop, while the patient is oblivious of the fact". Of course one would never confound states of this sort with aortitis, and aneurysms or other conditions known to be frankly syphilitic, as such cases are usually made clear by the history. When sycosis complicates syphilis, it is more difficult; and finally when psora is also predominant, we have to deal with the triple miasmata. The order is generally, however, psora, sycosis, syphilis. This is by reason of the fact that psora is more often a matter of inheritance, sycosis is acquired in the early years of the sowing of "wild oats", and syphilis more often thought of in "old sinners", so-called. Unfortunately the order is not always thus, nor the history so clear. Here again, psora would probably be prior to either of the other two miasmata in the development of cardiac disease.—B. C. WOODBURY.

Is a patient who has had a great deal of crude drugging likely to be sluggish or hypersensitive for that reason, and how would this influence the potency you would give?

—As to the sluggishness or hypersensitiveness caused by crude drugging it would depend largely on the drug used as well as the temperament of the patient. The temperament of the individual would influence the potency more than the drug used.—A. PULFORD.

—The crude drugging will have been an important factor in producing the symptom complex presented by the patient, but it will depend as much upon the individual constitution as upon

the drugs used as to whether the patient will be sluggish or hypersensitive. I would start such a patient at a fairly low or medium potency—the 30th or 200th.—E. UNDERHILL, JR.

—It would depend upon the individual patient. If sluggish he would require a high potency, if hypersensitive a low or medium one.—J. W. WAFFENSMITH.

—Ordinarily thought to be so; yet not always. It would depend, it seems to me, upon the individual reactions. Hypersensitiveness to certain influences may make one sluggish to others, and *vice versa*. Hence the reactions to potencies might similarly be disposed of. Many have the idea that in organic disease, the remedy should be used in a plane more nearly approaching the crude drug substance. Others are of the opposite opinion. It depends undoubtedly upon the individual response. It is a safe rule to start with a medium potency, if one is sure of the remedy, and go higher or lower until a response is met with in the organism. Dr. E. B. Nash once stated that in a case calling for *Asafœtida*, no reaction at all was evidenced until the drug was used in the crude form. Hence are we not justified in the use of a remedy in any or all potencies that will cure? This prompted the writer some years ago to write a paper upon what he chose to term the "Pan-potentist".—B. C. WOODBURY.

One of the students in my homœopathic clinic asked me just what the homœopathic remedy did to the protoplasm of the body cells to get its action? How would you have answered this?

—In reply to the question *in re*. the *modus operandi* of small doses, I fear that any answer I could give would be too long for use in your column. However, I send the following remarks as suggestions. Some of the points are dealt with in greater detail in my "Laboratory Aspects of Homœopathy" (*Journal A. I. H.*) and the last "Hahnemann Oration" (*Hahnemannian*).

1. The first point to strike the mind is that drugs do not act unless they are soluble. Many of the "peculiar" practices of homœopathic pharmacy are unconsciously designed in order to make drugs soluble, that is, trituration and dilution. I do not pretend that this is all the reason but is one factor.

2. Trituration and dilution increases the acting surface of a drug unless the drug is more rapidly removed than the increase in surface created. In other words the amount of surface of a log is far less than the surface on the sawdust which could be made if that log was ground. Drug action depends largely upon drug surface.

3. Contrary to general opinion drugs are not scattered throughout the body but are collected at sites of elective affinity. Because of changes in surface tension, lipoid solubility, etc., there is concentration of a drug at sites of elective action, so that concentration occurs and may reach an effective concentration.

4. Contrary to general opinion a drug is not "used up" in a reaction as I have shown with strophanthin actions upon the heart muscle. Here the drug alters surface conditions in the heart muscle and will continue to do so until excreted. That is, because a small quantity is used, it by no means follows that it is destroyed after having effected a certain action.

5. As a rule there is hypersensitivity in disease. Although this is not invariable, the phenomenon is very widespread. Antipyretics will lower increased temperature but not normal temperature; morphine in small doses will stop pain but not cause anæsthesia, and countless other examples are available. In short much less is required in disease than in health.

6. It cannot be over-emphasized that only secondary drug effects are desired in a large number of cases and that these effects cannot be secured with large doses. In the other cases where the Arndt-Schulz phenomenon is effective, only small doses are stimulating.

7. A most important point is the necessity to recognize "trigger response" which I have emphasized elsewhere. In physiological processes, there is no necessary relation between the stimuli (in amount) and the response (in amount). A pin prick may alter the behavior of the entire organism by virtue of the changes once set in motion. This trigger response which I considered in detail in an article is of extreme importance, and the small dose may initiate a series of changes far beyond the site of action and out of proportion to the stimuli itself.

8. Another source of difficulty has been in a failure to rec-

ognize the importance of the body rather than the drug itself. For example we commonly use *Muriatic acid* in the treatment of the hæmorrhage of typhoid fever. It can be easily shown that the concentration used has no effect upon blood vessels nor upon coagulation. However if the experiment has been performed *in vivo,* it can be seen that the presence of an acid increases the sensitivity of the tissue many times over to adrenalin, and the effect is due to adrenalin acting in a different medium (acid) rather than a direct effect of the acid itself. Many of the drugs characterized by fear in their symptomatology do not cause it directly but do so because they stimulate the adrenals and the result is due to the action of adrenalin rather than the drug directly. In short giving a drug may merely act by stimulating the production of powerfully acting substances. The same may be said of giving *Agaricus* which is not particularly powerful but which appears to stimulate the formation of acetyl choline which is the most powerful substance known to medicine. In short we must cease to think of the drug and the effect, and consider the drug, the body and the effect.

9. The action of many drugs in a colloidal state approaches the action of catalysts which is not "used up" in the reaction but merely accelerates the reaction.

10. There is a considerable reason for believing that many drugs merely activate certain substances. For example some drugs appear to convert inactive forms of adrenalin into active forms.

I have merely jotted down ten reasons which occur to me at the moment and which are generally accepted by those who have done work in this field. I have omitted many more reasons and reasons which are more important because they lead into difficult fields. To mention only one: the action of metals is not due to the metals but to their micro-radiations, that is, one can use another metal in place of potassium and get exactly a potassium effect providing the second metal is used in an amount which has exactly the same micro-radio-activity. Different amounts of antidoting metals can be used providing they emit *alpha* in place of *beta* rays in the same amounts. Whether the method of preparation of drugs increases their micro-radio-activity, I prefer not to state. Likewise there are at least five types of metallic lead, each being an isotope of the other. They have the same characteristics except that they vary in activity. The problem of converting lead into an isotope which is active need not be considered here, but I trust I have said sufficient to suggest that the explanation is not a single one and is very complex. I hope in my desire to condense the statement, I have not caused confusion.—L. J. BOYD.

—I would answer offhand by invoking the Arndt-Schulz law or postulate a small subphysiological dose of a remedy having similar action as the disease will stimulate or refunctionate the protoplasm.—W. H. DIEFFENBACH.

—I suspect the poor little homœopathic remedy would stand appalled, if it had to attack so crude a thing as protoplasm. All the homœopathic remedy is supposed to do is to correct the deranged action of the vital force after which the vital force acts normally and vivifies the protoplasm in the good old-fashioned way.—F. E. GLADWIN.

—When one cannot tell or rather answer a question the most intelligent thing to do is to say I DO NOT KNOW. Just what the homœopathic remedy does to the protoplasm is purely speculative and good old Hahnemann warned us against the formulation of THEORIES. If more parents would either take the time to answer their children properly and have the temerity to say I DON'T KNOW—when they positively do NOT instead of answering them evasively or trying to make them believe they do know when they positively do not know there would be infinitely less ignorance in the world than there is today.—A. PULFORD.

—This is purely a matter of conjecture. One might say that the homœopathic remedy changes the electrical polarity of the cell protoplasm. Another view could be that the correct remedy normalizes the protoplasmic vibrations of the body cells. But to this day no one can absolutely say with certainty just what does take place when like meets like, and the *simillimum* has found its mark.—E. UNDERHILL, JR.

—It would raise the reactive quality of the protoplasm to a consistent plane with the renewed activity of the vital force.—J. W. WAFFENSMITH.

—Upon the basis of vitalism, and more particularly the neo-vitalism of Driesch, who states that epigenesis does not begin in the nucleus, as taught by Weismann and others, but is a property of the whole cell protoplasm, we might infer that in the same way drug action is not confined to the reactions of protoplasm specifically, but in a general way, hence dynamic or vital in its extent. If the student can comprehend the true import of the term "dynamic", he can then grasp the basis of action of the dynamic, attenuated remedy. Vital reaction is something more than just the result of chemico-physiological reactions, it is the response of life itself. It is upon this plane that the indicated remedy exerts its "dynamis". In the language of Driesch it is not merely potential energy, but actual as well, i. e., entelechy. In other words not merely energic, but synergistic, in fact comprehending the whole of life. In this sense the remedy acts upon the whole organism.—B. C. WOODBURY.

What are the homœopathic implications of isomerism?

—In regard to the question dealing with isomerism, I have done considerable work which cannot be considered here. Isomers may completely change the action, at times to inertness, difference in effect, etc. The more complex the structural chemical chain the greater the activity of the isomer at least for the aliphatic series. An isomer which introduces an asymmetric atom of carbon often completely changes the action. The answer to this question cannot be made in even a few pages so that it will be left untouched. These remarks are included merely to show the question is not new and has received attention.—L. J. BOYD.

—I would offhand answer by stating that isomeric substances even if almost identical require separate provings and study before assuming any homœopathic action upon each other.—W. H. DIEFFENBACH.

—All that homœopathy knows about substances it has learned through the physiological laboratory. It has not yet found two different things to be exactly alike. Probably there is some kind of vitamine or a something else in the natural substance that the chemical laboratory has not disclosed, therefore it would be left out of the synthetic isomeric substance but in the physiological laboratory the difference would be discovered. —F. E. GLADWIN.

—I do not understand what the questioner means by this question.—A. PULFORD.

—Implies the universality of the homœopathic law; that it not only applies to the treatment of disease, but finds exemplification in chemical affinity.—J. W. WAFFENSMITH.

—The answer to this question of Dr. Schmidt's is four-dimensional in its import, likewise in its implication. On the basis of isomerism two chemical compounds may be identical in their atomic proportions, but differing in their properties or structure. Writers on the "fourth-dimension", as for example, Prof. H. P. Manning, state that the "contracted properties" of isomeric compounds such as dextrose and levulose, which in their "chemical constitution are exactly the same", "are due to right and left reversal movement in the minute particles of which they are built up". The same is the case with certain snails, coiled either to the right or to the left. Their corresponding power of rotation of a polarised beam of light to right or left, "is an expression of internal difference, a right or left twist of their atoms, by a four-dimensional force". When we come to the implication of such properties, so far as homœopathy is concerned, we are at once face to face with remedial relationships, remedial sequences, and remedial complements. All this has to do first of all with the classification of remedies so far as their generic relationships are concerned, and this has best been worked out by such authors as Teste, Hempel, Dake and others. In the second place it has to do with individual remedial action, as is seen in the chapter on "Relationship of Remedies", in Bœnninghausen's *Therapeutic Pocket Book*, as elaborated or perhaps epitomized in the writings of Kent, in Gibson Miller's outline, *Relationship of Remedies*, and by later writers such as Boger, Margaret Tyler and John Weir. Remedies related generically may or may not fit similar cases; similar cases may or may not call for the same or similar remedies. There is here a sort of heterogeneity. Yet despite this, the implication lies fully as much in polymorphism as in isomorphism. Further than this, the writer's reasoning does not go.—B. C. WOODBURY.

BOOK REVIEWS.

A Synoptic Key of the Materia Medica, 3rd ed., by C. M. Boger, M. D., published by Baptist Banner Publishing Co., Parkersburg, W. Va., 1928, 332 pp. Price $6.00.

Dr. Boger's little book is a gem. As he states in his foreword, he has assembled "the significant features of seemingly disassociated symptom groups". The first part is a REPERTORY analysis comprising eighty-one pages, beginning with TIME, CONDITIONS OF AGGRAVATION AND AMELIORATION, GENERALITIES, INTELLECT, then MIND and on through the usual order. He has wisely mentioned in the headings "ACCESSORY CAVITIES" with NOSE, and separated CHEST and LUNGS, AXILLÆ, MAMMÆ, HEART CIRCULATION AND PULSE, ETC. for clarity. The repertory follows in general the Bœnninghausen plan.

Part II, pages 85 to 271, gives the SYNOPSIS of remedies and contains such less usual ones as *Adonis, Aletris, Anthracin, Aranea, Asclepias t., Bellis, Calc. hypophos., Chimaphila, Chion., Comocladia, Cornus, Culex, Dictamnus, Epiphegus, Euonymus, Fraxinus, Gymnocladus, Mygale, Ocimum canum, Polygonum sag., Robinia, Sabal., Scoparius, Solidago, Thyroid, Tilia, Vinca minor, and Zinc. chromate.*

Then follows a table of DURATION OF ACTION OF REMEDIES, two pages of COMPLEMENTARY REMEDIES and about fifty of SUPPLEMENTAL REFERENCE TABLE.

When you get the hang of it, the book should be most usable and valuable to experts as well as beginners.—E. W.

The Treatment of Canine Distemper with Potentized Virus, by Dr. Horace B. F. Jervis. Published by Ehrhart & Karl, Chicago, Ill., 1929. Price, fifty cents.

This little monograph is filled full of enthusiasm for and verification of the Law of Similars as applied to the companion of man, the dog. Dr. Jervis is a convert to homœopathy, and he reviews the inefficacy of former methods of treatment by veterinarians of this dread disease, canine distemper, showing the failure of various serums over and over again. Dr. Jervis has proven the nosode, the potentized distemper virus, on groups of dogs, using the thirtieth potency and above by mouth. By using controls he has made some very interesting deductions, and he has found this potentized virus to be an excellent prophylactic against distemper, much as the results have been on humans with *Belladonna* in scarlet fever and *Variolinum* in smallpox.

The whole book radiates a thorough appreciation of the law of cure and a comprehensive knowledge of the fundamental principles of homœopathy. It is a book well worth possessing, both by veterinaries and by the general practitioners, who have much to do with the "companion of man".—H. A. R.

Lectures on Homœopathy, by N. Nundi, M. B., published by Homœopathic Publishing Co., 172 Bowbazar St., Calcutta, India, 1928. In English. Pp. 137. Price Rs. 2 (75c).

This book is a small practice of medicine and begins with some basic philosophic principles, pharmacological rules, remarks on dosage, potency, the keeping of medicines, etc. All this in the preface. He then takes up the various diseases, including some of the tropical ones and some conditions like hiccough, colic, enuresis, etc., which are merely symptoms and gives in each instance brief indications for each of several homœopathic remedies. It should be a very handy little book for beginners in homœopathy. The potencies suggested vary from 1x to the 200th. Unfortunately at the end a half a dozen pages on "a few American standard prescriptions in tablet form" which are called spleen tablets, dyspepsia tablets, phthisis tablets, etc., and for none of which are the constituents, let alone a formula given. It is most unfortunate that this should have been added to what is otherwise a truly homœopathic little book.—E. W.

CURRENT HOMŒOPATHIC PERIODICALS*

THE BRITISH HOMŒOPATHIC JOURNAL

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Progressive Therapeutics: A Record of Impressions and Facts Obtained on a Recent Visit to Some Continental Centres of Therapeutic Activity
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On the Causes and Treatment of Malignant Disease: Nebel reports his researches on the parasitism of malignant growths, starting in 1910 with samples of the micrococcus of Doyen and Schmidt's antimeristem (similar but more violent owing to Mucor racemosus). We quote the paragraph describing what Nebel noted in a bouillon culture of Mucor racemosus and Micrococcus neoformans: "The micrococcus, which is characterized by a great mobility, moves in the direction of the mycelium of the mucor. It enters the mycelium, where it multiples by "scissiparite"; it enters the sporangium, and multiplies there in the same manner. This takes place when the mucor is not accustomed to symbiosis with the microbes. When this 'becoming accustomed' has taken place, and the micrococcus produces antitoxic substances which compel the micrococcus, the mucor itself produces antitoxic substances which compel the micrococcus, the mucor itself produces antitoxic substances which compel the micrococcus, the mucor itself

inclusions could be reached. Nearly all authors have found these forms, but only in the protoplasm of the cells".

Nebel classes the cancer microbe among the small myxomycetæ and calls the genus Onkomyxa. He can distinguish Onkomyxa neoformans cytoplasma biotica and Onkomyxa cytoplasma cario-biotica.

The study of the parasitology of cancer has met with criticism because men thought there was only one microbe in malignant tumor and neglected protozoologic methods, by cultivating pieces of tumors in the thermostat, evidence of the existence and evolution of the different microbes can be produced. Tumor samples examined in the camera of Schultze show the living forms. The best staining is obtained with fuchsin, magenta, or safranin in carbolic solution, followed by coloration with indigo blue or *vert lumiere*. Nebel continues: "For the differentiation of this onkomyxa we may cultivate the microbe in symbiosis with the Mucor racemosus and yeast cells. The inoculation of the culture in rabbits, white mice, white rats and goats produced different tumors, sarcoma and carcinoma". From these cultures Nebel extracts toxins of clinical diagnostic value comparable to tuberculin, and prepares vaccine and an anti-cancerous serum.

In part II Nebel claims Hahnemann's description of psora to be the finest one of tuberculosis, and adds that Hahnemann wrongly included under psora leprosy, actinomycosis and cancer. Subcutaneous and intracutaneous injection of toxin from the cultures of the various microbes of cancer shows an area of swelling and redness sometimes surrounded by a pale and œdematous zone sensitive to touch. The reaction may last for a day or longer. A decrease in the size of the tumor and especially the neighboring glands very often follows (in tertiary syphilis similar injection gives the same reaction but if it is gumma it begins to ulcerate and pain increases. If it is cancer the reverse occurs).

After much other interesting matter Nebel states that cancer is relatively mild in aforetime tuberculous patients because of their strengthened resistance but cancer of rapid evolution is found among tuberculous and cancerous families. Chronic g. c. and vaccination predispose to papillomatous cancers. Chronic syphilis and malaria make the cure of cancer easier because of their clear therapeutic indications.

Nebel thinks seaside and damp climates are unfavorable to advanced cancer cases.

Where there are marked ulcerated, cutaneous affections as in India and Morocco, cancer is rare. Nebel considers this an example of spontaneous defense of the organism by the skin.

In part III he mentions homœopathic remedies as follows: *Sulph.* in cancer of the lower lip; *Ars.* in scirrhous slow evolution; *Sepia* in cancer of rectum and liver; *Graph.* in cancer of prostate and lefancers. especially of the right breast; *Caust.* in cancer of *Aur.* in cancer of t b st; *Baryta* in cancer of pancreas and parotid gla *Merc. bin.*, in affect ll pra liver; *Nit. ac.* in cancer of tongue; *Symph* sc of thyroid; *Thall. su* macon periosteum; *Ars. iod.* and *Iod.* iency, the *Mallein* in affections of n this affection of upper two-thirds up the vari- continues with a discussion the tr ssages and larger ce conditions like hic- cancerous toxins have no self-c are mainage" remedies and gives in each in- to open channels of outlet. He several homœopathic remedies. It should in cancer of the lower colon *Lyc.* m rtunately at the end a half a dozen tion will almost certainly ensue unless iptions in tablet form" which are such as *Chel., Card., Tarax.*, or *Hydr.* is tablets, etc., and for none of Nebel adds that leucocytosis can be given. It is most unfortunate of Dr. Debacker, with nucleinic acid, with pr wise a truly homœopathic

mesothorium. In hard tumors *Sil.*, high, *Hydrofluoric ac.* or *Calc. fluor.* may be given. In soft tumors the same in stronger doses. *Mag. phos.* in tumors with lancinating pains. Cancer toxins are hypotensors, i. e., weaken the heart, and *Adon., Conval., Mosch.*, and *Stry.* are of great service. Nebel continues advising the use of his vaccine in high and low dilutions at the same time. In advanced cases toxins and vaccines are contra-indicated and diluted serum, obtained by injecting toxins into animals, administered instead. He further uses pure serum locally to glands, the periphery of tumors, and ulceration. This serum has no influence on the healthy tissues. Cases follow.

The Pathogenesis of Dysentery and the Proving of the Nosode Dys. Co.: This a valuable article giving general discussion, proving and an appendix of pathological conditions developed in the proving and an addendum of the complementary remedies to *Dys. co.* which are as follows: *Amm. carb., Arg. nit., Arn., Ars., Cact., Carbo. veg., Coff., Dig., Gels., Graph., Kali carb., Kalmia, Lach., Led., Lyc., Mag. mur., Nat. carb., Phos., Plat., Sang., Sep., Spong., Tub.*

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The Common Cold: Dr. Weaver writes a very interesting article on the whole subject of colds from etiology on. Under treatment he stresses certain common-sense precautions and methods, and he is against the local measures commonly employed in the watery stage. In the muco-purulent stage, however, he suggests [contrary to strict homœopathic usage—Ed.] painting with argyrol. He further states that local applications to the mucous membrane remove a normal protective secretion and that one should not go out within twenty minutes of such local application. Instead of realizing that this should be a contraindication to such local measures he uses an oily spray after the treatment in his office. In discussing vaccine therapy he thinks 60% of the cases will be benefited for one winter if there are no pathological effects, and favors stock rather than autogenous vaccines. [This also is of questionable homœopathicity—Ed.] There follows a discussion of homœopathic remedies for the first stage of the cold: *Acon.; Gels.* (colds from exposure to dampness, summer colds, tender eyeballs, etc.); *Camph., Bell.* (red tip of nose without nasal burning of *Ars.*); *Sang. nit.* (colds beginning with post-nasal burning and rawness); *Caps.* (post-nasal peppery burning with swollen uvula and loss of sleep and restlessness); *Eup. per.;* and *Bry.* (especially with frontal sinus involvement and vertigo).

In the second stage *All. cep.*; *Euphr.* (the three E's—"*Euphr.* excoriates eyes"); *Ars.* (burning eyes, nose tip like erysipelas, nausea so can't bear sight of food); *Sang. can.* (sinusitis cases with some headache, bloody, acrid discharge, tubal deafness, involvement of taste and smell); *Ferr. phos.* (onset in nose and larynx together, frequent colds); *Merc. sol.* (acrid muco-purulent with conjunctivitis, worse damp weather and night); *Nux v.* (alternate opening and closing of the nostrils, worse at night, with gastric disturbance, pressing pain at nose root); *Nat. m.* (with cold sores, slow return of normal taste and smell); *Arum t.*

Third stage: *Puls.* (with earache, when remedies fail in earlier stages); *Kali sulph.* (lemon or orange-yellow discharge with sinusitis, with intermittent drainage of much creamy-yellow pus); *Hep.* (nostrils stopped in cold air, moist skin, tingling nose on throwing off bed clothes, in acute coryza following suppression of skin eruption); *Iod.* (resolution with larynx and bronchi involved); *Ars. iod.* (burning nose in tubercular subjects with profuse thick green discharge); *Hydr.* (constant desire to blow nose though no discharge, post-nasal dropping, dyspepsia from swallowed mucus, worse 11 a. m. or 4 to 5 p. m.); *Kali bi.* (gluey, bloody discharge, sensitive spots over nose and sinuses with neuralgia); *Kali mur.* (glairy post-nasal discharge with eustachian deafness).

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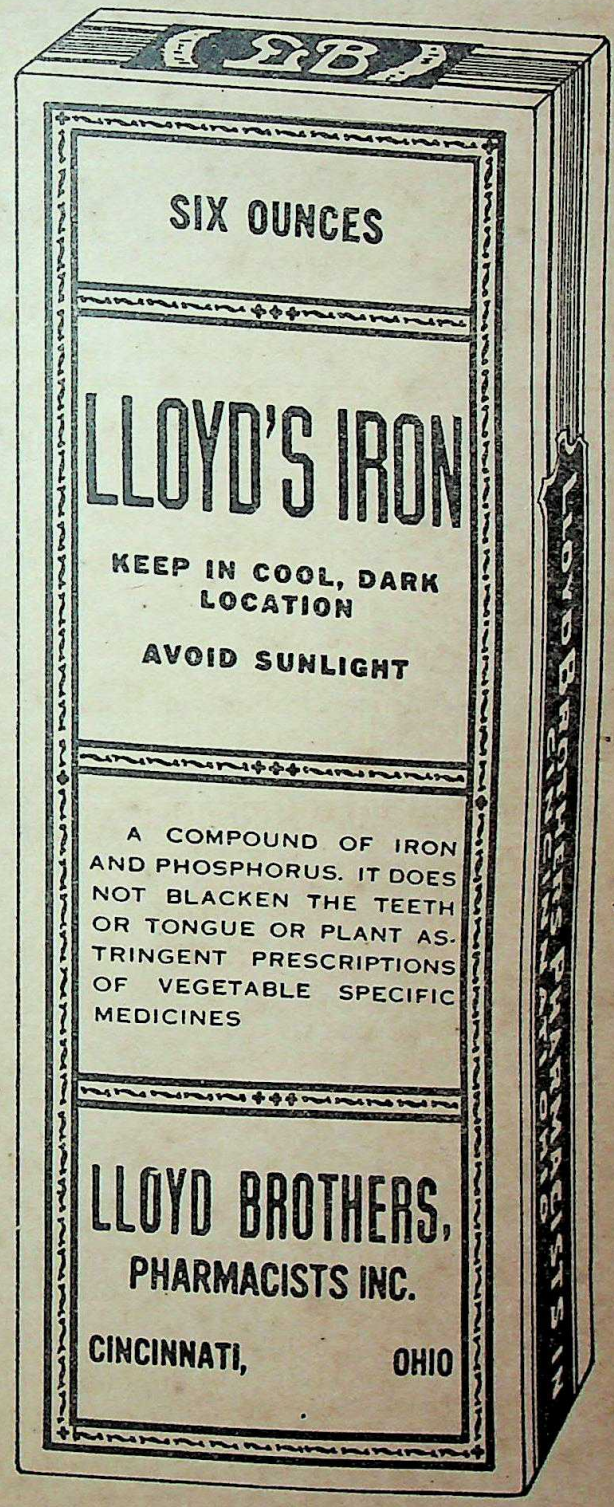

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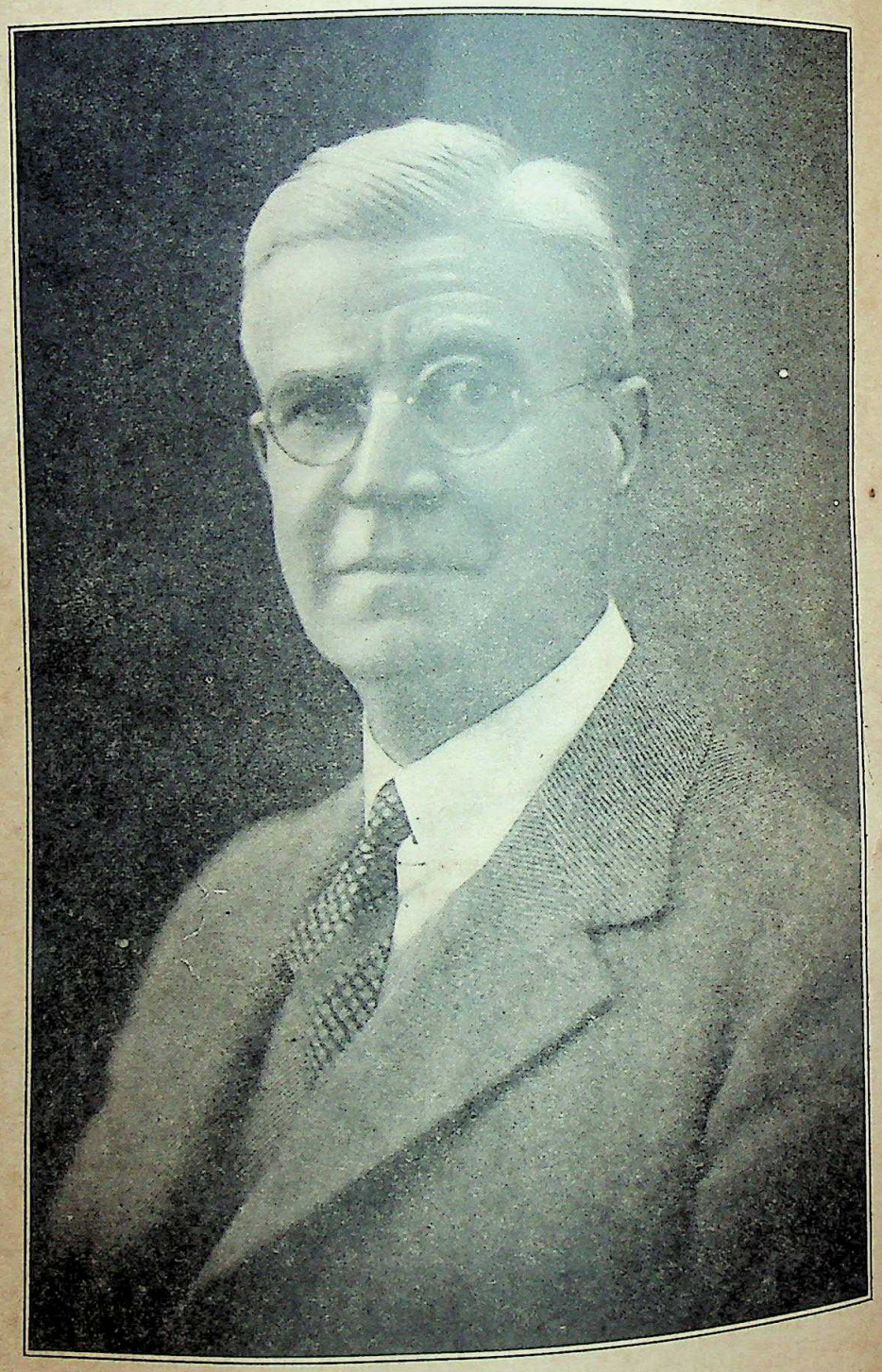

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QUESTIONNAIRE FOR MAKING A SYSTEMATIC STUDY OF THE *ORGANON* OF SAMUEL HAHNEMANN

DR. JOAQUIN SEGURA Y PESADO
Mexico, 1929

(Translated by Hershberger)

The numbers of this questionnaire correspond to the numbers of the aphorisms of Samuel Hahnemann's *Organon* (fifth edition) of the art of healing.

1. Which is the first and principal mission of the physician? What should the true physician prefer, the fantasies of his imagination or real and positive facts?

2. What should be understood by the word healing, or in other words, what is the ideal of a true healing?

3. What does the physician have to know in order to be able to effect real cures?

4. Besides healing the sick, what other mission has the physician and what does he require for its realization?

5. What is the first thing the physician should attend to in order to heal the sick?

6. Apart from the exciting circumstances, what other thing should the physician consider in all cases of disease? Regardless of the exciting causes of a disease, what is it that represents the disease in its whole extent?

7. Without ever disregarding the exciting causes of a disease, which should always be removed, upon what should we base our conclusions for the purpose of curing it? Outside of the exciting causes and symptoms, is there something else on which the physician should base his opinion for the purpose of curing the diseases of a dynamic order? What is to be understood by *symp-*

toms, or what does this word specifically mean? Is it one symptom or the totality of all symptoms which should serve us as a basis for the healing?

8. When all the perceptible symptoms have disappeared, how can we consider the individual who consulted us? As healthy or sick?

9. What is it that maintains all the parts of the organism in admirable, vital harmony in the state of health? Besides the organism and the vital force, is there another entity that enters into the constitution of man?

10. When the organism is deprived of the vital force, can it feel, function and preserve itself? To what is its sensibility, functions and preservation due? To what are man's memory, intelligence and will due?

11. Who is it who first feels the influence of the morbid causes that do not manifestly act in a physical or chemical manner? What occurs as a consequence of the modification such as life undergoes under the influence of morbific agents? Can we perceive therein the modification which life undergoes under the influence of morbific causes? How does life express the modification as experienced by the morbific causes?

12. What produces diseases? To the observer, what is the equivalent of the change which the altered vital force undergoes in its mode of being? If all the symptoms disappear, what should we infer is taking place with the vital force as altered by the disease?

13. Eliminating the diseases of a strictly mechanical or chemical order, are the other ones separate from the organism and from the vital force and concealed in the interior of the body? What, therefore, are diseases? Are they modifications of the mode of being of life, or are they physical or chemical phenomena of the living organism?

14. How do all the curable alterations of the vital force manifest themselves to the observer?

15. The derangement of the vital force and the symptoms through which they are manifested: are they two different entities such as would permit the existence of one without the other, or do they not constitute one and the same thing?

16. In what way do the inimical agents affect the living organism? Why do they affect it dynamically and not in another way? The diseases being of a dynamic order, how should the medicaments act in order to effect their cure?

17. What does a true physician have to make disappear in order to be able to consider a disease as really cured?

18. For the purpose of choosing a remedy, why can we not base our opinion on something apart from the symptoms as presented by each case which it is desired to cure?

19. On what are based the curative virtues of the medicaments?

20. Is it possible for the intelligence alone to know what the curative virtues of the medicaments are and their power to modify the healthy organism? How then can those two powers peculiar to all medicaments be known, to wit: that which perturbs the healthy organism, and that which restores health to the diseased organism?

21. By experimenting with the medicaments on the healthy organism, what is the positive and indubitable result which we obtain? If, then, all that we obtain are symptoms, without it being humanly possible for us to obtain another result through experimenting with the medicaments, what should we therefore conclude in this connection in order properly to apply the medicaments for the cure of diseases?

In view of the fact that the medicaments are not for *us*, but groups of symptoms, and nothing else, to what is it natural to attribute their curative power?

22. On the basis that diseases are characterized by the totality of their symptoms, and the medicaments also by the totality of theirs, and that beyond the symptoms of the diseases and of the medicaments nothing is known, on what can we base our judgment for the application of the second ones to the first ones, and what effect do we obtain? How many relations exist between the symptoms of the diseases and the symptoms of the medicaments?

23. By administering the medicaments in accordance with the antipathic relation, what results are obtained, and what do the experiments reveal?

(The difference relation is eliminated because it leads to the selection of any medicament for any disease.)

24. With the antipathic and allopathic relations being eliminated, owing to their inadequacy to effect a cure, what other relation remains for employing medicaments in diseases?

25. What do careful trials and pure experience teach when medicaments of a rigorous homœopathicity are applied in the cure of diseases? Do all the medicaments cure the diseases that have symptoms very similar to those which they produce?

26. How can the homœopathic law of healing be formulated so that its curative efficacy may be understood: Examples of a different order as compared with those of a therapeutical order which can serve for the comprehension of the homœopathic law.

27. On what does the curative power of the medicaments depend? How can a disease alone be cured and annihilated in a sure, radical, rapid and permanent manner?

28. Why is the law of similars a positive fact? Has the scientific theory in regard to the manner in which a cure is effected according to the law of similars great importance?

29. How, according to Hahnemann, is the cure effected when a homœopathic medicament is administered?

30. Is the human body more affected by the natural agents of disease, or by the medicinal agents? Inasmuch as the natural diseases are overcome by the medicaments, what should we infer from this in regard to the strength of the natural agents of diseases and of the medicamentous agents?

31. Do the causes of the natural diseases possess in an absolute manner the power to derange the health?

32. Do the medicaments alter the health in a constant and indefectible manner?

33. Is the human organism more susceptible to the action of the medicaments than to the action of the natural morbific agents?

34. Besides the greater strength of the medicaments acting on the natural causes of disease, what other capital circumstance makes them curative agents?

35. Can Nature or art cure a natural disease by employing unhomœopathic agents?

36. If the organism suffers from a disease, and another disease of equal strength attacks it, or one of less intensity, what is one of the results to be observed in this connection?

37. What occurs when a chronic disease is treated by medicines unhomœopathic and of not too violent charaeter?

38. What other result, apart from the repelling of the disease, occurs in connection with the dissimilar diseases when they are present, and what cases can we cite?

40. Besides the repelling and the suspension, when two dissimilar diseases are present, what other phenomenon is observed?

41. What phenomenon very frequently results from giving unhomœopathic remedies in chronic diseases?

42. In what condition do two or more diseases appear at the same time in the organism?

43. Can two similar diseases appear simultaneously?

44. Do two similar diseases become repelled, suspended or united?

45. What happens, then, when two similar diseases are present?

46. Cases of homœopathic cures as presented by Nature.

47. The fact that the dissimilar diseases are repelled, suspended or united, but not cured; and on the other hand, the fact that the similar diseases made present by the selfsame Nature are cured: what does this all teach the physician?

48. What do the examples given in the immediately preceding paragraphs demonstrate?

49. Why is there not a considerable number of examples of natural homœopathic cures?

50. Why can there not be utilized the diseases which Nature presents for curing the diseases that are encountered in practice?

51. What advantages have the medicaments, as employed by physicians, over the natural morbific agents?

52. In view of what is set forth in the immediately preceding paragraphs, is it possible to continue administering allopathic agents? In general, what are the results of allopathic practice?

53. When do mild, rapid, true and permanent cures take place? And what is the reason of such?

54. Of the three possible modes of employing the medica-

ments, which is the only one that effects rapid, mild and permanent cures?

55. What does the allopathic method consist of, and what are its practical results?

56. Besides the homœopathic and allopathic methods, what other one has been employed for the curing of diseases? What does Hahnemann say in regard to this method?

57. What is the proper procedure in order to carry into practice this manner of applying the medicaments, and what examples can we cite?

58. What objections can be had to the antipathic method of curing diseases?

59. Examples which demonstrate the pernicious results of the antipathic method in the treatment of diseases.

60. When the pernicious results of the antipathic employment of medicines are in evidence, what does the physician do to overcome the difficulty, and what inconveniences occur in this connection?

61. In view of the pernicious results of the antipathic method, what is it that naturally occurs, and which heretofore has been overlooked by the traditional physicians?

62. Can the pernicious results of the antipathic method on the one hand; and the beneficial ones obtained through the homœopathic method on the other hand, be explained?

63. To what is applied the term of primary action of the medicaments? To what is applied the term of secondary action of the medicaments?

64. How many acts are there in the action of a medicament on the organism?

65. Examples of action and of reaction of the organism as modified by divers agents.

66. To what is limited the reaction of the minute homœopathic doses?

67. Do action and reaction, incontrovertible truths, reveal the supremacy of the employment of homœopathic medicaments?

68. Do the medicaments in uncommonly small doses seem to leave an artificial derangement which is soon overpowered by the reaction of the organism?

69. What takes place in the organism when palliative medicaments are employed which shows the superiority of the homœopathic medicaments?

70. What does a physician have to make disappear in order that a sick person may be really cured? How should we consider the internal causes to which are attributed the diseases and the material principles of those on which they are made to depend? In what does the virtue of the medicaments consist? How does that power become evident to the physician? Can a disease be cured by employing medicaments of allopathic effects? What results from employing medicaments of symptoms opposed to those which it is desired to cure? What then is the only method which should be employed?

71. In view of the truth of the homœopathic law, what are the three points to be solved in the medical problem?

72. How many kinds of diseases is man liable to contract? What is meant by acute diseases? What is meant by chronic diseases?

73. What are the two categories of acute diseases? What are the causes of the individual diseases? What are the causes of the collective diseases and how can these diseases be divided?

74. To what is applied the term of medicamentous chronic diseases?

75. What is the opinion of Hahnemann in regard to the curability of the medicamentous chronic diseases?

76. What alone can remedy, when it is possible, those artificial pathological states?

77. What other kind of chronic states do we find in practice and of what does their treatment consist?

78. What are the true, natural, chronic diseases?

79. What is the chronic disease that was known prior to the time of Hahnemann? What other chronic disease does Hahnemann mention, assigning to it as a characteristic certain growths upon the skin?

80. What is the other chronic disease of more importance than syphilis and sycosis? How does syphilis first reveal its existence? How does sycosis first reveal its existence? How does psora first reveal its existence? What is the fundamental pro-

ducing cause of the innumerable diseases that figure in the works on pathology?

81. How is it possible to become familiar with the large variety of diseases produced by one sole agent such as the psoric miasm?

82. Should all the psoric cases be treated with the same medicament, or is it necessary in each case to choose a medicament having relation to the symptoms as observed?

84. How should the examination of a patient be conducted, and what are the three sources of information necessary for acquiring a knowledge of the disease? Should the physician trust to his memory, or should he write down the details in order always to bear them in mind?

85. How does Hahnemann advise writing the details?

86. After the patients and their nurses have finished with the narration of their cases, what does the physician have to do?

87. How should the patients and their nurses be interrogated for the purpose of obtaining exact data?

88-89-90. Once that the patients and their nurses have given all desired data, what does the physician have to do?

91. When an examination of a patient who takes medicaments is made, do the symptoms obtained give a faithful picture of his disease? What then is the faithful picture of the disease, and what should be done to obtain it in chronic cases?

92. In the acute cases of importance that are complicated with the effects of the medicaments, how should the physician act?

93. What course should the physician pursue for investigating the causes of a disease, especially those which the patients are concealing, on account of their shame or other motives?

94. What circumstances should be investigated especially in connection with chronic diseases in order to be fully informed in regard to the condition of the patient? In chronic diseases of females, what is specially necessary to be considered?

95. What is it that frequently interferes with the investigation of chronic diseases?

96-97. What is observed in the way some patients express themselves in regard to their maladies?

98. What qualities should the physician possess for making a thorough examination, especially if the case is chronic?

99. Is it easier to investigate an acute disease, or a chronic disease?

100. In investigating the sporadic and epidemic diseases, how should one proceed?

101. Does the examination of one single case of sporadic or epidemic disease suffice for becoming precisely familiar with the characteristics of the epidemic?

102. What occurs in connection with the picture of the epidemic disease as more patients continue to be examined?

103. What must be done in order to sketch the picture of the chronic diseases and to be able to discover the remedies which should be administered for the purpose of curing them?

104. Is it easy to sketch a characteristic picture of the diseases? Once that the characteristic picture of the diseases has been sketched, what then should be done for choosing the remedy?

105. The first point in order to be able to cure is to become familiar with the disease; and what is the second point?

106. What is it necessary to know in regard to the medicaments in order to be able to administer them successfully in the treatment of diseases?

107. If the medicaments are administered to sick persons for the purpose of ascertaining their symptoms, would a faithful picture of their symptomatology be obtained?

108. What is the surest way and the most natural one for obtaining pure effects from the medicaments?

Who are the two physicians who have proposed in a definite manner the method of experimenting with the medicaments on healthy persons, afterwards administering them to the sick?

109. What led Hahnemann to persist during approximately half a century in making experiments with the medicaments on healthy persons?

110. What is observed when comparing the results of a pure experiment with the effects of the medicaments accidentally obtained owing to negligence or criminal intent? For how many purposes have the effects of the medicaments on men been applied? Has someone prior to Hahnemann declared in an em-

phatic manner that the symptoms of the medicaments are sure indications for extinguishing the similar symptoms of the natural diseases?

Has anyone prior to Hahnemann and Haller realized that the only true and efficacious method for recognizing the virtues of the medicaments consists in becoming familiar with the symptoms that they produce in the healthy organism? Can the organoleptic and chemical properties of the medicinal substances reveal their curative powers? How can the different systems of materia medica prior to that of Hahnemann be considered?

111. What does the totality of observations carried on in connection with the medicaments, whether accidental or provoked, show us?

112. When analyzing the observations which the ancient authors have left us in regard to the accidental action of the medicaments, how many kinds of effects are noted?

113. What exception is observed in connection with the substances known as narcotics, with reference to the primary and secondary actions?

114. Excepting the narcotics, what effects do all other substances determine when they are administered experimentally in weak doses—primary or secondary effects?

115. To what is applied the term *alternating effects* of the medicaments?

116. What is observed with reference to the frequency with which the symptoms are produced when experimenting with the medicaments?

117. To what is applied the term *idiosyncrasies*?

118. What should be observed in connection with the symptomatology of each medicament, comparing it with that of the other medicaments?

119. What action does each medicinal substance exercise on the health of human beings? Are the materials which are studied in chemistry, compared with one another, alike or different? Are the plants which are studied by botanists, equal to each other or different? Are the animals which are studied in zoology, equal or different?

120. Is it important to distinguish thoroughly the medicaments from one another? In order to distinguish one from another in their effects on the organism, what is to be done? What results are had when experimenting with the medicaments by comparing them with one another?

121. What dosage of the very active substances suffices for producing changes in the health of a person? What dosage should be given when experimenting with substances that are of milder power: strong or weak?

And when the action of the substances is very weak, what procedure should the experimenters employ?

122. What are the capital conditions which the substances used in experiments should meet?

123. In what form should all the medicaments be taken for purposes of experimentation? How are juicy indigenous plants used? How are the exotic plants taken for experimentation?

How are the salts and gums used for experiment?

If the plant is dry, and its provers not very active, how is it best experimented with?

Should infusions of the plants be taken at once or a long time after their preparation?

124. For these experiments, how should all the substances that are experimented with be employed? What should be avoided, especially during the course of an experiment, in order to render it effective?

125. What diet or regimen should be observed during the experiments? What things should be avoided in connection with the diet? And with reference to drinks, what should be observed?

126. What conduct should be observed by the person who is carrying on the experiment? What conditions should be met by the person who takes the medicaments for the purpose of ascertaining their effects?

127. What is the object of testing the medicaments on both males and females?

128. In order to obtain a complete picture of the symptomatology of any medicament, does it suffice to experiment with it in ponderable doses?

129. When a quantity of medicament does not produce symptoms, what is then to be done? Are all individuals affected in

like manner by the medicamentous substances? When experimenting, what doses should first be given, large or small?

130. If symptoms are obtained by means of a single dose, what advantage is there in not repeating it? Are there persons so susceptible that with one small dose important symptoms develop? For the purpose of ascertaining the active duration of a medicament, does one experiment suffice?

131. When repeated doses are taken in an experiment, notwithstanding the appearance of symptoms after taking the first ones, what is the result? In such case, can the order of succession of the phenomena and the alternating symptoms, or those of the reaction, be precisely ascertained?

132. If it is only a question of ascertaining the symptomatology of a medicament without reference to the order of succession of the symptoms or to the active duration of the drug, how should the experiment be conducted?

133. When a symptom appears as the consequence of the action of the medicament, what should be done in order that it may have a practical value? What is to be noted down in regard to the hour of the appearance of the symptoms?

134. What do all the medicaments produce when acting on the human organism? Do the symptoms as produced by the medicaments, all appear in one sole individual? In all experiments, do the same symptoms always appear upon repeating the experiments? Do the symptoms always appear at the same hour?

135. Does one observation suffice for forming the complete picture of a remedy, or are many observations, on persons of both sexes, necessary? When do we consider a medicament as having been thoroughly proved?

136. Notwithstanding the fact that the medicaments do not produce all their symptoms in one sole person, have they a tendency to produce them in all persons? How can that tendency be demonstrated?

137. When are the primary effects in the experiments best noted? What should be required of every experimenter besides his condition of being healthy, intelligent and of good intentions? Is it proper to administer very large doses during the experiments?

138. Supposing that all the conditions are duly met in connection with a good experiment, to what should be attributed the symptoms which appear? If in a good experiment there appear symptoms which the patient has had for a long time before, should these symptoms be excluded from those which pertain to the medicament?

139. What conduct should be observed by the experimenter upon obtaining the results of the experiment?

What should the physician do with the symptoms as noted down by the experimenter?

140. What should the physician do when the experimenter does not know how to write?

What are the most valuable experiments?

141. What advantages does a physician secure by experimenting with the medicaments on himself? What disadvantages have the observations as obtained from other persons? What should be observed in connection with the health of those who experiment with medicaments in moderate doses?

142. Can medicaments be proved upon persons who suffer from a chronic disease, and true symptoms be obtained?

143. When will a true *materia medica* be developed, worthy of all confidence, and useful to be applied at the bedside of the sick?

144. What should be excluded from a pure *materia medica*? What only should comprise a pure *materia medica*?

145. What number of medicaments is needed to be known in order to be able to combat the increasing number of human maladies? To what is it due that notwithstanding the increasing number of diseases, the number of medicaments needed for combating them is not so large as that of said diseases? Is the number of maladies which we can cure with the medicaments known to us at present very large?

According to Hahnemann, what effect is produced by allopathic treatments, with their mixtures of medicines of unknown action?

146. When the disease is known, and the medicament likewise, what is left to be known in order to be able to realize the healing of the natural diseases?

147. Which, in general, is the most appropriate remedy for the healing of any malady of a dynamic order?

148. What parts of the organism are affected by a homœopathic medicament in connection with a disease for which it has been prescribed? What occurs, according to Hahnemann, when a homœopathic medicament is administered? How is it that the artificial disease disappears and the patient is cured?

149. What occurs in the case of acute diseases when treated by means of a truly homœopathic medicament? Do the natural chronic maladies generally require a longer time to be cured than the acute ones? What diseases run the longest time and are the most difficult ones to be cured?

150. When a patient complains of one or two trivial symptoms of recent occurrence, what procedure does Hahnemann recommend?

151. When the symptoms of which the patient complains are few and violent, what does the physician observe in the majority of cases?

152. When is it relatively easy to select a homœopathic remedy in connection with the acute diseases?

153. From the therapeutic viewpoint, in how many classes can the symptoms as developed in patients be divided? To which class of these two should the homœopathic medicament correspond, in order to produce the maximum curative effect?

154. When is a medicament truly homœopathic and, consequently, a specific remedy for a pathological state? What happens when a truly homœopathic medicament is applied to a disease?

155. Which of the symptoms of a perfectly homœopathic medicament are the efficacious ones in the cure of diseases? What happens with such other symptoms as are not homœopathic to the case in question? How can this fact be explained?

156. When the dose of a homœopathic medicament is not sufficiently weak, what is observed during the course of the malady? What is the cause of this phenomenon?

157. What other phenomenon is very frequently observed when a truly homœopathic medicament is given, especially when the dose is not sufficiently attenuated? How does Hahnemann explain this circumstance?

158. What does the homœopathic aggravation announce in the majority of cases? How can this fact be explained?

159. On what do the slightness and the short duration of the homœopathic aggravation depend?

160. How is it possible for us to understand that notwithstanding the exceptional smallness of the dose, an aggravation of the malady is sometimes observed? Are there any examples in the practice of the old school which clearly show the homœopathic aggravation?

161. After what period of time does the homœopathic aggravation show itself in the acute diseases? After what period of time does the homœopathic aggravation show itself in the chronic diseases?

162. What makes the selection of a perfectly homœopathic medicament very difficult in many cases?

163. When a pure homœopathic remedy is not selected, can a complete cure without accessory symptoms be expected? What takes place thereafter in those cases?

164. Although the medicament be incompletely homœopathic, in what case may sufficiently satisfactory results be obtained?

165. If the selected medicament corresponds only to general and vague symptoms and not to the characteristic and fundamental ones of the malady, can it be expected to give a satisfactory result?

166. In view of the number of medicaments known at present, to what should be attributed the failure of so many prescriptions?

167. What should be done when a prescription does not give the desired results?

168. If the cure is not effected by means of that new prescription, what is to be done?

169. If there are two indicated remedies, one for some symptoms, and another for others, after administering one of them, is it advisable to give the other one in order to hasten the cure?

170. What is the rational method which should be observed in such case for the purpose of changing one remedy for another and obtaining as far as possible a good result?

171. Are the chronic diseases generally cured by means of one remedy, or of various remedies successively given? How should the remedy to be administered always be selected?

173. To what should be given the name of *one-sided* dis- select the appropriate homœopathic remedy?

173. To what should be given the name of one-sided diseases, and to what kind of diseases do they generally correspond?

174. Cite some examples of one-sided diseases. When the symptom is an external complaint, what name is given to the one-sided diseases?

175. In many cases, on what does the scarcity of symptoms in the one-sided diseases depend?

176. Are there some diseases which, although carefully examined, present only one or two distinctly perceptible symptoms?

177. What does Hahnemann recommend in connection with the treatment of those truly one-sided diseases?

178. What sometimes happens with reference to the selection of the remedy as based on one or two of the symptoms?

In that case, when is an appropriate selection of the indicated medicament most possible?

179. What more frequently happens in connection with the choosing of the proper remedy in the cases of the one-sided diseases?

180. What are the results of that imperfect homœopathicity?

181. With reference to the new symptoms which appear, although provoked by the medicament, how should they be considered in connection with the malady that it is desired to cure?

182. Does that appearance of new symptoms facilitate the healing of the one-sided diseases?

183. When a medicament does not produce, or ceases to produce, a beneficial effect on the disease, what should be done?

184. How long should that change of medicaments be continued?

185. To what is given the name of local maladies? What should be thought of the opinion of those who consider that except for the affected part, nothing remains for the physician to take into account?

186. What maladies truly deserve the name of local diseases? When the maladies of a traumatic order are of some importance, do they always preserve the character of local ones? By what means should modifications of a mechanical order as produced by traumata be corrected? How should the perturbations which are not of a mechanical order be treated?

187. To what are due alterations of the external parts which do not arise from an external injury or are produced by an insignificant trauma? Is it rational to consider those alterations as mere local affections and treat them with topical applications?

188. How have those so-called local affections been considered, and how does Hahnemann classify that manner of considering them?

189. To what are local alterations, not caused by an external injury proportional to their importance, really due?

190. How should those *local alterations,* improperly so-called, be cured?

191. How can it be demonstrated that the alterations which are apparently local, are in fact the result of a general state of which they are an expression?

192. With reference to those affections improperly known as local ones, what should be attended to in order to make a good selection of the most appropriate remedies?

193. What results are obtained from the application of the appropriate remedies in the diseases erroneously known as local maladies? What does the disappearance of the local affections under the influence of a medicament that is not applied on the site of those affections prove?

194. In the cases of acute or chronic local affections, is it proper to apply topics? Why is it not proper in those affections to apply topics even when those topics are the same substances that are given internally? When the homœopathic medicaments do not produce a complete result in connection with a local ailment, what should we infer from this lack of efficacy?

195. In those cases, what should be done for the purpose of obtaining a radical cure?

196. Are there physicians who are in favor of applying

topically the medicaments which they employ internally, believing that this adds greater efficacy to their treatment?

197. What does Hahnemann say in regard to the conduct of those physicians? What results from those simultaneous applications of the medicaments, internal and external, in the majority of cases?

198. Should the homœopathic medicament be applied locally to an external ailment instead of being employed internally?

199. When the local ailment is destroyed by means of external applications, what difficulties arise for the later treatment of the patient?

200. What are the advantages of respecting the local ailments?

201. What is the cause of those external maladies which appear both in the acute and in the chronic diseases? How can that cause of the external maladies be demonstrated?

On what do those external maladies depend? Are they the whole disease or a part of it? What often occurs in connection with those external maladies when the general exciting disease is not cured?

202. If the physician destroys the local symptoms, believing that in this way he destroys the whole disease, what very frequently happens?

Is there a *driving back* of the local symptoms in the true sense of the phrase?

203. What is the probable result of the practice of removing by local means the primary symptoms of the chronic infectious agents? What is the constant result of the medicaments as administered in the chronic diseases by those physicians who are opposed to the law of similars?

204. Of what are all the chronic maladies the result? What are the primary symptoms of syphilis, of psora, and of sycosis? What happens when by means of local action the primary symptoms of syphilis, of psora, and of sycosis are suppressed?

205. Is it convenient to combat the primary or secondary symptoms of the chronic miasms by local remedies? Should cancer of the face be destroyed by local means? What maladies are provoked by the suppression of the local symptoms by topical remedies? How should the primary and secondary symptoms of the chronic miasms be combatted? What work is it necessary to read in order to be able to cure the chronic diseases in the best possible manner?

206. In every chronic state, what investigation should be made for the purpose of ascertaining what miasms may have infected the patient? What is the fundamental cause of the majority of the chronic diseases? What are the chronic miasms which complicate psora? Which is more frequent, simple psora, or psora complicated with syphilis or with sycosis?

207. Should the physician inform himself in regard to the treatments to which the patient has ben previously subjected? In what useful way are the data which he has secured in this connection?

208. What other things are indispensably necessary for the knowledge of the physician before beginning a treatment? Is it appropriate to take into consideration the disposition and mind of the patient?

209. After all the information as to causation has been secured, as well as in regard to all the symptoms, what does the physician have to do?

210. What chronic miasm is the cause of nearly all the one-sided diseases? Do the diseases of the disposition and of the mind constitute a group sharply separated from all other diseases? Referring to those which are properly termed *mental diseases*, are they the only ones which present mental symptoms?

211. What importance have the mental symptoms as presented by the diseases in the selection of the most appropriate remedy in a given case of disease?

212. Do all the important medicaments alter the state of the disposition and mind of the individual who takes them?

213. Is it necessary in every particular case of disease to choose a medicament which produces a state of mind and disposition similar to those presented by the patient?

214. Are mental diseases cured in the same manner as other maladies? What remedies should be chosen for the healing of mental diseases?

215. What are the majority of the so-called mental diseases?

216. What is observed in certain serious diseases (suppuration of the lungs, alteration of some other essential viscus, puerperal fever, etc.) with reference to the mental symptoms which they present?

217. How should the examination of mental diseases be conducted? And what should the remedies that are given to the patients display in their list of symptoms?

218. What data should be given by the patient's friends in order to sketch an exact and complete portrait of his malady?

219. What is observed when one compares the corporeal symptoms as given in regard to the previous condition of the mentally deranged person, with those which he presents at the moment of observation?

220. In all cases, of what symptoms does the complete image of a mental malady consist? Should the selected medicament correspond both to the present symptoms and to the previous ones shown by the patient?

221. When, under the influence of divers causes, the habitually quiet mentally deranged person shows symptoms which would indicate that his trouble is acute, what conduct should be observed?

222. Can the mental diseases be considered really cured when the acute phases have been ameliorated by non-antipsoric remedies? What should be done in order to obtain a true cure?

223. When an antipsoric treatment is omitted, what is generally observed?

224. If the mental disease is more the result of a moral cause than of a psoric infection, what conduct should be observed?

225. Are there mental diseases occasioned by causes of a moral order, which should not be considered as of the same order as the other mental derangements?

226. How should those mental maladies of a purely psychic order be treated when they have not effected any changes of importance in the organism?

227. Are there really mental diseases of a purely psychic nature, or do some of the chronic miasms, particularly a psoric miasm, intervene in their production?

228. Besides the medicaments that are employed for the

healing of mental diseases, should the patients be subjected to a certain mental regimen? Should punishments and reproaches be avoided in connection with the treatment of mentally deranged people?

229. For the purpose of avoiding contradictions and rude corrections, should the physician show too much of a weak, timorous yielding?

What especially aggravates mentally deranged persons, and above all, what is to be avoided in referring to their delirious ideas? Is it proper to insist upon dissuading them from their delusions, upon amusing them in spite of their opposition, upon calming them by means of conversations and books, or in other ways?

230. What is observed when in a case of mental derangement a remedy perfectly homœopathic to the corporeal and mental state of the patient is administered?

231. How many kinds of intermittent diseases are there?

232. To what class of maladies do the alternating diseases belong? What examples of alternating diseases does Hahnemann cite?

233. Which are the typical or periodic intermittent diseases? Are all the periodic maladies of a febrile character?

234. To what class of maladies do the periodic diseases, which are neither sporadic nor epidemic, but individual, belong? Besides the antipsoric or antisyphilitic remedies, what medicament is the most fitting one to employ for the purpose of extinguishing completely the intermittent type?

235. How are the paroxysms of the sporadic or epidemic intermittent fevers constituted? To what states of the paroxysm should the remedy selected correspond? What importance have the symptoms as presented by the patients during the stage of apyrexia for the choosing of the remedy?

236. What is the most appropriate moment for administering the remedy in intermittent fevers? Why is it better to administer it soon after the termination of the paroxysm?

237. When the apyrexia is of short duration, when should the homœopathic remedy be given?

238. When, after having given the appropriate remedy and

obtained the suspension of several paroxysms, indications of a new paroxysm appear, what should be done? What generally indicates this recurrence of the fever and what should be recommended in such cases to those who inhabit marshy districts?

239. What circumstance makes it easy for a practitioner of pure materia medica, to select in any particular case of intermittent fever a homœopathic remedy?

240. If the proper homœopathic remedy to be used in an epidemic of intermittent fever does not give good results in a particular case, to what should this lack of action be attributed?

241. When there is an epidemic of intermittent fever, what should be done when choosing the convenient remedy? If the indicated remedy does not give the desired result, what is to be inferred?

242. What results from not being able to cure opportunely the intermittent fever epidemics? What remedies does Hahnemann recommend using in those cases?

243. With what remedy should the pernicious intermittent fevers of a district not marshy be attacked? If the remedy indicated by the symptoms does not give the desired result, what should we infer and what should we do?

244. Can a healthy person and one who observes hygienic precepts, physically as well as morally, safely reside in countries exposed to inundations, or where it is marshy? If he should be attacked by the fever, what is to be done? If that remedy should not give results, what might be suspected and what would have to be done? What is observed when those persons leave a marshy district for one that is dry and mountainous? In order for them to regain perfect health, what treatment should be given?

245. After the physician becomes fully informed as to how to select the convenient remedies in the different kinds of diseases, what should he study? What should he do in all acute or chronic cases, when, after administering a remedy, a manifest improvement is observed?

246. How long does the beneficial action of a dose of a homœopathic medicament generally last? What conditions are necessary for diminishing that long period and obtaining a more rapid cure?

247. What interval of time should intervene before repeating the doses in chronic maladies? What interval of time should intervene between the repetitions of the doses in the acute diseases?

248. When, after the repetition of several doses, the recovery ceases, or new symptoms appear, what must then be done?

249. When a medicament produces new symptoms of importance, what should we think of its homœopathicity? What should we do then?

250. If, in an urgent case, after the lapse of six, eight or twelve hours, it is seen that the patient is growing worse, what is the physician obliged to do?

251. When the medicaments that are employed are such as produce alternating symptoms, what should be done when, a reasonable time after having administered a dose, no favorable results are seen?

252. If a strictly homœopathic remedy given in the minutest possible dose, does not produce good results in a chronic disease, what should we conclude?

253. What signs announce, especially in the acute diseases, a commencement of amelioration or aggravation? If the malady begins to show an improvement, what is noted in the mental condition of the patient? When the malady gets worse, what is noted in the state of the disposition and mind of the patient?

254. If new symptoms appear, or the existing ones become aggravated, what is to be inferred? If the original symptoms become diminished, and no others appear, what prognostic significance has that circumstance?

255. In order to proceed surely in ascertaining the state of the patient a certain time after the taking of the remedy, what conduct should be observed? In the case of an improvement, what is noted as the result of that revision of the symptoms? If, notwithstanding the proper selection of the remedy, no improvement occurs, to what should we attribute that lack of action? To what should be attributed the excessive duration of a homœopathic aggravation?

256. If a patient under treatment says that he is better, and the physician perceives that some important symptoms have appeared, what prognostic opinion should he formulate?

257. Should the physician employ favorite remedies owing to the fact that he has obtained good results with them? What objections are there to such a proceeding?

258. Should the physician be reluctant to employ certain remedies which may not have given him the expected results? What truth concerning the virtue of the medicaments should always be borne in mind by the physician?

259. What is it necessary to avoid in the regimen and diet observed by the patients?

260. In what classes of diseases is it most important to observe a regimen and diet such as assist, instead of impeding, the cure?

261. What regimen and diet are most appropriate in chronic maladies?

262. Except in the case of mental derangement in acute maladies, who outlines the conduct which should be observed in regard to the regimen and diet of the patients?

263. If a patient having an acute disease strongly manifests a desire to take some food or drink, should it be absolutely refused to him?

In the acute diseases, how should the temperature of the room be controlled, and the bed-coverings arranged? Is it necessary in cases of acute diseases to avoid all kinds of exciting emotions and intensive mental exertion?

264. What qualities should be possessed by the medicines employed by the physician, and which ones should he prefer?

265. Is it a matter of conscience with the physician to be sure that the patient always takes the medicine prescribed for him?

266. In what state do the substances of the animal and vegetable kingdoms possess their most perfect qualities?

267. What is the best method for the preparation of indigenous plants? What part does alcohol take in that method of preparing the indigenous plants? How should those preparations which we call tinctures be kept?

268. In order to be sure of the identity of the plants and parts of the exotic plants, how should they be obtained? Are they to be accepted in the pulverized form for the preparation of tinctures?

269. Has the homœopathic system a special method for developing the virtues of the medicaments which renders them more efficacious in the healing of diseases?

270. How are the medicinal dilutions prepared?

271. How are the metals, oxides, sulphuretted metals, other mineral substances, petroleum, the parts and juices of plants that can only be obtained in the dry state, the animal substances and salts in general, etc., prepared? How are those substances obtained in liquid form?

272-273. Which is more proper, the employment of several medicaments at one time or in alternation, or one sole medicament?

274. Why should not more than one medicament at one time be employed?

275. Does the homœopathicity of a medicament suffice for making it suitable in any given case of disease? Why should the homœopathic medicaments not be given in strong doses?

276. Is a homœopathic medicament harmful when administered in strong doses? What strong dose does the most harm in a disease which it is desired to cure—that of a homœopathic or an unhomœopathic medicament? How can this be explained?

277. When are the medicaments most efficacious in the cure of diseases?

278. Up to what degree should the dose of a homœopathic medicament be minute? Do fine-spun reasoning, theoretical speculations, or experience and observation show us the way to solve this problem?

278. Is it logical to adduce the large doses of the medicaments of the traditional school, for the purpose of denying the action of the infinitesimal doses?

279. What does experience reveal in regard to the doses when there is no incurable disorganization of an important viscus and when the action of the remedies administered in accordance with the great law of similars is not perturbed by means of other medicinal influences?

280. What does the action of the infinitesimal doses unquestionably demonstrate; and in the face of experience, what value

have the idle declamations of the physicians of the old school in this connection?

281. Do all the curable patients note a favorable change in their deranged organs when they take a homœopathic medicament in infinitesimal doses? What importance has the theoretical scepticism of those who deny the power of the small doses in the face of undeniable experimental proof of their action?

282. To what is limited the action of the small doses of the medicaments as indicated by the law of similars, and how does Hahnemann explain their curative power?

283. Besides their unquestionable therapeutic power, what other advantages have the infinitesimal doses?

284. Is the action of the medicaments directly proportional to the quantity taken, so that 8 drops of a tincture produce four times as much effect as 2 drops?

285. Besides successive dilution and trituration, in what other manner can we diminish the doses of the medicaments?

286. In what manner can the effect of a given dose of medicament be increased?

287. In order to increase uniformly the action of a dose of medicament which is diluted in a given quantity of water, what should be done?

288. In what manner is the action of the liquid medicaments propagated from the point which first receives the impression, to the other parts of the organism?

289. Do all the parts of our body which possess the sense of touch propagate the medicamentous impressions?

290. What are the parts most susceptible to the medicinal influences? What other parts of the organism can likewise receive the action of the medicaments? Can the surface of wounds and of ulcers permit the action of the medicinal substances?

291. Can a tongue or palate which have lost the faculty of tasting, or a nose which has lost the faculty of smelling, communicate the medicamentous action?

292. Can the skin of the body receive the action of the medicaments? What parts of the skin are most sensitive for communicating the medicamentous action?

293-294. Is mesmerism a therapeutic agent? When and how should it be employed?

A NEW PSYCHOLOGY FOR HOMŒOPATHY*

BENJAMIN C. WOODBURY, M. D.

In presenting this paper the author desires it to be understood that its subject-matter was written some years ago; but that data of this sort is not subject to so much change as many of the more material subjects that are wont to engross the attentions of the busy physician. This Association is a body of probably as progressive and liberal men and women as can be found in medical circles anywhere on this earth. If the statements herein presented do not entirely agree with the opinions of all, the author is glad to realise that he is still comparatively young, and that all speculative thought is subject to the dictates of reason and human belief. Only truth knows no time, no space, for it is eternal.

Psychology is defined as the science of the human mind or soul and its operations. Hahnemann, wise beyond his compeers, was very careful to avoid being entrapped in the net of speculative ideas. He writes:

> It has not been given to mortal man to reason *a priori* on the nature of his own soul. The wise teacher is aware of this: he spares himself this fruitless trouble, and, in aiming at as wide an acquaintance as possible with his subject-matter, confines himself to the *a posteriori*, to *that which the mind's own acts have revealed concerning itself, to empirical psychology*. More on this subject in this stage of being he cannot, more he need not, know.

Herein Hahnemann puts an end to speculation and enters at once into the demonstration of what is knowable. What the soul is or how it functions concerns him not. He is concerned, however, with its manifestations. What the vital force, or the vital principle as he later calls it, is, he knows not, nor does he speculate concerning it:

> No man is acquainted with the substratum of vitality, or the *a priori* hidden arrangement of the living organization—no mortal can ever dive into it, nor can human speech, either in prose or verse, even faintly shadow it forth: all attempts end in fiction and sheer nonsense.

The voice of the great expositor has spoken; let all lesser voices be silent, lest they be stilled forever!

In the February number of *The Homœopathician* (1912) Dr. G. G. Starkey emphasizes the need of a more adequate psychology for homœopathy. To quote:

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The action of remedies is in correspondence to the mind of man; their nature is reflected in the human mind. Unfortunately, we do not understand that mind. Homœopathy demands a more adequate psychology than we have at present, *for the mind is the man,* and the science of the mind is needed for the successful treatment of the man.

Hahnemann was the first great medical teacher to grasp this great truth and deal with the entire man especially the most important part of him—the spirit. Never can a materialist be a homœopath of the highest degree, for he grasps only the lower part of man's constitution—the body, and the material part of the mind—that which looks toward nature. If we confine ourselves to the material, we cannot adequately nor rightly conceive of life.

In Volumes I and II of the *Nature Cure Magazine* (edited by Dr. H. Lindlahr of Chicago) may be found a series of articles on "The New Psychology". By this writer, homœopathy is classed as a branch of what appears to him the greater system of natural healing, Nature Cure. Not to speak in any way disparagingly of the excellence of such systems of cure, may we not rather consider Nature Cure in general but as an adjunct to the greater and more far-reaching system of homœopathy—cure by the law of similarity? No one can any longer doubt that Hahnemann himself had a wonderful and wide grasp of general curative methods and their fundamental principles, and we may safely say that he was a staunch believer in hydrotherapy, diet, and other natural healing measures; and insisted ever upon the careful search and removal of the exciting causes of disease.

However much at variance these statements may seem in the matter of classification, the editor of this magazine has brought forward more corroboration of the teachings of Hahnemann than any other writer outside our own school. Furthermore, many practitioners, avowedly homœopathists, are decidedly materialistic in tendency which cannot be said of this writer.

The editor of these articles plainly states his belief in the "Law of Crises", Hahnemann's old idea, Hippocratic in its ultimate, the "Laws of Cure", according to primary and secondary actions of drugs—action and reaction—in physiological or pharmaco-dynamic doses, and insists upon the "duality of mind and matter".

He plainly champions the belief in the continued existence or final separation of the Higher Consciousness from the world of physical matter (the body), and its separate and individual existence after death—in a word, the survival of a spiritual body. The author states that he bases his premises upon *The Great Work,* the third and last volume of a series dealing with this new psychology, called the Harmonic Series. This special volume is designated to meet the demands for a system of self-development of the individual soul (the ego), to the highest possible attainment, the building of the Superman or Master. Thus:

The moment we recognize the existence of a physical and an infinitely more refined spiritual body, both of them material instruments and mediums of the individual consciousness or ego, then the explanations of these and many other perplexing problems become comparatively easy. It is a demonstrated fact of natural science that the conscious ego may work simultaneously through both the physical and spiritual brain matter, and this is the usual mode of cerebration, but the ego may also voluntarily or involuntarily function through either brain.

The innate antagonism between Nature Cure and dogmatism of any sort is only another phase of the irrepressible conflict between the forces which would enslave mankind by blind faith in creed and dogma and those influences which make for ever-progressive intellect and moral unfoldment, based on mental liberty, free inquiry and the acquisition of useful knowledge. Truth itself can never become wholly and thoroughly our own when taken in blind faith. Only that which we have worked out of our own consciousness and verified by experience can become part of ourselves and unravel for us the hidden mysteries of Nature and of our own being. For these reasons is "evolutionary development of soul" synonymous with "extension of consciousness by the acquisition of useful knowledge".

Every atom of matter is a microcosm patterned after the macrocosm. Potentially it contains as many spheres of vibratory activity as the planetary universe.

By virtue of this construction, an atom of matter may vibrate in unison and partake of the vibratory qualities of any sphere in which it may be caught. Thus the same atom of matter may vibrate at one time in the vibratory activities of the mineral plane, then it may be caught up successively in the vibratory whirlpools of the vegetable, animal and psychic planes.

The shedding of the body at physical death means no more than the shedding of the outer coarser sphere of our atomic structures. . . . The progressive unfolding and expression of things is, therefore, rather convolution than evolution. We have said that our *voluntary* physical, mental and moral faculties and powers do not evolve out of our brain matter but that by continued effort and well directed attention, we have to create the "centres" for these voluntary capacities and powers in our plastic brain matter. In other words, these mental and moral soul qualities are not evolved out of physical brain matter, but the latter has to convolute to them.[1]

[1]Hahnemann states virtually the same thing when he says that the organism without the animating power of the vital principle is dead, and when the vital force has departed the material body is just dead matter, and is ultimately resolved back into its earthy constituents.—W.

Dr. Lindlahr continues, giving the testimony of orthodox science, as follows:

The atom is made up of an immense number of corpuscles, particles of negative electricity. These in rotary motion of varying swiftness tear along with them portions of the ether in which they move, as an eddy or whirlpool carries the water in its rotating currents. These whirls in the ether made by particles of negative electricity are the basis of atoms and of matter. Atoms differ according to the number of corpuscles. (See Thomson's *Theory of Corpuscles*).

Dr. R. K. Duncan, Professor of Chemistry in Washington and Jefferson College, says in his interesting book, *The New Knowledge*, on page 252.

"By means of theoretical speculations based upon scientific experimentation, we have shown how it may be true that all bodily existence is but the manifestation of units of negative electricity lying embosomed in an omnipresent ether of which these units are, probably, a conditioned part.[2]

"Matter has disappeared as a fundamental existence, or at any rate it is explained as a manifestation of electricity. Mass, a supposedly indestructible thing, has disappeared with matter and comes into existence only as the negative electron, assuming motion, carries with it a bound portion of the ether in which it is bathed; and furthermore this mass which we thought so unvariable depends solely upon the velocity with which the negative unit moves.

"Our negative unit on receiving mass becomes a 'corpuscle' endowed with the primary qualities of matter superimposed upon those of electricity. Corpuscles congregating into groups of various configurations constitute essentially the atoms of the chemical elements, locking up in these configurations super-terrific energies and leaving but 'a slight residual effect' as chemical affinity or gravitation, with which we attempt to carry on the work of the world. These atoms, congregating in their turn as nebulæ and under the slight residual force of gravitation, condense into blazing suns. The suns decay in their temperature and become ever more and more complex in their constitution as the atoms lock themselves into multiple forms. We then see these multiple atoms developing into the molecules of matter to form a world. We see the molecule growing ever more and more complex as the world grows colder until we attain to organic compounds. We see these organic compounds united to form living beings, and we see these living beings developing into countless forms and, after æons of time, evolving into a dominant race."

[2]We have the testimony of Sir Oliver Lodge that "The ultimate particles (of matter) are no more and no less connected than are the planets in a solar system. *The atom of matter is in fact a solar system*, composed of widely separated electric charges. Without ether it is very doubtful if matter could exist at all. How an electron is constituted we do not yet know. We know that it is an electric charge, whatever that may be. It is certainly a seat of energy in the Ether, and many *believe it to be a modified portion of Ether*. If that be true, then, *matter is ultimately composed of Ether*, for it is certainly composed of electric charges".—*Vide, The Homœopathic World*, LXIII, NO. 746, 30.

The periodic law of atoms or the "Harmonics of Atoms" as we should call it in relation to the music of the spheres, Duncan describes as follows on page 22 of the same work:

The Periodic System of the elements, as we now have it, was discovered independently and almost simultaneously by the Russian, Mendeleeff, and the German, Lothar Meyer; though the germ of the discovery undoubtedly lay in the Octaves of Newlands.

In 1863 Mr. John Newlands pointed out in a brief letter to *The Chemical News* that if the elements be arranged in the order of their atomic weights, beginning with hydrogen-1, and ending with uranium-240, in a tabular form, they naturally fall into such groups that elements similar to one another in chemical behavior occur in the same columns; and that, moreover, the number of elements between any one and the next similar one is *seven*. In other words, members of the same groups stand to one another in the same relation as the extremities of one or more octaves in music! This leads us to think that not only may there be a relation between these little fundamentals of the universe but a veritable harmony.

After quoting Duncan, Lindlahr continues:

In the final analysis, then, matter is made up of particles of negative electricity. Electricity is a mode of motion or energy. Energy and force produce orderly and harmonious results; therefore, they must be intelligent or the expression of a Great Over-ruling Intelligence. . .

Superficially considered, this may seem a verification of the Christian Science dogma of the non-existence of matter. On the contrary, the new chemistry does not deny the existence of matter but reveals its true nature as an expression of the Divine Intelligence, while Christian Science declares matter to be but an "error of mortal mind" and therefore non-existent.

Wonderful as are the revelations of the new chemistry, the scientist sees in the bombardment of corpuscles in the x-ray tube only the outer, coarser particles of the physical-material sphere of atoms. The inner spheres of spiritual corpuscles in the atoms are still invisible to his physical sight.

Whether we call the physical-material spheres of atom and of man the inner or the outer, depends upon the point of view. We call the physical envelope the outer and the spiritual the inner, because to physical sense the physical-material body is the only reality; the spiritual body is known only by faith, belief and hearsay. Naturally, we speak of the physical body as the outer and of the spiritual body as the inner. . . . For an illustration of our meaning, suppose that a man in the spiritual body, a spirit, is looking at you while you are in the physical body. With his spiritual senses he sees only the spiritual body, and not the physical, because his spiritual sense of sight is not attuned to coarse physical matter. To him, your spiritual body is the only real one; therefore, he considers the spiritual body as the outer, and the physical body —if aware of its existence—as the inner.

In other words, whatever sphere we function in is to us the outer. The physical man, crawling on the surface of this planet, scouts the idea that he lives in an inner or innermost sphere. To his understanding, the interior of the earth is the inner and he lives on the outermost sphere of the planet. Viewed by a spiritual or a celestial intelligence in the higher and outer spheres, he is deep in the internal spheres or infernal regions.

"Internal" and "external" are relative terms; their meaning depends on our position in the universe, upon our viewpoint.

Our cosmogony renders comprehensible the "correspondence" and "influx" of Swedenborg, the "oversoul" of Emerson, the "natural law in the spiritual world" of Drummond, the "cosmic consciousness" of Bucke, the "life elements" of Natural Science philosophy and the persistence of consciousness and memory after death.

Emerson says in his essay on Swedenborg:

"Everything at the end of one use is taken up into the next, each series punctually repeating every organ and process of the last. We are adapted to infinity . . . and love nothing which ends; and in Nature is no end; but everything, at the end of one use, is lifted into a superior, and the ascent of these things climbs into dæmonic and celestial natures. Creative force like a musical composer goes on unwearyingly repeating a simple air or theme, now high, now low, in solo, in chorus, ten thousand times reverberated, till it fills earth and heaven with the chant."

Swedenborg himself says:

"It is a constant law of the organic body, that large, compound, or visible forms exist and subsist from smaller, simpler, and ultimately from invisible forms, which act similarly to the larger one, but more perfectly and more universally; and the least forms so perfectly and universally as to involve an idea representative of their universe."

In our doctrine of Representations and Correspondences, we shall treat of both these symbolical and typical resemblances, and of the astonishing things which occur, I will not say, in the living body only, but throughout Nature, and which correspond so entirely to supreme and spiritual things, that one would swear that the physical world was purely symbolical of the spiritual world; insomuch, that if we choose to express any natural truth in physical and definite vocal terms, and to convert these terms only into the corresponding and spiritual terms, we shall by this means elicit a spiritual proof, or theological dogma, in place of the spirit of the physical truth or precept.*

*According to the testimony of Prof. Harlow Shapley of Harvard: "Instead of a paltry 5,000 stars, we now know that there are at least 10,000,000,000 stars in our universe . . . Instead of being the centre of this universe, our sun is but an insignificant speck around which flits a shadow called the earth, rotating around a focal point near where the constellations, Scorpio, Ophiuchus the serpent-carrier, and Sagittarius the archer, merge. It is some 50,000 light-years away from earth, or about 300,000,000,000,000,000 miles. That is, the light which we see coming from it now, left the centre of the universe a long, long time before man began to live on this planet in his present form."

"Regard, first", says a recent writer, "the mere scope of the mathematician's field. On the one hand he attempts to measure infinite space in terms of parsecs and light-years, and, on the other, to measure the electron which is so infinitely small that he has to invent the Rutherford unit—a millionth of a millimicron. His vision is one of transcendent perspectives, in which this earth and its people sink almost to the vanishing point. Some of the stars—such as Arcturus, Canopus and Betelgeuse—which he regards merely as minute and insignificant units, are many times more massive than our entire solar system. Shapley's estimate of the diameter of the Milky Way is 300,000 light years; yet we must place 10,000 Milky Ways together to get the diameter of the universe—which gives us a cubical content a thousand milliard times greater than the scope of astronomical observation. Or, to put it relatively in terms of mass: the sun's weight is 324,000 times greater than the weight of the earth; and the weight of the universe is postulated as that of a trillion—a milliard times a milliard—suns." (The above mathematical measurements are so gigantic as to stagger the mind with their immensities. Therefore when we speak in terms of the infinitudes of Hahnemannian pharmacodynamics, we are merely making use of the opposite pole of notation—quite in keeping with modern mathematic nuances.—W.)

In the essays following the author goes on to discuss the correspondences between this, the "new psychology", Theosophy with its ideas of "man and his bodies", and the newer classification of the School of Natural Science, which is as follows:

THEOSOPHIC NOMENCLATURE.	OUR NOMENCLATURE.
Dense Body	Earthy, Physical Body.
Etheric Double,	
Astral Body	Earthy, Physical, Magnetic Body.
Causal Body,	
Mental Body	Spiritual Physical-Material Body
Bliss or	with its Spiritual Magnetic Double.
Buddhic Body	Celestial Physical-Material Body.

The whole significance of this variance in terminology is due to the fact that the School of Natural Science regards *all matter* as only varying rates of vibration, which is to say, it differs from the occult schools merely in its mode of expression.

Such terminology will more readily appeal to the student of science than that drawn from the oriental languages. "In the final analysis, then, matter is made up of particles of negative electricity. Electricity is a mode of motion or energy." Even Edison and other modern scientists have of late become the sponsors of the vibration theory. "The mental plane and mental body of Theosophy correspond to the spiritual planes and spiritual bodies of natural science. Their bliss or Buddhic body is our celestial-physical body."

Upon this standpoint the writer then goes on to construct a treatment for insanity, obsession, and other psychic diseases upon a classification of such disorders according to the planes of their origin.

We have made reference to *The Great Work*, as dealing with the development of the Master Man; is not this the "great work" of homœopathy—the building of Masters of healing—even like the Master Hahnemann? Surely there can be no greater work than this; and while undoubtedly the granting of this degree, M. H. (Master of Homœopathy), in an institution (medi-

cal school) especially qualified to perfect its students in the great art of homœopathy, is a preliminary and most necessary step, first of all there must come to the student this higher conception of homœopathy. This appreciation of the divine philosophy of homœopathy must come to the student as a process of *interior development*. He must first of all arrive at the true appreciation of the dynamico-philosophical conception that homœopathy is based upon what the author of *The Great Work* has called "Nature's great constructive principle". This is clearly in opposition to allopathy, with its suppressive measures, which are unquestionably destructive (antagonistic) in principle. It is, furthermore, in the realm of the infinitely minute, or infinitesimal, that homœopathy acts—*a higher space realm*—which has lately been designated "the fourth dimension". In an article, published in *The Homœopathician*, entitled "The Higher Space Theory of Homœopathy: Or an Explanation of the Action of Infinitesimals upon the Hypothesis of a Fourth Dimension",* we have lately pointed out a working theory for the action of homœopathy. We have therein called attention to the fact that this hitherto undefined realm corresponds to the field of higher vibrations—ascending and descending throughout the THREE KINGDOMS of Nature; this then, is the "world within a world", the region of the super-physical; and it is here that Hahnemann's dynamic theory of disease and drugs finds its legitimate corroboration and explanation. It may be on the higher planes that it acts, that is in a state of such refined vibration as to partake of the attributes of spirit, or of slow enough motion to possess the properties of matter, i. e., three-dimensional; or it may be on an intermediary plane, wherein reigns the *dynamis* or *vital force;* at all events, it is in the realm of the super-physical. If its material particles (drug substance) are cognizable to the physical senses, or discernible by artificial means, the microscope, the spectroscope, the spintharioscope, or by chemical analysis, then we may still say that the drug substance is a material entity. But Hahnemann has taught us that

*July-August, 1916. Cf. also *Homœopathic World*, May 1921. "The Higher Dimensional Hypothesis: A Possible Explanation of the Action of Infinitesimals". Cf. also *Trans. Inter. Hahnem. Association*, 1914: "The Dynamics of Homœopathy: A Possible Explanation of the Action of Infinitesimals upon the Hypothesis of the Fourth Dimension".

disease originates on the dynamic plane, hence clearly belonging to the field of the higher vibration, i. e., fourth-dimensional in origin. If we are to get the most out of our drug substances as healing factors in disease, and we have been plainly taught that we shall determine what is curable in drugs and in each drug in particular, by observation or proving upon the body in health, it is evident, then, that the highest possible uses of drugs will be obtained by raising them to a plane corresponding to that of the origin of the disease. Hence the importance of a proper appreciation of Hahnemann's wonderful discovery of the methods for liberating these subtle powers of drugs—the raising of the drug particles in the vibratory scale to a plane corresponding to the fourth dimension. Upon this higher plane, we must conceive of an infinity of motion, with its corresponding energy or force, of so rapid vibration as to be undiscernible to our physical senses. Between us and the realm of the Spirit or creative energy, there is a region which may be called the fourth dimension, which is, as Prof. C. H. Hinton has shown in his works on this subject, a region in which the particles of matter, if it may be still spoken of as such, are so minute as to have a freedom of motion in a fourth-dimensional direction. The fourth dimension he has defined as a direction or dimension which is supposed to run at right angles to any of the other space dimensions, as the third dimension is at right angles to the other two dimensions of a plane. Obviously the region of the infinitely minute, is in a direction which may be designated by the term "through", that is, motion (vibration) throughout the mass, yet in a direction not comprehended in the definition of any direction that is now known to our three-dimensional objects *en masse*.

Is it not logical, then, to believe that it is on this plane, that the infinitesimal remedy of homœopathy acts? Is not this the dynamic plane—alike the origin of disease and the plane upon which the vital force of the drug must likewise act? This must be the field of living, moving dynamic force, alike of the organism and of the attenuated drug substance. Here it is that the disease and drug contact each other; both, in the ordinary understanding of the term, immaterial forces, nonentities, which when they approach each other, in accordance with the laws of affinity

or natural correspondences (the law of similarity) form parallels. The disease force (similar disease) induced by the dynamic drug force, added to the natural reaction of the vital force, which is acting in the opposite direction to the disease, but upon a higher plane, together overcome the disease in a natural manner and a cure results.

Without this conception of homœopathy, the prescriber is continually, vainly trying to adapt a fourth-dimensional principle to three-dimensional mechanics (disease products), hence his many failures to cure. It is impossible to reconcile the action of the homœopathic remedy with pathology as we know it today, except upon this basis; for it is clearly a matter of what standpoint the prescriber takes in the matter. If he regards disease as a material substance—to be purged or cut away (allopathy), instead of as a nonentity as emphasized by Hahnemann, his tendencies will ever be materialistic. If on the other hand, he sees in disease "three-dimensional manifestations of fourth-dimensional causes" as it shows itself to our senses on the lower physical plane, his deductions and those of his materialistic-minded colleague will vary as opposites.

Homœopathy represents the great *constructive principle in therapeutics*, and in order to successfully practice it, the physician must first of all acquire this higher conception of its *modus operandi*.

By no other means can he explain the action of our higher potencies than upon the grounds of the existence of this Higher Space, in which are acting and reacting finer and finer vibrations, as we ascend the scale of attenuation. By the subtle and as yet little understood process (according to this new conception), as the outer or coarser envelopes are removed or destroyed, higher and more potent forces (vibrations) are released, thus allowing the drug force to contact the morbid dynamical derangement upon the correspondingly higher plane of its origin.

Thus we release the undiscoverable essence of the drug—its concealed *spirit*—which represents *its highest vibratory activity*. It matters not whether we accept the theory of Swedenborg based upon the Law of Correspondences between the spiritual world and ours, the three-fold constitution of man (external, internal and rational), the more mystical "bodies" and planes of the occultists, or the more modern vibration theory of natural science; we arrive at the same end: namely, that the higher and more refined the forces, the more delicate their effects upon the finer constitution of men.

The writer of the Harmonic Series emphasizes the fact that there is a law "that impels every entity to seek vibratory correspondence with another like entity of opposite polarity".

Thus may be explained the added support given to the vital force, which in a given case of disease is acting in a direction the opposite of the disease tendency, by the *similar drug affinity;* the combined forces overcoming, by the sum of their energies, the *opposite disease polarity*. Such reasoning as this may seem altogether too fanciful for the sane and practical physician, yet we feel that such a hypothesis offers an ultimate explanation of homœopathy upon a higher conception—that of *Divine Law*. This then, we offer as "A New Psychology for Homœopathy".

This new psychology must be broad enough to gather into order the whole pattern of homœopathy. It must possess, what H. G. Wells demands for his "world commonweal", a method of direction, which will be "a new sort of direction with a new psychology". "The ultimate decision of the fate of life upon this planet", he contends, "lies now in the will of man".

What but "the will of man" is the guiding and controlling factor in the mission of the physician, or should be? The will to heal. This takes us back to the final verdict of Hahnemann in reference to dynamic influence. "If one raises his arm", asks Hahnemann, "does it occur through a material visible instrument? A lever? Is it not solely the conceptual dynamic energy of his will which raises it?" (*Organon,* Sixth ed., par. II, p. 101)

With this newer conception of homœopathy, are we not better able to comprehend the true mission of the physician, which, in the language of Hahnemann, is *to help* and *to heal?*

BOSTON, MASS.

MEDICAL GYNÆCOLOGY*

ELIZABETH WRIGHT, M. D.

An allopathic physician who is a friend of mine said: "What can your homœopathy do for women's diseases?" Then I began to turn over in my mind what cases I had had which showed with any degree of satisfactory incident some of the things that homœopathy could do for women's diseases. I want to report just a few of them.

The first is a case of a fibroid which definitely diminished in size under the influence of the homœopathic remedy. I will put it to you as fairly as I can. I hope the discussors will criticize it.

It is a woman of 46 who has had one child, living and well; she came to me with the chief complaint of futility. She said: "There is nothing wrong with me, doctor, I just think that life isn't worth living, and I want you to do something about it."

So I went into her case, took her chronic case with great care over a number of interviews and I found that from a diagnostic standpoint she complained of facial acne, of menstrual disorders which I will tell you, and of a feeling of complete exhaustion. Aside from that she was conscious of no symptoms.

Her menstrual symptoms were as follows: she had periods at least every three weeks, sometimes a little oftener with bright red flow, with actual hæmorrhages perhaps twice during the period, and the period was somewhat protracted. She would also have, every three months or so, a period of about ten days between her menses, when there would be spotting and bleeding. This irregularity had been going on for three years and she had never been to a doctor about it and never done anything about it. She also had, as you can imagine, a chronic backache and chronic headache, which didn't bother her much.

The symptoms that she would give me were very few and far between. She was one of the people who said: "Here I am, I am futile, now kill me," and you couldn't get her to tell you things, but finally this one came out, when I started to examine

*Read before the I. H. A., June 1928, Bureau of Obstetrics.

her: "The odor about me is too disgusting, especially right after my period. I simply cannot live with myself, and the same is true of my perspiration, it is really dreadful."

I immediately thought of despair, futility, with terrible odor—she was an exceedingly chilly patient; yet I didn't give her at first what I ought to have given her, which was of course *Psorinum*. Because of certain other generals which she had, to wit, very much worse in thunder storm weather, craving salt and being excessively thirsty for ice water, and a marked aggravation at twilight time, and this flowing, and, on examination, a tremendous fibroid in the left side of her pelvis, a fibroid which came two fingers above the umbilicus (she admitted realizing that her abdomen had been getting bigger and heavier), instead of giving her *Psorinum* I gave her *Phosphorus* 1M, just one dose. She didn't get much better—she didn't please me at all. Then I left the *Phosphorus* and I gave her *Psorinum* 5c, 1 dose. She came back to me after her next period and said it was the first period that she had had in years which was not early, and which was not hæmorrhagic.

I let her run on that dose for five months with constant gradual improvement on her part. She noticed no aggravation at all after the dose, but she was a very unobservant person. At the end of three months I examined her again, her fibroid was down to the level of the umbilicus. Presently she began to slip. I let her slip for a couple of weeks, obdurately, although she was cross and she even had a period at which she had hæmorrhage again, and then when I saw she was really worse, I gave her *Psorinum* 15c, 1 dose, and let that ride for five months, after which time this tumor in her left pelvis was three fingers below the umbilicus, and she had had three periods which were prompt, not early, and non-hæmorrhagic and the terrible odor of which she complained was better and she herself (far from being futile and talking of drowning herself,) was doing political work with the League of Women Voters, and being quite an addition to society. Of course the end is not yet. She still has this fibroid and occasionally has a little spotting from it. I told her what she had, after consulting with her husband, and I told her ordinary medicine would advise her to have it out, but I would

not, I wanted to see what I could do for her with her remedy, and she said no matter who advised having it out she wouldn't have it out.

I feel in my mind perfectly certain that as she is still having periods and is not yet at the menopause, and as she showed no improvement after the *Phosphorus*, and did show marked diminution after the *Psorinum*, that the homœopathic remedy did something with the fibroid.

Another case, also of fibroid, but this time in a girl of 21, had rather an interesting childhood history. She showed the following:

As a child she would never let anyone wash her, she had always hated water, also she used to crave sweets and be spanked for craving them; in addition to this as a child she had chilblains terribly and she had a hernia. All those things of course would make one think of a possible dose of *Sulphur*, some day. None of those symptoms appeared in her recent condition.

Her recent condition, the thing for which she came to me, was too frequent menstruation, and too profuse. She would menstruate about every three weeks and spot on for ten days after her nine-day period ended. In her menstrual history I found she began to menstruate at ten and a half, and that she menstruated from that time regularly twice a month for about seven years, was unexamined and it was never stopped.

Recently she had had not quite as frequent menstruation, but she had had drenching with it, a steady flow, bright and profuse and some pain, but not violent, slight nausea before her periods and soreness of her scalp and swelling of the glands of her neck—a general aggravation before the time of her period.

This girl had certain marked symptoms of *Phosphorus*; craved salt, was worse at thunder-storm time, was worse in damp weather, complained of continual exhaustion, was losing weight. A rectal examination showed a distinct fibroid about the size of a two and a half months' pregnancy.

I thought that in an unmarried girl like that I had better have corroboration. I sent her to one of the best old-school obstetricians and got a written report from him confirming this fact. This girl was engaged, and he said to her: "By no means can you get married now. Considering your age I don't advise

x-ray therapy or operation. I don't know what to do for you except build up your health. Meanwhile your engagement is indefinite."

She came back to me with this report, and after that I put her on *Phosphorus* 1M, one dose, and I ran her up through a series of *Phosphorus*, at long intervals. Her periods became more regular and she began to put on weight, and her general condition became better. After six months I sent her back to the obstetrician and again he said to her: "There is an amazing thing—this fibroid has gone down." She said: "Has it gone down more than you would expect?" Because she had a secret delight in being able to tell him what had done it. He said: "It has. You are very lucky. If you want to make a date for your wedding you may, but you must not have children yet. What have you been doing?" She told him, and he threw up his hands. Then he added: "Come back to me again in six months." And she did, after going slowly up the scale of *Phosphorus*, and feeling better.

Six months afterward he said if she had come to him then for the first time he wouldn't have known that she had a fibroid condition, and that she could get married and could even start a family if she wanted to, and that we have in our records in writing, which is a great joy to us.

Then she developed another interesting variant, she began having terrific pain in her left pelvis after menstruation. This pain would go to the back and down the front of the thighs. Nothing helped it, nothing hurt it. At this time she also had a white, sort of albuminous leucorrhœa which she told me she used to have long, long ago.

Then she said: "I have a passion for onions; I have never liked them, and I want onions every day in the week." I thought, this is interesting, with this discharge, this fibroid, craving onions, and this left ovarian pain which *Thuja* had and I gave her a dose of *Thuja* 10M, since when she has been much better. She has now gone back to her *Phosphorus*, (she seemed to call for that again after three or four months). This is to me a very interesting and encouraging case.

There are certain other gynæcological conditions much less

interesting because there isn't the possibility of checking up what good you do.

One patient came to me who had a history of terrific menorrhagia and metrorrhagia. As a girl they had done a "d and c" on her; after that she almost bled to death, and had to be transfused. She was not then homœopathic. In January 1924, although she was then 23 years of age, they gave her x-ray treatments to stop the bleeding, and stopped all the bleeding. She began to get hot flashes, had no more periods, fell in love, got engaged, and got married. The doctor who gave her the x-ray treatment said, "It will come back," but it didn't come back, and after two years from that time those doctors said: "I guess we were mistaken, you will have to adopt a baby."

She came to me and said: "I am desperate, my husband is the last of his family, we have got to have a kid, and I have had no periods since the time of this x-ray. Can homœopathy do anything?" I thought: we will see. I did her chronic case and I seem to be harping on *Phosphorus* today, but she was *Phosphorus*, and I think if she had had *Phosphorus* it would probably have checked those hæmorrhages she had.

I put her on *Phosphorus*, 1 dose, repeated it four months afterward, and five and a half months after she began treatment with me, which was four years after she had had her x-ray treatment, she had a period, and she telegraphed me in great excitement, and thereafter she has had periods, although slightly irregular. As yet there is no baby, but if she keeps on we may have one.

I would like, in the discussion, to have those who know about the effects of x-ray on menopause, give statistics of a period coming back after four years.

Another case that I have in mind here is one with a local thick yellow stringy elastic discharge in a very beautiful and very calm young woman. I accent that because the remedy I gave her stands in the book for beautiful and calm people, *Kali bichromicum*, and she hadn't a symptom in the world that I could find except this discharge, and she had been under a regular obstetrician who was going to do a repair and various things —local treatment with carbolic and iodine. She objected to

these. She has had two doses of *Kali bichrom.* 1M at 2 month intervals, her discharge is practically among the absent; whether it would have stopped anyway is always open to question, but it was so typically a *Kali bi.* discharge that I feel we might add that to our list.

Then there were a couple of cases which really are mental, and yet they come in under the sphere of the sex organs. They were both cases of onanism, one in a girl of 27 who had done it from the time she was a child, and I had had her as a patient for aphthæ of the mouth, which she had horribly. I put her on *Kali mur.* which helped her very much. She confessed this other thing to me one day and apparently it was very serious. She was life's greatest snob, and she had no reason to be and also she was a great one for washing, washing, washing, which goes psychiatrically with that state of affairs. She certainly had a superiority complex, and had practically no symptoms, but just on the mental haughtiness and insistence on cleanliness, and onanism, I gave her *Platinum* 2c, one dose. Before doing that I gave her *Sac lac* and told her it would cure her. She was neurotic, I wanted to see what would happen. She called up a few days afterward and said: "Your medicine doesn't do any good." I knew it wouldn't. After having tested that on her I sent her *Platinum* 2c, one dose. In two weeks she came again and said: "I don't know what you gave me, but for the first two days after your dose I was much worse, and from that day until this I haven't a sign of it," and I think she went four months on that remedy, and then she came around and said, "It's coming back." I gave her another dose, 1M, and at that time she was relieved, then she moved away. I haven't heard from her since.

There was another case of the same thing in an older woman. The other case also went very well with *Platinum.*

The other cases are stoppage of periods by getting wet, nausea in pregnancy, all of which are not signal enough to take your time at the end of this long day.

BOSTON, MASS.

DISCUSSION.

DR. WILSON: You spoke of the use of x-ray in your one case. I wonder what x-ray in potency might have done. I had a case of an entirely different type, it was a case of cancer of the breast that had gone on to such a point she had been operated on twice, the pectoral muscles had all been removed, there was nothing left but just the ribs covered with skin, everything had been removed, then there was a recurrence in the scar. She went under x-ray treatment, in New York, for that condition, and she was horribly burned all over the shoulder and all over the chest, and the doctors in New York, in the hospital there, finally told her sister that they could do nothing more for her, and advised putting her under a local physician just for observation.

It happened to be my lot, and my first prescription for her was *X-ray* in potency. It was remarkable to me how the burning sensation where she was burned, and the redness all disappeared and I was just wondering what a potency of *X-ray* of which there is a proving, might have done in your case where the menstruation had been stopped by the x-ray treatment of the uterus.

DR. DIENST: Before you close I wanted to add a word as to the efficacy of the homœopathic remedy in pathological growths.

We men who have quite a bit of country practice run across all sorts of conditions of mankind. A farmer's wife called at my office complaining of the usual symptoms that go with hæmorrhage and fibroid tumor—there is no question about it—it is not necessary for me to go into details, but she was morphologically a typical *Calcarea* individual, so I gave her *Calc. carb.*, the 1M potency. This was in August, and in the latter part of September I repeated that, but in the 10M potency. I saw nothing more of her until the latter part of November, when she came in and told me that just a few days previous, during corn husking time when the people got up very early and while the men were at the barn doing their chores, she was getting breakfast, when suddenly her feet grew very cold, she couldn't understand it. She went to the old-fashioned cook stove, opened the oven door and put her feet into the oven; while sitting there she had a fearful downward pressure, and all at once something appeared. She caught it. It came without a hæmorrhage, and here was a tumor twice as large as one of those large pears, a typical fibroid tumor. No hæmorrhage with that nor since then, and she has been well all these twenty odd years.

DR. UNDERHILL: You referred to a case cured by *Kali bichromicum*, that reminds me of a case I had. I had the entire family with the exception of the old man, so when finally he presented himself as a patient I was very anxious to make good there too, and he complained of having had first one and then another ulcer on the covered parts of the body, on the back and arms, buttocks, and so forth. There usually would not be more than one or two at a time and he had, I think, two at the time he presented himself for treatment, but I didn't look at the ulcers. I took his symptoms, I waited for half an hour without seeing any daylight at all on the case. I couldn't get anything to hang a remedy on. Finally I said: "Let me see that ulcer."

As soon as I saw the ulcer I thought of *Kali bichromicum*. It was large and punched out. I found that he was more apt to have pain from two to five a. m., he had a lot of mucus in his nose and throat and I said, "Blow your nose," so he did and he took his handkerchief away and he had a string there, so I gave him *Kali bichromicum* and he has never had an ulcer since.

DR. BOGER: One of the sore trials of curing women of female disorders is to hold the patient when she is getting better all over except that a profuse leucorrhœa has appeared. She wants to get that out of the way when she is getting better and she is feeling fine, but the leucorrhœa is getting worse all the time. Then is when she wants something done.

DR. GREEN: When you cure a chronic case of all but an eruption, it appears on the face.

DR. WRIGHT: May I ask one question? Would someone from the floor tell me what if anything a true homœopath can do as a local application to the cervix of the uterus for instance?

DR. BOGER: Usually either cold packs or hot packs or something like that.

DR. UNDERHILL: You mean in case of ulceration?

DR. WRIGHT: Where regular medicine would paint it with iodine, is it good practice to use *Calendula tincture*?

DR. UNDERHILL: I have stopped using local applications in the pelvic tract. Usually you will find they are using antiseptic douches. All those things interfere with the action of your remedy.

ARSENICUM ALBUM

"The *Arsenicum* man is the most miserly man in the materia medica. In a state of health he is tall, spare and austere. His features are wrinkled, dried and leathery, while his hair and eyes are dark, his hair is straight and harsh; everything about him is harsh; when he walks by you in the street, he walks fast, runs against you and wants a good deal of elbow room; he is impolite, money-making, covetous and malicious; he would rob his own brother for the sake of gain; he has no affection for the opposite sex, and if he marries he does so to obtain wealth; he is more attentive to his ledger than his wife. He is a very anxious man—he is so anxious to make money that he has no time to be a fashionable man, but studies his ledger instead of attending parties, balls, theaters, or the billiard room; he is not a daring man, and therefore does not take great risks in his business operations, but rather seeks wealth through miserly habits, and low underhanded cunning and meanness; he is totally wanting in moral courage and constantly fears death; he cherishes none of the finer feelings of human nature; unlike the *Aconite* and *Phosphorus* persons he never thinks of fine clothes, and never goes into ecstasies over a new hat or a new acquaintance; he has no love for anything except self. He is himself repulsive and his diseases are of the repulsive kind, such as ulcers, cancers, etc. He loves a hot stove and warmth generally, and his diseases are of a burning and acrid character".—DR. HENRY N. MARTIN.

VARICOSE VEINS AND FLAT-FEET.

C. GORDON, M. D.

My memories of a course of clinical surgery under Mr. C. W. Cathcart at Edinburgh Royal Infirmary are hazy, but one lecture, or at least the subject matter thereof, has remained distinct, and many a time have I been thankful. Mr. Cathcart spoke on flat-foot and its cure, and scores of my patients have benefited therefrom. He taught us to distinguish between temporary and permanent flat-foot by asking the patients to stand on tiptoe. If they could not do so, the condition was permanent and nothing but an operation was of any use. I am glad to say I have never yet seen a case of permanent flat-foot. If, however, they were able to rise on tiptoe, the cure lay in their own hands, depending upon their assiduity in doing certain tiptoe exercises daily. The exercises are only to be regarded as local measures. The patients are put on constitutional treatment to tone up the whole system, but that does not come within the scope of this paper. These exercises I have recommended in every case that has presented itself to me in some eleven years' medical practice and benefit has always been in exact ratio to the patient's perseverance.

It is astonishing how common this condition is and almost invariably the patient goes to the chiropodist or the bootmaker or buys some much advertised and expensive arch-support; anything, in fact, rather than consult his doctor about it.

But there is another condition almost, if not quite as frequently seen, and one about which advice is far more often sought. I refer to varicose veins.

Now it has been gradually brought home to me in the last few years that varicose veins and flat-foot are very frequently associated. And, indeed, this is hardly surprising, for both are due to relaxed and flabby tissues, chiefly muscle. So, whenever patients consult me about varicose veins, I always examine them for flat-foot as well. Whether one or both conditions be present, I then proceed to instruct the patient what exercises are to be done *and the reason for them.*

I explain that such things as elastic bandages and arch-supports and opening medicines, etc., are all bad because they teach

the part concerned to depend on artificial support or stimulation instead of using the muscles with which it is provided. I show them how the leg muscles support the arch and tell them that the exercises will tone up these muscles so that they will be able to throw away their bandages and supports and save their money for more necessary and useful things. Of course for some patients the exercises must be modified.

Then I give them a demonstration, with instructions as follows:

Exercises to be done with a minimum of clothing and no shoes.

Stand erect, hands on hips, resting the weight equally on both feet.

1. Rise slowly on tiptoe and down again. Six times.

2. Rise on tiptoe and, keeping on toes, sink into squatting position, keeping back straight and head erect; rise again and down on heels. Not more than three times.

3. Rise on tiptoe and walk across room on toes, returning backwards to starting point. Once across room and back.

4. Rise on heels and down again, being particularly careful to keep erect while doing so. Six times.

Five minutes a day more than sufficient.

In addition, it is advisable to instruct the patient how to walk because so many walk flat-footed, and some have asked in surprise how they could have developed flat-foot because they do so much walking.

Results? Well, as I said to begin with, these depend on the patient's will to get better. Where the exercises are done faithfully according to instructions, flat-foot disappears, varicosity decreases, and the patient's vitality naturally increases because the deadly tiredness resulting from pain in the feet has gone.

One lady came back after many months, delighted because her ankles which had been thick and unsightly, were now much slimmer and in correct proportion—a matter, needless to say, of great importance in these days of short skirts.

EDINBURGH, SCOTLAND.

"SCIENCE" *VS.* MEDICAL SENSE

R. E. S. HAYES, M. D.

For many years we have seen though not always read entirely a dozen or so medical journals per month not counting the waste basket editions of the ever-faithful pharmaceutical houses and we hardly ever remember having read anything about the general influence of modern science on popular medical thought and art. Popular education and modern science are ostensibly the twin influences from outside medicine which affect it most extensively, though not profoundly, for neither the modern medicine man nor modern medicine is yet very profound.

There was a time when the *genus medicus* was supposed by the populace to move and have his being in an authoritative scientific nisus; when his judgments and edicts were accepted by the multitude with respect and awe even though often forgotten in the daily shuffle of interests and temptations. That there is something the matter today with this ancient prestige of the M.D. may be seen merely by observing the shingles of the cultist practitioner in any desirable professional locality in the civic centers, by the allurements in the newspapers and radios and by the loquacious efforts of regular medicine to rehabilitate itself and explain everything to the public.

The prestige of medicine and the "medical doctor" as we more and more frequently hear him spoken of by laymen—an ominous appellation—appears in the aggregate to have suffered to about the same extent that the modern medical scientific spirit has increased. We suspect that one reason for this is that many people have found that medicine is too "scientific;" or rather, that, after all, the scientific method has not been applied to humanity but that humanity has been too rigorously applied to "science."

The writer has always been possessed of an extraordinarily large bump of benevolence so he will not say much now about the volume of useless and senseless mutilations, external assaults and internal harassings which he finds examples of daily in the history and conditions of patients, but merely remark, in

passing, that of all the inflated amphigorious meddling projected in this longeared civilization the caressings of modern medical and surgical usage compare very well with any.

Even so it is astonishing to see what hordes still remain who will endure medical and surgical punishment and not be aware that that is what it is. Comparatively few people in this age of noisesome advertisement and existence *a la mode* have a sensitive and unperverted instinct of self protection. We had a young lady patient recently whose abdominal and pelvic regions had been favored with eighteen separate 'ettements, 'ectomies, 'otomies, 'orrophies and what not. Some celebrated writer once said that the insane are the most truly happy, so the end result is achieved, for she is now in the asylum again after a brief attempt to stay out of it. Another patient of ours was told that all her teeth must come out; whereupon she departed from that presence in haste, determined to preserve her $115.00 set of serrated bivalves if possible.

For this pseudo-scientific state of medicine we do not blame science because its side excursion of the last several centuries into notation and classification was apparently necessary for human progress, but it shows how an innocent, lamb-like acceptance of one or another scientific authority may become the vogue and thoughtless routine and misfit, something that would be impossible with a decent cultivation of the God-given bump of scepticality or even an elementary conception of the organic system of vital energy.

This simple and beautiful faith in what is supposed to be science is still widespread. It has become ingrained in the blood and like the obscene Puritanical conscience which we blueblooded Americans inherit from the God-fearing New England fathers is hard to get out of the system and will yet dog our footsteps for many generations, although science is itself rapidly displacing it.

In olden times religion was the ostensible adjunct of men's enterprises but science as a cue has now largely displaced religion. Science is now a god in every western household just as securely as the old puritan-like awe of the gods of Numa pervaded the respectable Roman household twenty-five hundred years ago. Whatever "science says" is supposed to be truth and

verity, something which no layman may question or doubt. It is hardly an exaggeration to say that when the scientific oracle speaks millions are dumb and no man dare say it nay—unless he happen to be a rival scientist, then he often does say it with a loud voice; or if he becomes infected with acute nationalitis as in the recent great debasement, for instance, he becomes properly intolerant of the propositions of the enemy scientist just as enemy artists and musicians are banned as unfit to be seen or heard; which shows that even the cold-blooded man of science may have blowholes in his system after all.

Nowhere is applied science more rampant than in medicine and nowhere is it misapplied more conspicuously, especially when conjoined with official tenure.

We have had our spirits regaled lately by the tales from two households which were visited by their local health officials (not of our city, our official is a gentleman) backed up by a state nurse, attempting to persuade them to change doctors and get a modern one, one who would have the children's tonsils and adenoids out. This notwithstanding that in one case the tonsils had already been reduced from apposition to nearly normal with nasal breathing restored and in the other a large hard gland which had come up awhile after an enforced vaccination was disappearing rapidly. Since this writing was begun another salaried female reformer from the Capitol visited one of our families and pronounced judgment that the little boy was perfectly all right except his tonsils. They were bad and must come out; they must be taken out at once. Little did she know, or could appreciate if she had known, the victories that had been won with critical and deep-seated acute conditions, of the delicate constitution which we had gradually brought up with homœopathy until now he appeared perfectly all right, but—his tonsils must come out at once.

Truly there is something to be desired in the common mind, including the medical mind, besides scientific knowledge. One desirable thing is to realize that there are different levels of experience from the most primitive to those requiring mental image and spiritual sense, for different levels require different grades of understanding. Another desirable possession is more catholicity of knowledge, a wider mental environment than material

science gives; also to be desired, especially for homœopaths, is the power of judgment, of assessing the invisible factors as well as the visible and resolving them into a balance and course of action. We should remember that this is where science falls short, though legitimately, for it is not the function of modern experimental science to exercise this kind of judgment. But this is the kind that should be used in applying science to human life.

The application of science to life and living without this governing and steadying quality leads inevitably to specialties and technicalities, away from generals to particulars. And the more technical, special and particular the scientific quest or practice the less the tendency to form circumspect and cosmic judgments. The more material science is applied en masse the more it tends to dogma based on selfish interest, on standardization, restriction and imposition. It tends to proscribe instead of develop freedom. It tends to adapt man to its strictures instead of developing the energy of the individual.

Perhaps this is because man has learned but imperfectly how to use science for the development of the human principle and the growth of the spirit, that is, for deepening human happiness. Scientists themselves have confined their work to the material and the logic of the material, a narrow vision and restricted logic at that. Only recently do they appear to be broadening out to the logic of qualities and energies instead of dealing with material terms only. When science really becomes qualitative as well as quantitative or when it finds where the two meet then we may see wonderful and beautiful things.

Why should not the science of the qualitative as well as the quantitative be pushed farther? For this would lead inevitably to investigation of the phenomena of organic energy and to humanistic interpretations. A few sciences besides homœopathy, if they may be called sciences, the methods of some psychologists, for instance, are proceeding in this way even though with narrow conceptions and rather nearsighted vision. They appear to have at least an inkling of the outward flowing direction of vital energy.

To come nearer home we fear that even homœopaths may be infected with a mild strain of the bacteria of "approved" sci-

ence. Even some who need modern science least, who know without it what they are doing and how to do it show mild symptoms of the scientific tradition and it seems to disturb their self-evaluation centers. They show signs of inferiority complex, feel that their æsthetic and technical position is insecure. They seem to be always desiring to placate the terrible allopath; he must be spoken of so softly; or they try so hard to be understood by him, to teach him our language by speaking his own or a mongrel language composed of the two; he must be convinced by imposing on the beautiful art of homœopathy the strictures of scientific method, as if the allopath were really scientific at all!

Apologetic homœopaths appear to forget that speaking English to an Englishman will not teach him French; that that quality of mind which can deal swiftly and surely with the imponderable and invisible, which can see truth clearly without facts and create facts from the vision is a higher quality of mind than that required for science; that a lower type of mind cannot see into a higher one, at least not without some kind of a shock, that honest, harsh criticism though aggravating at first is often the way to enable an honest mind to see itself as his critic sees it and to see into the critic's mind as well, that contingent psychic turn in reasonable minds which reveals new truth and brings expansion.

The type of mind which homœopathy needs and which is susceptible to homœopathy is not the type which waits to be told by science or some authority what to do. The right minds for homœopathy will be attracted by the vision of it, by the spirit of adventure in the realm of principles and potentials. Trying to capture the modern scientist on his own level of practicality is a slippery enterprise. By lowering the price we are transferring an inferior grade of goods both ways. Our mission should be to clarify our own vision, to show homœopathy as we see it and know it in its higher psychic and mental form, to attract those susceptible to principles rather than to represent it in the form of a scientific manikin devoid of flesh and blood and vitality.

We have no quarrel with any who feel a call to descend into the realm of science for the purpose of verifying and presenting homœopathic truth and perhaps we should be somewhat

grateful for the sacrifice; but that it exalts homœopathy or adds anything to the artistry we doubt very much. Not only so but scientific and mechanical tricks are catchy. They do not require much thought or depth of purpose. We fear that if ready-made homœopathy gets out of hand and popularized that there may be distraction from the more vital and personal art, which, we think, is more highly sensitized and individualized and probably deeper in its ultimate results. If so, the personal art would suffer for a long time. This is something for disinterested homœopaths to consider. Anyhow, increased efforts to perfect the art and expand the resources according to the original plan should be executed.

Solely as a means of demonstrating the truth of homœopathy the scientific method is superfluous. From the scientific viewpoint the procedure must be quite susceptible to both scientific and technical criticism; from an æsthetic viewpoint of homœopathy criticism is inevitable until science itself becomes æsthetic.

To our unscientific mind it would appear sufficient to take a hundred people with warts, for instance, stand them in line, take their finger-prints, then prescribe homœopathically for fifty of them and watch the warts—but that method might not have enough of the "romance of science" and we suppose thousands of warty individuals would have to be cured to satisfy the rules of scientific method.

Is not the real romance elsewhere? Even scientific activities to be effective or even intelligible must be regulated by and subject to higher powers, that is, to principles. Only in so far as these principles are recognized and understood and only in ratio to the revelation of the more ideal of these principles does science develop the beautiful or the beneficial. Being under pressure on all sides as we are from the effects of applied science, we are prone to forget this fact. The notion that homœopathy is ataxic and shaky without scientific verification or interpretation is the stigma of a common thinking, shallow feeling age.

But not all scientists are alike. If some of our scientifically inclined homœopaths look toward the horizon they may see themselves being outdistanced by some of the scientists. A distin-

guished mathematician and scientist said recently: "The underlying reason why Einstein has performed such remarkable work is because it rests on an æsthetic basis; no great work can be performed in any field except on this basis." Probably true! And homœopathy? Homœopathy, even in the law adherent to a slight degree, has its roots in the life and is inextricably involved in it. It must come from within outwardly, there must be vital susceptibility. The spiritual essence must be within the prospective homœopath or facts will bound off from him like ammunition from a peashooter and conviction mean no more or less than silence.

As a homœopath said, "Let us live homœopathy." Yes, because only life begets life. To scientize the language of homœopathy and mechanize its technique possibly may be one way to spread it but it would be spreading mostly the husks. Whatever happens let there still be cultivated the homœopathy of the spirit, gentle, warm and vital; more effective, we think, than anything else for probably 98% of the therapeutic needs of humanity.

WATERBURY, CONN.

Study, laborious, persevering, self-sacrificing study, unswerving and inflexible fidelity to our law, have made homœopathy what it is. Without these, we should still be groping in the obscurity and uncertainty of old physic.

The sole argument used by the low against the high attenuationists, that of ridicule and the mathematical demonstration of the absurdity of infinitesimal doses, is the identical one with which the old school has so frequently attempted to demolish homœopathy.

It is the self same bludgeon with which homœopathy has been so often pounded and crushed, until (like the fresh water polypi, of which, when they are divided and subdivided into a thousand fragments, each part becomes a perfect living whole) it has steadfastly established itself in the confidence of people throughout the land.—A. R. MORGAN, M. D., *American Homœopathic Review*, 1865.

POINTERS*

This suggestion is addressed mainly to the general practitioner if any be still extant, and is intended as a hint to refinement and increase of practice, and of income, if desired.

The writer does not actually know, of course, whether any do need or desire more business, because the homœopath is usually a busy doctor but we believe the method proposed will, if pushed to its practical conclusion, make the practice more special as an enterprise and as a calling. It should become invincible in competition with modern instrumental medicine and the cults; should, if desired, eliminate uncongenial branches of practice as well as less desirable methods; it should prolong the activity of the older men; it is important to the younger man in establishing a footing; and when clearly understood should be of immeasurable advantage in building and cementing the brotherhood of *similia*.

The suggested means is so simple on the face of it that it may not mean much to the uninitiated until it is either thought out carefully or unless one is quick to visualize the situation and its consequences at once. The proposition simply stated is this: LEARN TO CURE THE CHRONIC PATIENTS.

By "cure" we mean in this instance more or less radical and durable constitutional improvement of viable individuals and making comfortable or fairly stable those who are in decline. We mean to include in this proposition cures of many chronic conditions regarded as incurable by regular medicine as well as alleviation or restoration of suppressed or perverted states caused by forceful or surgical treatments; but the point to focus on is to perceive what is constitutional and individual and work homœopathically at that.

That is the thing that will hold the patient year after year for he knows that he is getting the larger benefit in the transaction and often sad experience has taught him that he can get it nowhere else; that is the thing that will make practice in large measure independent of location for patients will come anywhere

*Ten-minute address of an ex-Presidential symposium of the Connecticut Homœopathic Medical Society, May 1929.

from far and wide; that is the thing that will lessen competition among homœopaths and increase it with the "regulars" and the cults but be so widely distributed that it is not felt; it is the thing that will pay well in the relativity of respect, self-respect included, for it raises the standing to the prestige of the specialties even though it be not evident at once.

Really, homœopathics is not and should not be made a specialty, its range and power is too great; but with the unfortunate popular misconceptions of healing and the sorry plight of homœotherapeutic morale intensive homœopathics is forced into being a specialty.

The chronic hunting grounds are unlimited and the possibilities at your doorstep regardless of location. The possibility is right at hand to accomplish rare things and reap the measure of personal satisfaction and economic recompense.

The effort cannot be projected haphazard, however, without the certainty of failure. Certain conditions must be conformed to. A book might be written on the subject of "how." Here we can give but a slazy outline.

First and most essential, the prescriber must understand, and become familiar with, the principles of prescribing and the management of his prescription.

Second (and this condition is a part of the first), he must understand the ways of the dynamic forces involved in the actions and how they apply in observing the patient. This sounds quite philosophical and "heady" and indeed may be made so but really it is quite simple in application. For a quick grasp and reference Gibson Miller's pamphlet entitled "Synopsis of Homœopathic Philosophy" is the thing and one does not need an extra handkerchief to mop the perspiring brow.

Third, prepare, start and follow each case correctly according to the principles step by step to its logical conclusion or as near to it as possible. One case followed with consistent and persistent observation of the principles involved prepares the way for dozens of others both in intelligent management and in drawing more patients.

Fourth, to have and use certain classic materia medica and

repertorial works. Of these Hering's *Guiding Symptoms* and the use of a repertory seem almost indispensable.

Fifth, the Post-Graduate School of the American Foundation of Homœopathy is the greatest homœopathic teaching resource our school has. It teaches the principles which superintend all intelligent homœopathic procedure: it teaches the materia medica with as much discrimination as the short course may allow and it teaches the use of repertories. This school offers a fine opportunity for homœopathic enlightenment and dexterity.

Last, and perhaps least, but important, is to have office appointments consistent with the above purposes; giving accessibility, space, restfulness, sound-proofness and library facility besides the usual laboratory and manual conveniences. Small details, these, apparently, but important to a chronic homœopathic clientele.

In medicine homœopathy is supreme, the aristocracy of the healing crafts. Compared to it everything else is bush-whacking. —R. E. S. H.

After antitoxin *Carbolicum acidum* may be indicated.—J. HUTCHINSON.

High potencies will not palliate incurable cases, you must use the low.—C. M. BOGER.

Patients needing *Graphites* are coarse; emaciated early, then obese; their eczema is worse by warmth; they have herpes with irregular menses.—G. DUNHAM.

Hepar is the most sensitive patient in our materia medica.—G. DUNHAM.

For nervous weakness after the flu, *Cypripedium*. For vital depression after any long illness *Scutellaria*.—J. H. CLARKE.

In headache *Plat.* follows *Bell.* well. It has alternating mental and physical symptoms. Headache worse evening, lying on left side, gradual increase and decrease as if board on the forehead, things look small, better in the air.—B. ROY.

Lachnanthes, headache as if split by a wedge, as if enlarged, worse lying and noise, better walking, scalp sore as if hair stood on end.—B. ROY.

Boletus laricis, dragging, burning pain in liver, especially right lobe, with jaundice and burning pain in spleen.—I. CHHABRA.

Hiccough during pregnancy, *Cyclamen*.—I. CHHABRA.

Ipecac often helps with the morphine habit.—I. CHHABRA.

For dreams of serpents think of *Ran. s.* as well as *Lac. c.*—I. CHHABRA.

Psoriasis, dermatitis and other affections of skin, characterized by intense dryness, intense burning, intense itching and profuse desquamation, < nights, preventing sleep, > rubbing and especially > warm bathing, worse on exposed surfaces: *Rhus venenata*.—H. C. SCHMIDT.

I want to mention one case of a young man diagnosed catatonic—ætiology, toxemia, cleared up speedily on *Nitric acid* 10M (Kent). "Epistaxis, bright red, induced by crying" was the peculiar deciding symptom.—V. T. CARR.

Every motive prompts the conscientious physician to cure his patients in the most speedy and effectual manner possible. It seems that no one can be so obtuse as to reject that method which experience proves to be the best. The question then is, how can we most surely arrive at the truth? It can only be done by a candid, unbiased and thorough examination of all the evidence presented.

A large amount of testimony has been gathered having an important bearing on this point.

Many of our most eminent, profound and discreet physicians, close observers, in this and other countries, after long and critical deliberation have pronounced in favor of the superiority of the higher attenuations. (By the high or higher attenuations, I mean all those preparations wherein the drug is attenuated beyond the recognition of any material test, say, from the 5th or 6th cent., upward.)

The mass of clinical experience they have given us cannot be ignored without calling in question either their integrity or their ability. On the other hand, we find opposed to this carefully detailed testimony, the simple, unqualified negation of the unbelievers.—A. R. MORGAN, M. D., *American Homœopathic Review*, 1865.

EDITORIAL

The 1929 convention of the International Hahnemannian Association was a tremendous success. Under the able leadership of Dr. Wilson very many valuable papers were presented. Among these valuable papers stands out markedly the wonderful address given by Dr. Higinio Perez of Mexico City. Another address of note which gave a clear picture of the present condition of homœopathy throughout Europe was presented by Dr. Franjo Kavčic of Zagreb. This paper was given in a very entertaining manner and was the result of Dr. Kavcic's recent experiences in Europe and Great Britain; and his summation of the progress of homœopathy on the continent was the most interesting we have had in many a day.

One of the most delightful and charming features was the anniversary dinner on Sunday evening, which was a veritable love-feast. Among those present were Dr. and Madame Perez, Dr. Kavcic, Dr. Boger, Dr. Grimmer, Dr. Alfred Pulford, Dr. Dayton T. Pulford, Dr. Hayes, Dr. Becker, Dr. Stevens, Dr. Krichbaum, Dr. Underhill, Jr., Dr. Farr, Dr. Green, Dr. Farrington, Dr. Hutchinson, Dr. Sloan, Dr. Plumb Brown, Dr. Wright, Dr. Edwards, Dr. E. B. Allen and the officers of the Association.

The Association was very unanimous in electing Dr. Grace Stevens to the presidency for the coming year.

The attendance was larger than it has been for several years, and the fiftieth anniversary will go down in history as one of the greatest conventions the Association has ever held.—H. A. R.

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STUART CLOSE

The International Hahnemannian Association, at the fiftieth annual convention in Montreal, felt keenly the absence of Dr. Close, and sent, through the Secretary, a word of greeting and love to him in his illness. This message reached Dr. Close two days before he left this earthly scene, and he expressed much pleasure in the thought that he was remembered. This was the last word that he received from outside his own family.

Dr. Close was a former editor of *The Homœopathic Recorder*, an Honorable Senior of the International Hahnemannian Association and one of its Past-Presidents, and was one of the organizers of the American Foundation for Homœopathy.

In every way he had identified himself and become a leader in that branch of the homœopathic profession which followed most closely after Hahnemann, Hering, Allen and Kent. He was a prolific writer and staunch defender of homœopathy. Probably his greatest work, and one which will last for generations, is the "Genius of Homœopathy", which breathes a spirit of homœopathic philosophy of tremendous depth, yet couched in simple words.

Dr. Close was a direct thinker, a logician of note; fundamentally a philosopher, with a keenly artistic temperament, based upon a thorough appreciation and knowledge of scientific principles; a scholar of deep learning and breadth of outlook; a natural teacher; a successful physician.—H. A. R.

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The homœopathic school as a whole, in times past, was deeply interested in the provings of remedies. Remedy proving was then undertaken by individuals and by classes in the colleges. The late T. F. Allen always had a class of eight or ten people who were proving remedies under his direction. So long as the provings were carried on on human beings, the advancement of the homœopathic materia medica was secure. Much has been said about the faulty way in which these provings were made. It is today wise that the homœopathic school should again prove many remedies of value, especially in the field of metals. The last one to be so proven was *Radium*.

It will interest the readers of *The Homœopathic Recorder* to learn that at the last convention of the International Hahnemannian Association in Montreal a committee was appointed to work out rules and regulations governing the proving of remedies according to the Hahnemannian directions, upon human beings. The appointment of this committee and its future work will add very much to our knowledge of materia medica, and will be of great interest to homœopathic physicians throughout the world.—H. A. R.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

39. What remedy has the abbreviation "*Fil.*"? It appears for the symptom "weakened by long sickness".—J. COXETER.

40. What remedy has the abbreviation "*Ant. l.*"? It appears in Clark's article on *Antimonium oxydatum* in the *Homœopathic World* for January 1929.—E. WRIGHT.

41. What is *Polygonum sag.*?—E. B. LYLE.

42. Why should *Arsenicum* be so dangerous a drug to give? Has it more affinity than most other drugs for protoplasm?—H. HOOPER.

43. Will Dr. Baker please give the symptoms of his *Cratægus* case that we may see wherein it adds to or verifies our proving of Cratægus?—F. E. GLADWIN.

44. What briefly is homœopathy?—PATIENT OF A. A. POMPE.

FURTHER ANSWER TO QUESTION IN APRIL ISSUE

—How is it that when polypi are removed, asthma is relieved for a time?

—Answering question of asthma and polyps. Polypoid growths are not the systemic cause of asthma. The polyp provokes a sympathetic reflex resulting in the asthmatic syndrome.

Extirpation of the polyp relieves same. But on recurrence asthma returns. Polypoid growths are external manifestation of a diseased economy. Curing the polyp by internal medication cures the asthma.

If the polypoid were a manifestation of the disease of which asthma were the internal symptom, the results would be as you say—worse after removal. But inasmuch as it is merely a mechanical irritant removal of same is the same as curing conjunctivitis by removing a foreign body from the eye.—C. A. FREUND.

ANSWERS TO QUESTIONS IN JUNE ISSUE

Is there any homœopathic treatment for the tendency to be bitten by mosquitoes?

—Not that I know of.—G. W. BOERICKE.

—Try *Pulex irritans*.—C. M. BOGER.

—Yes, by that remedy which will remove the predisposition thereto, and which is very apt to differ in different individuals. We doubt very much if a mosquito would bite a perfectly healthy individual. There must be some latent disease present to attract these much maligned insects, for Nature produces nothing in vain.—A. PULFORD.

—The constitutional homœopathic remedy is the only remedy to be considered. To immunize against this, that and everything is a pernicious and dangerous fad. Sensible environmental precautions are, of course, needed as a prophylactic against this and many other ills of life.—E. UNDERHILL, JR.

—In this question there is the implication that there may be an underlying tendency in the individual that makes him prone either to be bitten by mosquitoes, or to be seriously affected by their bites. This is unquestionably true in certain instances. This question also involves the exceedingly interesting one of anaphylaxis, or susceptibility to the poison of the mosquito. It is something inherent in the individual perhaps more than in the race, as not all people bitten by this or other insects are susceptible to the same degree; some in fact being not at all unpleasantly acted upon by the virus.

What is this susceptibility then? The answer is undoubtedly in the dyscrasia which Hahnemann denominated psora. This psora is multiform in its manifestations, hydra-headed, so-called, in its ramifications. When the susceptibility (i. e., of the race) to psora shall have been overcome, humanity will be a long way on the path of regeneration.

As to treatment of this susceptibility. As rhus poisoning has often been successfully combated by *Rhus tox* in the higher potencies; as the tendency to the ill effects of strawberries has been successfully antidoted by the giving of *Tragaria* (potentized wood strawberry); as the various nosodes such as *Tuberculinum, Diphtherinum, Medorrhinum, et al.*, have been successfully used in the cure of inherited tendencies to their pathological similars, so potencies of the *Culex musca* (the mosquito) might be tried in potentized form. Dr. John H. Clarke makes the suggestion in his *Dictionary of Homœopathic Materia Medica* that "It might

be well to prove a tincture of specimens of *Anopheles* well charged with malarial organisms". This reminds us that while in San Francisco, "well charged", as Dr. Clarke emphasized, with the poison of the famous (or infamous) California fleas (*Pulex irritans*) we made a potency from the tincture and used it successfully internally to overcome the bite of this pestiferous inhabitant. The late Dr. William Boericke was much impressed with the idea and was given some of the remedy for possible future use. While in San Francisco, we received from Dr. Boericke the 15th potency of *Egg*, used by him for the immunization of children against the ill effects of this common article of food. And so we might go on almost *ad infinitum* mentioning the various substances that have been potentized and used by Swan, Fincke, Kent, Berridge and others in the various types of hypersensitiveness.

We have personally used successfully a few drops of *Ledum tinct.* in the local treatment of sensitiveness to mosquito bites. It may not be antipsoric or dynamic enough to immunize, but its use as advised by some of the earlier writers has been highly serviceable in our hands.—B. C. WOODBURY.

How does succussion release the energy of drugs?

—Presumably by increasing the molecular activity, bringing it in contact with the menstruum.—G. W. BOERICKE.

—It increases the amplitude and modifies the rate of vibration of the electron groups. This is proven by electric potencies. —C. M. BOGER.

—Homœopathy utilizes the aura or life-force of the drug, an electrically positive force. When that force enters the human economy it augments and stimulates the life-currents within the human body, also an electrically positive force.

The individual cell is surrounded by, and literally swims in that electric current. The cell, in turn, maintains its own current of force between the positive nucleus and the negative nucleus, constituting a magnetic field. The increased power in the life-force in turn increases the magnetic properties of the individual cell, consisting of attraction or assimilation, attracting the materials necessary for its maintenance.

Homœopathic drugs, therefore, increase the magnetic power of assimilation of the cell; the protoplasm being merely the body of the cell, being controlled by its nucleus.—H. C. SCHMIDT.

A girl poisoned by Belladonna *three years ago still has typical* Bell. *symptoms, how would you treat her?*

—Clark's *Dictionary*, Vol. I, p. 259.—G. W. BOERICKE.

—Bœnninghausen says Solanaceæ follow each other well. *Coff., Hep., Hyos., Camph.*, mentioned by Jahr.—C. M. BOGER.

—This is the question that was asked some time ago only *Merc.* was used as an illustration. The answers at that time named the common antidotes for *Merc.* but did not give a principle or rule that would guide to the treatment of every overdosed case. I could tell Dr. Rand that Hering advises for antidote of large doses of *Belladonna*, vegetable acids, infusion of galls, or green tea, coffee and *Hyos.* Dr. Jahr advises black coffee for the same. Dr. Hering advises for effects of small doses, *Camph.*, coffee, *Hep., Hyos., Op., Puls., Sabad., Vinum.* Dr. Jahr gives the same list but adds *Sulph.* and *Zinc.* Undoubtedly Dr. Rand has already studied all of these and found them wanting. *Belladonna* is such a short-acting remedy usually that if its symptoms have already lasted three years, it might indicate that the patient was already a *Belladonna* case before she received the *Belladonna* poison.

In that case Hering's suggestion that a high potency of the same sometimes antidotes a remedy, would apply. If that gives no help the only course left that I know of is to take all of the symptoms of the girl to the repertory and find the remedy that most closely covers the symptoms that the patient has. To be sure, *Bell.* will stand first but there will be another remedy that will come close to it. If after it has been found Dr. Rand looks in the books and finds out that it "follows well" or even that it isn't inimical to *Bell.* he will feel a little more comfortable about giving it. If those who have had experiences in this kind of cases would please tell how they handled them and with what success, it would be very helpful to those of us who are still struggling in darkness.—F. E. GLADWIN.

—Find the closest *simillimum* if possible, if not possible then try a VERY HIGH potency of *Belladonna*.—A. PULFORD.

—If the typical *Belladonna* symptoms are still present, I would first give a single dose of perhaps the 30th potency of *Belladonna* and await results. Failing in this, I would then search for the symptoms of a deep antipsoric, which possibly might be *Calc. carb.* as it is complementary to *Belladonna.* Whatever remedy appears indicated, give that remedy and await reaction. —E. UNDERHILL, JR.

—Gibson Miller, in his valued epitome of the *Relationship of Remedies* gives as the antidotes to *Belladonna*: *Acon., Camph., Coff., Hep., Hyos., Merc., Op., Puls., Sabad., Vinum.* Without knowing more in detail more of the *Belladonna* symptoms that now obtain, it would be impossible to suggest just what remedy or remedies would be required to antidote its effects. Has the remedy been given in a high potency, and in the single dose? That is, *Belladonna.* This condition of remedy hypersensitiveness is often overcome by the use of the dynamis of the remedy itself in highly attenuated form.—B. C. WOODBURY.

What is the homœopathic treatment of head lice, body lice and crab lice?

—Locally 1-4 of the tincture of *Staphisagria*.—G. W. BOERICKE.

—*Psorinum* is the remedy internally. Lamp oil externally.—C. M. BOGER.

—For crab lice use *Staph., Cocc.*—J. H. CLARKE.

—Lice will not cling to a healthy body. They must have food on which to subsist and therefore the disease which predisposes to their presence and tenacity must be removed or they will reappear even if the first lot are all killed off. To kill the insect and not remove the cause of their presence is a mark of medical ignorance. The same holds true of worms and other parasites. Kent, 3rd ed., p. 1330, under LOUSINESS lists 12 remedies most of which we have verified; on p. 129 he lists 13 remedies for head lice.—A. PULFORD.

—This question involves the whole problem of psora and its varied external manifestations. The outward expressions of

this miasm are many, and until the whole outward expression of the world is changed, it will remain virtually unaltered. Hahnemann tells us in his introductory chapters of the *Chronic Diseases* how this development has taken place down through the ages. Neither cleanliness, filth disposal, nor sterilization and asepsis alone can achieve their ends without the use of the dynamized internal remedy administered according to the particular predispositions of the individual. There have been several suggestions as to ways and means out of the dilemma of exterminating the associated manifestations of psora, namely, the lice themselves (in the particular reference here made) also for the destruction or rather the successful ridding of the body of the acarus scabei, etc.

Jahr's well tried recommendation of the use of the refined oil of lavender, rubbed into the itching parts only, that is upon the sites of what he terms the "primary itch-vesicles", still holds good, and has been verified by a multitude of observers. Contrary to the suppressive effects of sulphur ointment, and other similar external applications, this particular treatment is not only safe but effectual and non-suppressive.

Pithiriasis, or "Lice disease", as it was called by the older writers would seem to be a specific entity, according to their beliefs, rather than merely a local infestation. At all events their treatment, to quote the remedies given by Lilienthal, were apparently directed more toward an internal disorder than merely its local expression. Lilienthal gives this list: *Amm. carb., Ars., Chin., Iod., Lach., Magn. arc., Mez., Natr. m., Oleand., Psor., Sabad., Staph., Sulph.* He also directs that we are to "Apply externally lotions of pure alcohol." This latter suggestion is of interest, as it has been suggested by some that the beneficial effects of the oil of lavender recommended above were due to the alcohol which it contains. It is a well known fact that the Stavesacre or *Staphisagria* has long been used externally for head lice (here of course in lotion form) and it is likewise a matter of our personal experience that crude petroleum oil, or simple kerosene will quickly rid the host of crab lice. The whole matter is after all one of cleanliness, and the constitutional treatment of the individual is paramount in the conduct of pure homœopathic practice.—B. C. WOODBURY.

What would be your classification of the homœopathic remedies and can you give a list of references to the homœopathic classification of remedies?

—Most useful I believe to be the clinical classification—thus: for meningitis, *Cicuta, Cina, Helleborus, Zincum, Gratiola, Tuberculinum,* etc. The clinical index under either Royal's *Materia Medica* or that of Boericke give the best classification.—G. W. BOERICKE.

—Remedies are fitted to patients whose symptoms are *suis generis* hence cannot be classified excepting arbitrarily.—C. M. BOGER.

—Individualism is a strong point in homœopathy. As soon as we begin to classify we turn away from individualization, therefore strictly speaking our remedies are not classified; nevertheless, homœopaths in their talks have referred to the syphilitic, sycotic and psoric remedies until they have unconsciously classed them according to the miasms. In the same way the acute and chronic have been spoken of so often that they seem to have classed the remedies according to their time of action. In either of these cases the dividing line is not clear cut because some remedies belong on more than one side of the line. Again they seem to have been classed according to what they were made up of, as nosodes, etc.

Charles Hempel classified the remedies according to the parts of the body affected as dental group, orbital group, auricular and facial group, etc. He also classified them according to disease as catarrhal group, inflammatory group, fever group, nervous group, etc.

Jahr in the *Symptomen-Codex* classed them according to their frequency in use, polychrests, semi-polychrests, etc., but this list changes with the years, we almost might say with the seasons. Jahr gives the list on page 1, *Symptomen-Codex,* second volume. He gives four degrees. It is good exercise to go over the list for the purpose of seeing what remedies you would add and which you would promote and which demote.—F. E. GLADWIN.

—To us the classifying of remedies is theoretical, and most of this theory has devolved much that has been misleading through the unfinished proving of our remedies and we believe it to have done some harm and prevented cures that might otherwise have been made as THE indicated remedy has often been overlooked thereby.—A. PULFORD.

—Homœopathic remedies could be classified in many ways depending upon the purpose of classification. One classification could be:

(a) Mineral—including the metals and inorganic salts.

(b) Vegetable drugs.

(c) The nosodes—including all drugs derived from human and animal sources.

It is possible that each of these divisions, if sufficient were known about each group, could furnish all the remedies necessary for the successful practice of medicine and the cure of disease.—E. UNDERHILL, JR.

—There have been a great many classifications of the homœopathic remedies. Some writers have grouped them according to the three natural kingdoms, animal, vegetable and mineral. Others have divided them according to their cruder action upon the body. Some have made no special attempt toward classification other than that of applying each remedy to the indicated conditions of the patient.

Hahnemann merely placed his remedies alphabetically, characterizing each remedy as to its natural kingdom, thereby emphasizing its therapeutic power. Hering followed the alphabetical arrangement, as for example in the *Guiding Symptoms*. He formerly arranged part of the remedies in what he called a "New Arrangement of Our Materia Medica", perhaps in the order in which their provings were recorded. Marcy and Peters in their *Elements of a New Materia Medica*, use partly the alphabetical, and partly the arbitrary classification.

The arrangement of Teste was unique. He arranged the materia medica into certain "types" around which as he stated "analogous drugs could be grouped". In this way he arranged them into twenty definite groupings, with the classic type, and its attendant satellites, e. g., *Arnica montana* as a type, with

Ledum palustre, Croton tiglium, Ferrum magneticum, Rhus toxicodendron and *Spigelia anthelmia* as analogues.

Burt in his *Physiological Materia Medica*, classifies drugs as to the Animal Group, and the Organic Group, using as his basis their "starting point or center of action, the nervous centers". These are given as Cerebro-Spinants for Acute and Sub-Acute Diseases, and as Ganglionics for Sub-acute and Chronic Diseases. He then makes still further classification as to Tissues.

Farrington in his *Clinical Materia Medica*, classifies remedies as to the four kingdoms from which they are derived, and gives the individual guiding symptoms of the drugs which comprise these groups. Allen, Kent, H. C. Allen and Carroll Dunham all use for the most part the alphabetical arrangement. Kent lays more stress upon the individual relationship between patient and drug than upon the sources of the materia medica. This latter seems to be the essential point, but it matters not so much how the materia medica is studied, as *how much* it is studied. Therefore it can safely be said that the *drug's the thing*.—B. C. WOODBURY.

What is the correct spelling of "polychrest"? Can you give me references from classic homœopathic literature to back up your choice? Also references where varying lists of the polychrests can be found, and your definition of a polychrest?

—I don't know. The best list of polychrests is in *Sources of the Homœopathic Materia Medica* by Richard Hughes, London, 1877.—G. W. BOERICKE.

—See preface to *Nux vomica* in *Materia Medica Pura* of Hahnemann.—C. M. BOGER.

—According to the *Century Dictionary* the word polychrest is an English word coming from two Greek words—one meaning many or much; the other meaning, use. The definition—medicine that serves for many uses or that cures many diseases.

Gould's *Medical Dictionary* gives it—polychrest, a medicine regarded as efficacious in many diseases.

Jahr's *Symptomen-Codex*, 2nd vol. Hempel's translation gives it—polychrests or medicines of the most frequent use. Inasmuch

as polychrest is a good English word I see no reason for changing the spelling, and as homœopaths use it according to its generally accepted meaning—"many uses" or "much used", I see no reason for changing the definition.—F. E. GLADWIN.

—The proper spelling of "Polychrest" should, if we are as dogmatically bound to the Greek as we seem to be to the Latin, be spelled "P-o-l-y-k-r-e-s-t", it being derived from the Greek word "polykrestia", meaning great usefulness, or of many uses, thus the homœopath uses the word for such remedies as may be indicated and called upon to serve in many and varied diseases. We believe that the best list of "polykrests" can be collected from studying Clarke's list marked "Clinical" in his *Dictionary of Medicine*.—A. PULFORD.

—So far as we have been able to ascertain there is no authority for any other spelling than "polychrest". In Webster's *New International Dictionary* the word is derived from the Greek, meaning useful for many purposes. In *Old Med. Chem.*, the *polychrest salt*, was Potassium sulphate, also sometimes Rochelle salt. Its adjectives are "polychrestic" and "polychrestical". This derivation is borne out in Stedman's *Medical Dictionary*, ed. 1924, and he delineates its application as follows: "In homœopathy, a drug of extensive range of applicability, one of frequent employment". The word is correctly used in the index and dictionary to Laurie's *Epitome of Domestic Medicine*, that is "a medicine of multifarious uses; as *Aconite, Belladonna*". The word is not given in the *Glossary to Jahr's New Manual*. The term is incorrectly given as "polycrest" in Woodbury's *Homœopathic Materia Medica for Nurses*. The term was accidentally omitted from the author's *Dictionary of Homœopathy* published in September 1921 in the *Journal of the American Institute of Homœopathy*.

It is well worth while for us to orient ourselves occasionally as to the nomenclature and orthography of homœopathy.—B. C. WOODBURY.

CURRENT HOMŒOPATHIC PERIODICALS*

DE DOKTER IN HUIS

(In Dutch)

(Zwolle, Holland: May 15, 1929), X, 82-100

The New Gerson-Sauerbruch Treatment of Tuberculosis
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The Changing Years
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THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: Apr. 1929), LXIV, 241-320

Adventuring in Therapeutics
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Common and Uncommon Symptoms of Appendicitis
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Progress in Orthopedic Surgery During the Past Year
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*Internal Medication of Eczema and Some Other Common Dermatoses
G. W. Boericke, M. D., Philadelphia, Pa..... 289
Clinical Notes on *Phytolacca* and *Bryonia* in Gathered Breasts
B. C. Woodbury, M. D., Boston, Mass..... 293
The Laboratory and the Clinics
W. A. Pearson, Ph. D., Philadelphia, Pa..... 296

Homœopathic Treatment of Syphilis: This is a very interesting article. The following remedies with their special indications are mentioned: *Merc. viv., Merc. cor., Merc. dulcis, Merc. p. i., Merc. i. r., Merc. sul., Asaf., Aur. met., Cond., Hepar, Iod., Kali iod., Nit. ac., Phos., Phyt., Sil., Still., Sul., Syph.*

Internal Medication of Eczema and Some Other Common Dermatoses: For the best results in eczema the remedy chosen should be able to cause skin eruption when taken internally. Cases should be divided into acute and chronic and notice should be taken of contributory causes. Remedies mentioned are: *Petr., Cocc., Calc. fl., Kali phos.* and the *Calcareas, Amm. carb., Graph., Hep., Vinca minor, Sep., Ant. crud., Psor.* and *Sul.* In differentiating between these remedies in skin work the modalities must be depended on, for the basic symptoms are much the same. The constitutional aspect of the individual is also important.

*Titles marked with an asterisk (*) are abstracted. All journals are in English unless otherwise specified.

THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: May 1929), LXIV, 321-399

Some Experiments in Cytology, with Special Reference to the Law of Similars
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Diagnosis and Treatment of Epidemic Encephalitis
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A Study of the Hypophysis and Its Relation to Somatic Development. A Symposium
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THE HAHNEMANNIAN MONTHLY

(Philadelphia, Pa.: June 1929), LXIV, 401-480

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The Indicated Remedy in Diseases of the Heart
A. M. Johnson, M. D., Pittsburgh, Pa. 428
Spastic Paraplegia
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Pneumothorax: Its Indications and When to Be Discontinued
E. W. White, M. D., New York 441
A Heterodox Treatment of High Blood-Pressure and Allied Troubles
C. H. Church, M. D., Passaic, N. J. 446
The Open Reduction of Fractures
E. O. Geckeler, M. D., Philadelphia 450
*Leucorrhœa
E. B. Craig, M. D. 457

Leucorrhœa: This article gives a good resume of the types and causes of leucorrhœa. The homœopathic treatment is, unfortunately, not given.

HOME AND HOMŒOPATHY

(Calcutta, India: Mar. 1929), IV, 273-312

Valeriana
N. M. Choudhuri, M. D., Calcutta, India 274
Psorinum vs. *Sulphur* (repr.)
S. L. Guild-Legget, M. D. 276

Some Likes and Unlikes of *Arnica, Rhus Tox.*, and *Bryonia* (repr. from *Pacific Coast Journal of Homœopathy*)
W. J. Hawkes, M. D., Los Angeles, Cal. 278
Tuberculinum, Its Value in Eradicating Constitutional Dyscrasia (repr.)
H. C. Allen, M. D. 283
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THE HOMŒOPATHIC BULLETIN

(Calcutta, India: Mar. 1929), I, 210-232

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THE HOMŒOPATHIC MIRROR

(Calcutta, India: Mar. 1929), V, 58-86

Some Aspects of Abdominal Pain in Women
W. C. Reed, M. D., Liverpool, England 58
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THE HOMŒOPATHIC WORLD

(London, Eng.: May 1929), LXIV, 113-140

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The Energetics of Nutrition (trans. by Mrs. M. L. Wheeler)
W. Voller, M. D. 124
Peculiar Symptoms (Second series)
W. H. Roberts, M. D., Dublin 128

Two Cases of Eczema Cured with Morgan: A baby of four months developed an eczema covering the whole body on the fifteenth day after birth. It was dry and itching. Not being able to find the *simillimum* Dr. Renard gave *Morgan* 30th (Bach nosode) in the plus method for one week with the result that at the end of the treatment the eczema had completely vanished. Another case, a servant, age 22 years, had eczema of the neck and eyelids. *Sulphur* and *Psorinum* had given no results although indicated. *Morgan* 30th in the plus method cured completely in one week.

L'HOMŒOPATHIE FRANCAISE

(In French)

(Paris: Mar. 1929), IX, 161-239

The Genius of Plants
Y. Edrom, M. D., Bordeaux 163
Three New Cases of Diphtheria
P. Chavanon, M. D. 170
*Cramps (*Coloc., Cupr., Mag. phos.*)
J.-E. Emerit, M. D. 182
Spondylotherapy and Chiropractic
R. Lavezzari, M. D., Paris 196
Lachesis
L. Vannier, M. D., Paris 203

Cramps: This article is very interesting in that it takes one symptom and gives a thorough comparative study of three great remedies for that symptom. Many other remedies are mentioned in passing in the article as for instance *Sep., Nux v., Tub., Syph., Psorinum, Sil., Cupr. ars., Plumb., Calc. carb., Bell., Gels., Eup., Dulc., Staph., Con.* This again is well worth translating if space permitted.

HOMŒOPATHISCH MAANDBLAD

(In Dutch)

(The Hague, Holland: May 15, 1929), XL, 37-48

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THE INDIAN HOMŒOPATHIC REVIEW

(Calcutta, India: Feb. 1929), XXXVIII, 33-64

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The Examination of the Pulse—a Lost Art (repr. from *The Journal of the A. I. H.*)
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Coronary Artery Disease (repr.)
J. G. Wurtz, M. D., Pittsburgh, Pa. 59

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York: May 1929), XXII, 371-468

Where Is Homœopathy Heading?
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Need for Research in Homœopathy
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W. H. Dieffenbach, M. D., New York 413
**Ceanothyn* as a Hæmostatic
C. E. Tharaldsen 428
The Muscle-Bound Foot
A. H. Bingham, M. D., F. A. C. S., New York 436

Ceanothyn *as a Hæmostatic*: This article deals with the botanical features, preparation, physiological action and clinical results of the drug *Ceanothus Americanus* in crude dosage. It is of interest to compare this with the homœopathic proving of the drug.

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

(New York: May 1929), XXII, 469-566

New International Homœopathic Directory, Section I, includes Canada, Great Britain, Belgium, Holland, Germany, Austria, Hungary, Switzerland, France, Italy, Spain, Portugal, Russia, Poland, Latvija, Sweden, Denmark and Mexico.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig: Jan. 15, 1929), LX, 21-40

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From My Lay Practice—II
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*The Lichens as Medicines
—— Staffelstein, M. D., Berlin 32
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From the History of Medicine: The Natural History School—Stark, Jahn, Hergenrother, Hoffmann, Schonlein—I
W. Held, Ph. D., Leipzig 35
An Interview with Prof. Bier
E. Schlegel, M. D., Lindau 37
Can Flatulency in Cattle Be Prevented?
F. Wahl 38

The Lichens as Medicines: Dr. Staffelstein finds the lichens among the most interesting of our vegetable kingdom remedies. He stresses three, *Sticta pulmonacea, Usnea barbata,* and *Lichen islandicus* (*Cetraria islandica*), used in homœopathy.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

(In German)

(Leipzig: Feb. 15, 1929), LX, 61-80

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Quicksilver, a Dangerous and Treacherous Poison
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MID-WEST HOMOOPATHIC NEWS JOURNAL

(Des Moines, Iowa: May 1929), II, 1-48

Remedies for Hæmorrhage
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A Family of Sad Sisters—II
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MID-WEST HOMOOPATHIC NEWS JOURNAL

(Des Moines, Iowa: June 1929), II, 1-48

*Remedies for Hæmorrhage—II
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Remedies for Hæmorrhage: Included under the heading hæmorrhage are apoplexy, embolism, epistaxis, hæmaturia, hæmatemesis, hæmoptysis, menorrhagia, metrorrhagia, etc. Twelve cases are cited; the following remedies with their chief indications being:

Case I—*Phos.* low as a styptic and high to correct a t.b.c. diathesis in a hæmophiliac.

Case II—*China.* Post-partum hæmorrhage. To contract flabby uterus. Menses always profuse, too early, too long, severe headache with ringing in ears.

Case III—*China.* Anæmic headache. Menses always profuse and protracted with splitting headache and roaring in ears.

Case IV—*China.* Chronic anæmic headache at menopause, with noises in ear.

Case V—*Hamamelis.* Bleeding ulcer on leg. Object to tone up and restore the venous system, especially of liver, pelvis and lower extremities.

Case VI—*Lachesis.* Severe epistaxis. Diphtheritic disorganization of the blood, four years previously.

Case VII—*Bryonia.* Epistaxis and chronic headache, caused by suppression of menses by swimming.

Case VIII—*Ipecac.* Hæmatemesis in a tall, lank, pale, tired woman. Flows too much. Given to tone up mucous membrane of stomach and uterus.

Case IX—*Ferrum phos.* Hæmoptysis from congestion of lungs caused by influenza.

Case X—*Terebinthina.* Hæmaturia in nephritis caused by scarlet fever.

Case XI—*Nitric acid.* Bleeding from ulceration of cervix uteri, following induced abortion three months before.

Case XII—*Crotalus hor.* Profuse menstrual flow with bleeding from nose, ears and stomach. Worse during menses, dizzy, weak, faint.

PACIFIC COAST JOURNAL OF HOMŒOPATHY

(Los Angeles, Cal.: May 1929), XL, 134-159

Resume of Modern Psychiatry
E. W. Meyer, M. D., Los Angeles 134
Homœopathy in the Field of Pediatrics
S. E. Berkove, Yosemite 139

REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Feb. 1929), XLII, 43-80

*Coughs and Their Homœopathic Treatment
—— de la Lande, M. D., ——Kollitsch, M. D. 45
Case of Cough
F. Le Tellier, M. D., Paris 71
Belladonna
—— Mouezy-Eon, M. D. 72

Coughs and Their Homœopathic Treatment: Fifty-nine remedies are here epitomized. We abridge the indications for the most unusual: *Cimic.*, cough each time one begins to speak, worse cold air and during menses; *All. sat.*, dry cough with pressing pain at nose root with fœtid odor, mornings leaving the house, with mucous rales; *Alum.*, catarrhal subjects with fluid coryza of one nostril the other obstructed, cough at 6 a. m. with sneezing and pain in the temples, nape or axillæ, better warm drinks; *Ammon. mur.*, dry spasmodic cough, worse cold drinks, agg. 6 p. m.; *Anac.*, violent dry cough at night, vomiting of thick phlegm in morning in irritable children; *Ant. crud.*, reflex gastric cough, weak voice; *Arg. met.*, cough from laughing, easy opaque white sputum, hoarseness of professional singers; *Arg. nit.*, laryngeal t.b.c., worse tobacco with night sweats; *Canth.*, convulsive cough in pleuritics, worse sitting in bed, weak voice, pain in the chest on inspiration; *Caps.*, little catarrhal cough with pain in the head, stitches in back and chest, bladder, knees and feet; *Con.*, cough worse in horizontal position even by day with acute sternal pain, worse 6 p. m. on; *Ham.*, cough from tickling with a bit of blood in the morning, dark passive hæmoptysis; *Lob. inf.*, emphysematous cough as if foreign body in throat pit; *Samb.*, cough with arrested respiration after midnight, with swelling of the face, vesicle tenesmus, wakes at night; *Seneg.*, cough of senile asthma with tendency to diarrhœa.

The second part of this symposium on cough by Dr. Kollitsch gives many interesting indications for remedies in cough, classified according to diseases and location and includes such unusual remedies as *Gnaph., Meny., Viola t., Grind., Hydro. ac., Vipera torva, Pic. ac., Sticta, Phell.*, etc.

REVUE FRANCAISE D'HOMŒOPATHIE

(In French)

(Paris: Mar. 1929), XLII, 81-120

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*Fevers and Their Homœopathic Treatment 97
F. Allendy, M. D., Paris
On the Therapeutics of Cancer
—— Tessier, M. D., Paris 106
Manic States
F. Allendy, M. D., Paris 108

Fevers and Their Homœopathic Treatment: This is a beautiful article with schematic tables of symptoms and the remedies indicated which cover six pages. It should be pasted into every practitioner's repertory. It contains symptoms for such unusual remedies as *Helo., Siegesbeckia, Aranea, Meny.*

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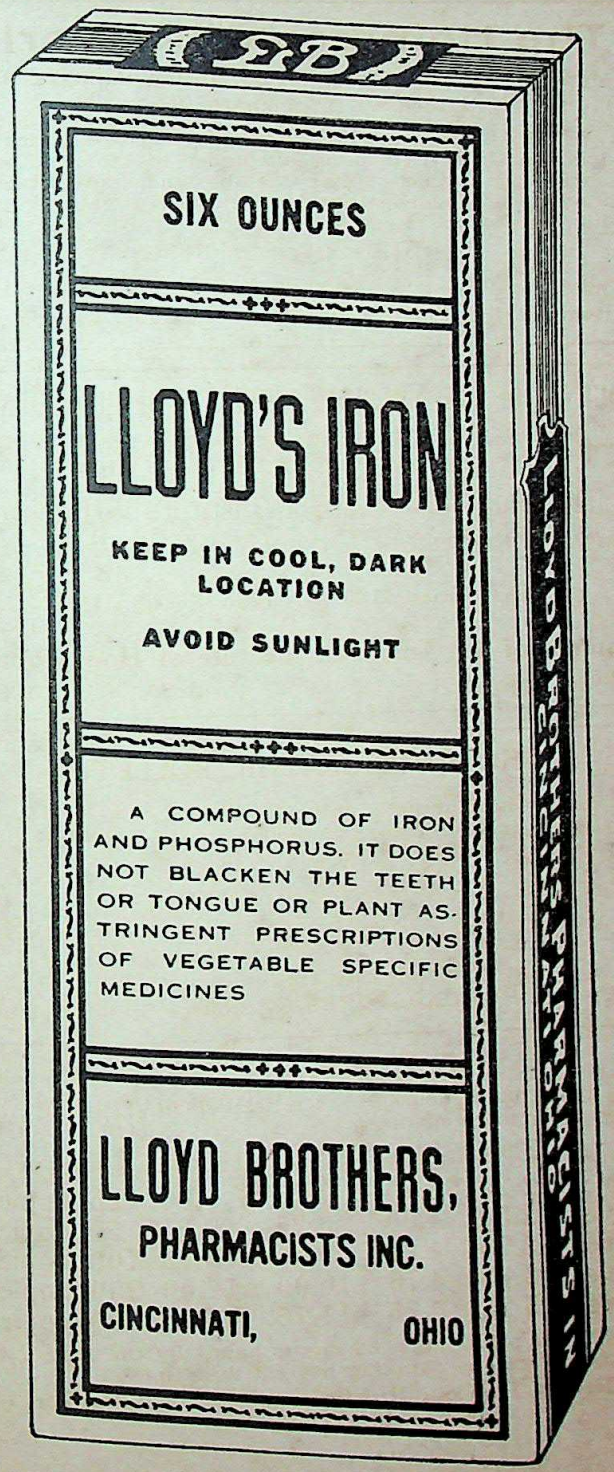

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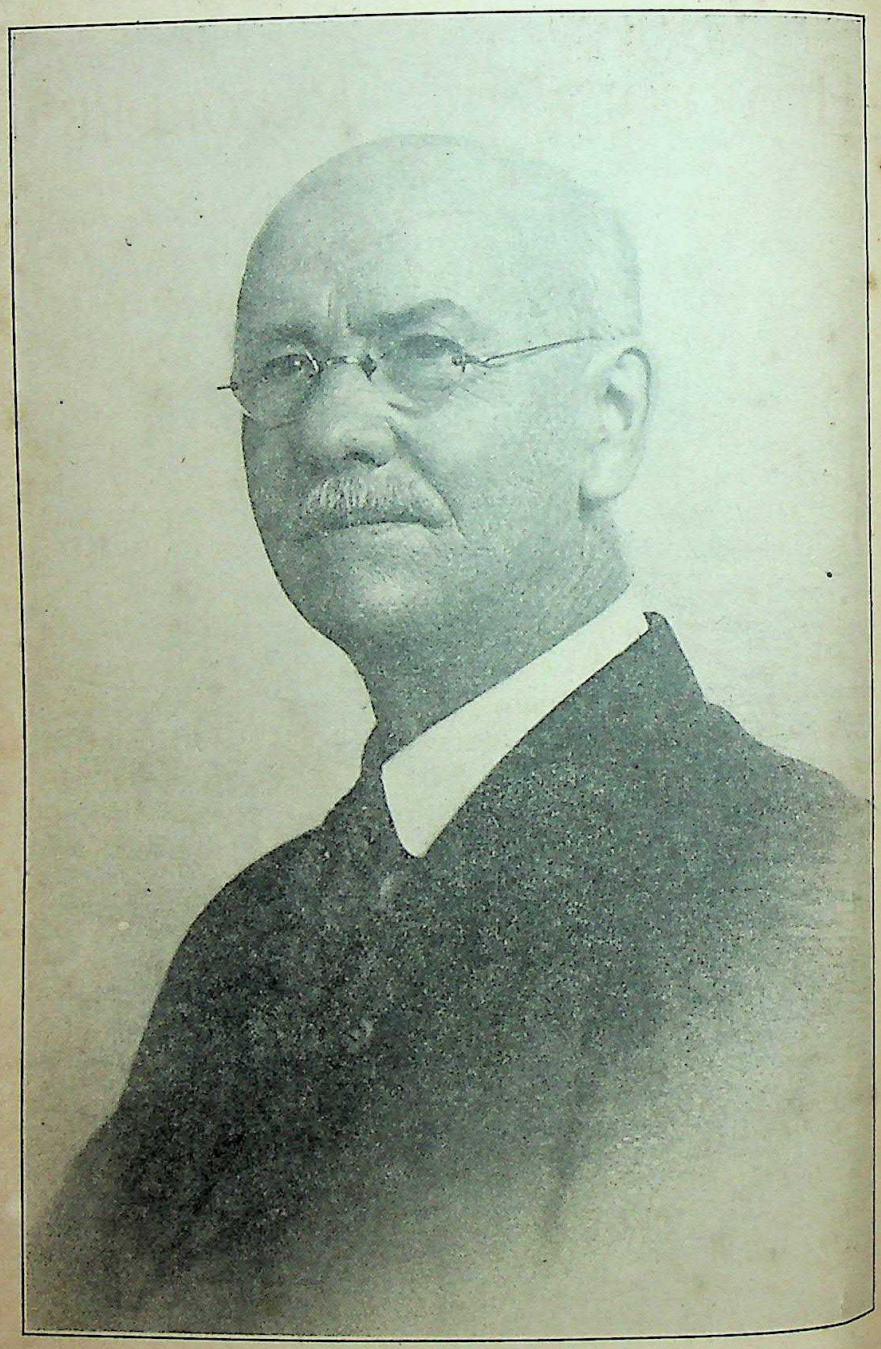

GEORGE E. DIENST, M. D.

THE
HOMŒOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., AUGUST 15, 1929. No. 8.

THE RELATION BETWEEN MATTER AND SPIRIT IN THE THERAPEUTIC FIELD*

GEORGE E. DIENST, M. D.

If, as Hahnemann teaches, the ætiological factors in disease are largely Geistlich, or spiritual, why administer drugs in the crude, single or in compound, to the sick, with a view to restoring them to health?

If a thought, a word, a sight or a sound may and does produce fatal illness, why select a remedy other than dynamic, in an effort to heal such sickness? If an odor, or the fragrance of certain plants, like the primrose or *Rhus tox,* can produce painful illness or cause a violent eruption on the skin, why resort, in our therapeutics to a crude or material therapy in an effort to heal such disease? In this materialistic age is it unreasonable to suppose that modern therapeutics is attended with excessive mortality? Medical literature is given to an exaggeration of pathological products and their removal, forgetting in the meantime the causes of these products. For every morbid growth or pathological product there is a mechanical, dynamic or congenital cause, and unless the therapeutic agent is such, dynamically, as to set the vibration of the vital forces into action, there can be no favorable recovery. An injury to the dorsal spine, impairing the function of the nerve fibres, which communicate vitality to the liver and spleen, resulting in hypertrophy or atrophy, these organs cannot be successfully restored by mechanical or material therapy, but must be restored by such dynamic energy as will restore the function of the impaired nerves, before the end results will assume normal size and functioning. Much of modern therapy is too crude to merit the consideration of thinking men and women.

*Read before the I. H. A., Bureau of Materia Medica, June 1928.

The thoughtful practitioner will observe in his daily practice many morbid conditions resulting from faulty thinking, from faulty professional advice, from neighborhood gossip, and from the patient's constant dwelling upon morbid states of health, until the function of every organ in the body is seriously impaired and the patient on the high road to eternity. The thoughtful physician has also observed that in many of these cases, a complete recovery followed sensible advice and the introduction of the indicated remedy in infinitesimal dosage, and at lengthened intervals. He has also observed that mechanical measures, large quantities of material substances, coupled with high sounding disease nomenclature and prolonged physical examination, has resulted in making the patient incurable or causing speedy dissolution of soul and body. It seems to me incredible, that men of learning and gifted with a modicum of perception, should resort to some of the practices now prevalent in the medical world. The thought that acute conditions, such as diphtheria, which usually responds quickly to the dynamic remedy indicated, should be treated with spinal adjustments, or the injection of huge quantities of morbific substance which have been known in themselves to produce sudden death, is almost unthinkable. And yet in conversation with these practitioners, volumes of high sounding words were used in defense of this paganistic practice.

I fail to understand why men of our school, knowing of the infinite superiority of dynamic over material substance in treating the sick, persist in following the tinseled gods of materialism in their practice. It almost compels one to question the intelligence and honesty of such people. Why don't men learn to think, to think soberly and logically, when life and health are at stake? Men have admitted to me their utter pessimism in treating the sick with material substances, and in one instance a doctor of some standing in the parish, having an excessive mortality following the use of his remedies, said with emphasis: "The longer I practise medicine, the more I see a reason for the existence of Christian Science."

This paper can be enlarged into volumes, but I refrain. The burden of my thought is to encourage careful and accurate thinking. I realize that it is painful for some people to think, but in

matters of life and death, careful thinking is imperative. Therefore you who are following the "bell-weather" of crude therapy, serum, vaccine, toxin and other morbific agents, stop, think, count the cost, search your own conscience, measure your intelligence and integrity, and if you have never treated your sick people with the dynamic remedy and noted its salutary effect on soul and body, don't be so foolish as to condemn it, for if you do you expose your ignorance with regard to a safe and sane therapy. Not only this, if men are not willing to study and think for the best interest of humanity, it raises the question of their moral right to assume the title of doctor.

Therefore, let no one say there is no virtue in the dynamically indicated remedy in healing the sick for fear of exposing to the public a profound ignorance regarding the ætiology and cure of sick humanity.

AURORA, ILL.

There is no doubt . . . that many forms of chronic diseases originate from numerous other sources than suppressed or inherited skin diseases. But these views do not necessarily contradict each other, but it is justly claimed by many authors, among them von Grauvogl, that it serves to enlarge and complete the pathological system, whose grand logical *end* is *to point out classes of remedies, corresponding to classes of diseases.* Hahnemann is the first who ever attempted such a gigantic task with success, and pathological science is barren and to no purpose (if cure is the object of medical science), so long as diseases are classified without regard to classes of curative agents, with which they stand in correlation. Homœopathy and its maxims furnish the only means and method to the end of developing the materia medica, parallel with pathology. The latter science, before the days of homœopathy, had gone one way, while therapeutics and materia medica went another, or oftener still came to a dead halt, or, like the great rivers of Australia, ran away from the ocean to dwindle in the sands of the interior desert.—C. WESSELHOEFT, M. D., *American Homœopathic Review,* 1865.

CRIMINAL INSANITY*

GEORGE E. DIENST, M. D.

The daily press is full of crime reports and in many instances the crimes are condoned and the criminal unpunished. Often the most heinous crimes go unpunished because of a plea of insanity either sudden or prolonged.

The legal fraternity defending such criminals use every device known to law and medicine to protect their clients from a just punishment, on the plea that, when the crime was committed the client was insane. Just how an attorney can reach such conclusions baffles me.

For it is a truth that not all insane people are criminals, neither are all criminals insane. Is it too much, therefore, to conjecture that, when an attorney seeks to shield his client from punishment, when he knows he is wilfully guilty, by a plea of insanity, that he, the attorney, is morally guilty of the crime?

Let us, for a moment consult the *National Dictionary* for a definition of insanity. Here it is: "A persistent morbid condition of the mind, usually connected with some abnormal or diseased condition of the brain, or nervous system, and characterized by a deficiency of volitional and rational control, by disordered activity of the fantasy and in general by perverted action of one or more of the mental faculties; it may or may not be developed on the basis of heredity."

The law says, "insanity is a deranged mental condition such as deprives a person of the capacity to comprehend the nature and consequences of a particular act." The question of insanity in law relates largely to crime, to contract, and to personal liberty. When mental derangement is but temporary or transient it is more properly called delirium as the delirium of fever.

Medicine has classified insanity into two groups, A and B.

GROUP A. We have six classes:

Class 1. Those from a general organic arrest of development, as idiocy, cretinism and imbecility.

*Read before the I. H. A., Bureau of Homœopathic Philosophy, June, 1928.

Class 2. Those emerging from constitutional neuropathic states, usually hereditary, though occasionally acquired. In this class we find instinctive insanity of childhood, primary monomania, moral insanity and periodical insanity. Of this class the only one that may be disposed to crime is *moral* insanity.

Class 3. Those with established neuroses. Here we have:
- Epileptic insanity.
- Hysterical insanity.
- Hypochondriacal insanity.
- Choreic insanity.

Class 4. Those connected with the physiological crises, viz:
- Puberty-pubescent insanity.
- Maternity-puerperal insanity.
- Menopause-climacteric insanity.

Class 5. Those accompanying general systemic morbid states. Here we have two orders:
1. Toxic: Alcoholism, morphinism, plumbism, hydrargyrism.
2. Diathetic: Phthisical, podagrous, rheumatic, pellagrous, limopsoitosic, malarious, anæmic, postfebrile, myxœdematous.

Class 6. This has to do with definite pathological conditions of the encephalo-spinal, vasomotor, or peripheral nervous system. Here also we have two orders, with organic lesions of cerebral tissue.
1. General paresis, syphilitic insanity, organic dementia, typhomania, traumatic insanity.
2. Vasomotor and peripheral lesions, such as sympathetic insanity.

GROUP B. (psycho-symptomatological)

Class 1. Order 1. States of depression:
- Primary, as in kinesthetic depression, melancholia simplex, *melancholia agitata*, nostalgia.
- Secondary, as in chronic melancholia, secondary monomania with depression.

Order 2. States of exaltation:

Primary kinesthetic exaltation, mania simplex, mania transitoria.

Secondary, chronic mania. Secondary monomania with exaltation.

Class 2. Order 1. Intellectual. States of weakness:

Such as primary mental enfeeblement.

Secondary—Terminal dementia.

Order 2. States of stupor. Acute primary dementia. Sequential stupor.

Class 3. Order 1.

Will. States marked by impaired volition. As in abulic insanity.

Order 2. States of suspended will.

As in somnambulistic insanity.

Excluding the maniacal, we see nothing of a criminal tendency in any of these varieties of insanity.

In all there are 660 forms and varieties of mental aberration, the most of which has to do with the intellectual or the ability to transact business in the manner prescribed by law.

I fail to see the logic of reasoning employed by lawyers who plead insanity as defense of murderers who deliberately kill. Such criminals, before committing the crime have plans of escape well matured, for they know what they are doing and understand the nature of the punishment meted out to murderers. The plea, therefore, of insanity as a defense in such criminals as Loeb, Leopold, Remus and Hickman, seems unthinkable. It seems to me, therefore, that the most perplexing, as well as the most delicate problems in the criminal world is the effort to determine the mental responsibility of the criminal. The legal profession is at sea on this point, and the medical profession is undecided as to what constitutes insanity, and the individual responsibility of the criminal. Alienists are confused in their diagnosis of the mental and moral responsibility of the criminal.

Intellectual weakness is neither insanity nor criminal. It may be the result of heritage or environment.

Depraved sensibilities do not constitute insanity, nor make one a criminal, though they furnish a foundation for one or the other. Weakened volitionary powers do not, as some teach, constitute a form of insanity neither postulate a criminal instinct, for criminals, as a rule, are quick, shrewd, and calculating in their manner of action. Moral depravity is neither criminal nor does it constitute a form of insanity, *per se,* though we frankly admit that it enters into the problem of nearly every crime, and constitutes a basilar element in the insane. This is particularly true in its relation to the sex problem.

Sanity is, relatively, an harmonious co-operation of the intellect, sensibilities and the will. The power to determine the right and wrong of moral problems in general and of each individual in particular. The power to choose the right and discard the wrong; to accept the true and refuse the false.

I say "relatively harmonious" for an absolute harmony raises the question of doubt.

Disease in the psychic sphere, i. e., a lack of harmony in the functioning of mental faculties, does not constitute insanity, so long as one can determine the difference between right and wrong. The committing of crime as an element of revenge or the obtainment of another's property is not insanity though criminal, for there is a purpose often skilfully planned in either crime and is a punishable offence. The manner in which most crimes are committed predicates a knowledge of right and wrong and the deportment of the criminal after committing the crime evinces a fear of its consequences.

Insanity postulates dethronement of reason, and a dethronement of reason postulates an inability of thinking logically or from cause to effect, and evinces an absence of fear of the consequences of words spoken or deeds done.

We have neither time nor space to enter into a discussion of such forms of mental aberration, as paranoia, dementia præcox, mania, illusions, delusions, hallucinations and other forms of mental weakness which lawyers often use as a lever with which to pry their clients loose from a just punishment, but we fail to see a just reason for such procedure. Does the attorney believe that the mental state of the criminal is a just cause to mitigate his punishment? Does the attorney, employing these tactics really and sincerely believe, that a diagnosis of dementia præcox, is a just

cause for mitigating or removing such forms of punishment as prescribed by law, for the crime committed?

I cannot understand, why anyone guilty of crime, because of mental weakness, perverted thoughts, defective perception, and yet knowing the difference between right and wrong should escape punishment. Is not such a procedure putting a premium on wrong thinking, and thus encourage a criminal tendency? I have no sympathy for a profession which seeks to abort justice on the basis of insanity when such basis does not exist in fact.

The thrill some seek in murder, rape or arson cannot possibly be construed as insanity, for in either case it is due to careful thought as to how one may escape detection and the consequences of the crime.

I fear that the commercial feature, instead of truth, honor, and justice enters into the problem of criminal insanity, and the escape of a just punishment is an incentive rather than a deterrent to crime. This is but one phase of the problem. The second is, what relation has the practice of medicine to the insane, the mental defective, the deluded, those suffering from abnormal fears, faulty reasoning, morbid imaginings, morally defective, sex-perversions and kindred abnormalities? Shall we look upon all such defects as incurable, and as subjects for the asylum or castration? In short what part of the game is being played by the medical fraternity in trying to straighten that which is crooked? What part are you and I playing in the game of healing the mentally ill? Except in cases of absolute dethronement of reason, those suffering from defects—i. e., warping, twisting, perverting of the intellect, sensibilities or will are curable, and it is reproach on the medical profession to send such to an asylum for the insane.

Who, of you, in practice ten years, has not been called upon to treat a dementia præcox, or moral pervert, a nymphomaniac, a jealous mania, with marked success? Has not the pathogenetic provings and clinical verifications of our materia medica shown us that except in absolute dethronement of reason, that the mental is just as reactive to medicine as the physical? The man who prefers to say his prayers at the tail of his horse is just as curable as one suffering from an attack of the measles.

And if *Mercury* can produce thoughts of homicide and lead to the act, why will it not prevent such thoughts when properly administered, for thoughts precede deeds. And this reminds me to ask: In how far has the amalgam fillings in teeth, contributed to the thoughts and deeds of homicide?

In conclusion permit me to say that—if those who are mentally diseased were treated with a rational therapeutics our criminal courts would not be taxed to capacity as now, our taxes would be less burdensome, our asylums and prisons would be almost depopulated and our sons and daughters safer on the streets of our cities.

AURORA, ILL.

DISCUSSION.

CHAIRMAN HAYES: You have heard the doctor grapple wth the problem which will hardly be settled here today, but we will proceed with the discussion and see what we can do with it.

DR. DIXON: It so happens that I work with the courts at home in Ohio. It is necessary for two physicians to sign the commitment papers on every insanity case, and I have been doing this work for several years and have had considerable experience along those lines. We don't classify them as Dr. Dienst has, in fact we don't have to make a diagnosis. We have to make a decision whether the case is a fit one to go to the asylum. The criminal insane is a much smaller percentage than Dr. Dienst's paper will lead you to think. I don't presume that 5% of the cases that come before our courts have that criminal tendency.

Now we read of these cases, they are given wide publicity. Every paranoid case, which are the killers, get such wide publicity that we really think that there is more of that perhaps than there is, when compared with insanity as a whole.

Most of our cases are the præcox cases and the melancholia type which need treatment and need institutional care. I don't know what your reactions are to them, but I am sure if you do the work that I have been doing for three years and see the work that the institutions do for those cases, you would surely agree that they need to be committed to the institutions.

I imagine that a melancholia case or a suicidal tendency, those morbid mental brain storms and things of that sort, I believe that I am safe in saying that they do not stay in the hospital on an average of over three months, they are out and functioning in their families again absolutely all right and perhaps presumably we have saved a suicide in doing that.

Our institutions out there are doing good work along those lines. They are not homœopathic, but I take my hat off to the results that they get through dietary measures and supervision. They don't give much medicine there, they get their results in that way, dietary and supervising their time and activities; they are doing a wonderful work, and as I say, the killers are a small percentage of the work that goes through our courts.

DR. BOGER: As a usual thing in the treatment of disease, the bigger the rubric of remedies which is attached to that disease, the less certain we are of the results. In a different way that applies to insanity. The larger the number of classifications of insane the less certain you are of what you are doing.

Now if you get right down to the basis of the thing, what does insanity mean? You don't need to study all those different definitions of 600 varieties to understand exactly what insanity means. The ego speaks through the body; the instrument through which it speaks, and what the ego says, through the body is modified entirely by the instrument through which it speaks. If you operate a typewriter or play a piano and the keys have been changed, or the type on your typewriter has been changed not to correspond with the keyboard you will have confusion, and nobody will be able to understand what you are trying to play or write. If the instrument through which the ego speaks is imperfect your brother doesn't understand what you are trying to say. That is fundamental in these cases.

Now the modifications which the mind meets in expressing itself, the modifications of the physical body limit the expression. If you will bear that in mind a little bit in insanity you will be able to clarify the whole subject.

Maybe that is not strictly part of the doctor's paper or his thought, but it is very fundamental in these cases.

The first duty of the homœopathic physician who appreciates the dignity of his character and the value of human life, is, to inquire into the whole condition of the patient, the cause of the disease as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution and especially the symptoms of the disease. This inquiry is made according to the rules laid down in the Organon. This being done, the physician then tries to discover the true homœopathic remedy. He may avail himself of the existing repertories, with a view of becoming approximately acquainted with the true remedy. But, inasmuch as those repertories only contain general indications, it is necessary that the remedies which the physician finds indicated in those works, should be afterwards carefully studied out in the materia medica. A physician who is not willing to take this trouble, but who contents himself with the general indications furnished by the repertories, and who, by means of these general indications, dispatches one patient after the other, deserves not the name of a true homœopathician. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper, and is obliged to leave this homicidal dabbler. It is by such levity as this that true homœopathy is injured.—SAMUEL HAHNEMANN.

A TISSUE REMEDY—*CALCAREA SULPHURICA* AND ITS RELATION TO THE NOSODE *PYROGEN**

ELIZABETH WRIGHT, M. D.

I wonder how many of you, if you were asked to give the names of the nine Muses would remember them, or the Seven Wonders of the World, or even the Seven Labors of Hercules, or the seven jobs of Dr. Roberts—but I am sure that all of you would be able immediately to give the 12 Tissue Remedies, so I won't repeat their names to you.

The very caption, "tissue remedies" is a moot point because it is not an exact statement and I will take one of our last precious minutes to comment on it. Of course a tissue remedy means a remedy which appears "as is" in the tissues of the body. Other remedies than these twelve appear in the tissues of the body, and, moreover, the term "double salts" which some people apply to them is not correct either. One of the tissue remedies, as you know, is *Silica*, which is silicon dioxide, not a double salt, but an oxide, and therefore the term "tissue salts" is incorrect. I don't know what would be the purist's term for these substances.

Of these twelve the one that I have been asked to speak about is the one which is the most questionable, it appears in only one of the tissues of the body, namely the bile, and it does not always appear there according to Bunge, the physiologist. In the second revision of his book, Dr. Schuessler leaves out *Calcarea sulph.* entirely and divides its symptoms between *Silica* and *Natrum phos.*, but notwithstanding, for general purposes, it is included as one of the twelve tissue remedies.

It would be interesting if our materia medica could have provings of all the substances which compose the body, as remedies. We do have some of the complicated ones. For instance, lecithin, and cholesterin have been partially proved, and some day when Dr. Stearns increases his Foundation for Research perhaps we shall have them all developed in provings.

I will not tell you the very interesting percentages of each of these different tissue salts which Bucher has worked out as

*Read before I. H. A., June 1928, Bureau of Materia Medica.

appearing in 1000 grams of blood cells and 1000 grams of plasma because my remedy *Calcarea sulph.* doesn't appear in either one as I told you, coming only in the bile. Also, as time is short I will leave out the summary of Schuessler's explanation for his system of bio-chemical therapy which I was going to bring up in connection with this remedy.

The remedy itself was mentioned long before Schuessler. Hahnemann stressed the importance of a number of the inorganic cell salts as he called them, proving *Calc.* and *Natrum mur.*, and *Kali mur.* Stopf in his *Archives* in 1832 spoke of the great importance of the essential components of the human body as homœopathic remedies, and Hering and von Grauvogl both spoke of these remedies. In 1873 Schuessler brought out his *Physiological Function Remedies* as he called them, which is perhaps the best title of all for them.

Calc. sulph. itself is rather imperfectly proved. It was proved by Hering and by a Dr. Witte in 1847 and best by Dr. Conant in 1873 (*Transactions of A. I. H.* for that year) and subsequently by an unknown lady, and then by an eclectic physician, very recently. *Calc. sulph.* appearing in the body in bile, if one took stock in the Doctrine of Correspondences might seem to be a liver remedy. What there is of the provings shows no particular connection there; but that is an interesting point to hold in mind and to check up when it seems to apply to cases.

The relations of this particular double remedy are very interesting. In Hering it appears as compatible after *Kali mur.*, *Natrum sulph.* and *Silica*, and compares with *Calendula* and *Hepar*. In one other place I found that it was compatible after *Belladonna*. That is all the relations that are given for it officially, although Schuessler himself states that it will antidote *Mercury* and some of its effects and also in high potency it will relieve the effects of gross poisoning by quinine.

Calcarea sulphurica, according to some, stands mid-way between *Hepar* and *Silica*; according to others it is even deeper and should be given after *Silica*. This of course is chiefly in the realm of boils and pus conditions.

Unfortunately not all our homœopathic vegetable remedies have been analyzed chemically in order to see what their inorganic constituents are, but some few have been. Of those that have been, there are four in which *Calcarea sulph.* has been found, *Ailanthus, Apocynum, Asafœtida* and *Phytolacca*. That seems a strange four, but you remember how excellent *Phytolacca* is in boils. That may be due to the amount of *Calc. sulph.* in it; *Asafœtida* contains 6.2 of *Calc. sulph.* That is interesting because *Calc. sulph.* also has caries of the bones and has a more marked mental symptomatology than I had thought of its having before I began to study it, which again may go with the *Asafœtida*.

Calcarea sulphate is, as you know, the same as gypsum plaster of Paris, another form is alabaster. *Hepar* is the sulphide of lime; *Calcarea sulphurica* the sulphate.

According to Schuessler, the role of *Calcarea sulphurica* in the liver is to destroy the old red blood cells by abstracting water from them and when *Calc. sulph.* is deficient these clogging dead blood cells stay in the organism; when it is doing its work they are thrown out in catarrhal discharges.

Just as a matter of amusement I took the Kent *Repertory* and went through for all the symptoms of *Calc. sulph.* which stood in the third or highest degree, under MIND and GENERALS and I found that in those two sections in the third degree there were twenty symptoms and in the second degree there were forty symptoms in our entire mind and generals. That shows you how slightly proved the remedy is, and how little is known of those two most important departments of it.

It is very interesting in any remedy which has two distinct elements as this one has—the calcium and the sulphur—to see which is so-to-speak dominant, and which recessive, and what symptoms can be hitched up with each side of the combination. In this instance I think the honors go to the sulphur. Of the great mentals and generals more than two-thirds are like sulphur and but one-third like calcium. Some of the chief mentals are irritability, anxiousness, capriciousness, aversion to company, contradictoriness and obstinacy, fear of death and evil and insanity, and other fears, and timidity, a craving for stimulants, an irresolution which is a marked feature, (it is a mental irresolution in *Calc. sulph.*) and a taciturnity, and also a maliciousness. The number of remedies that have a real maliciousness mentally

are relatively few, and very interesting to think of. Every now and then we get a patient that we know must have that symptom.

Going into the generals, the generals of *Calc. sulph.* are quite interesting. It is both a warm and a cold remedy. In other words it stands three for heat and two for chilliness in the *Repertory,* and it may swing either way.

It has one interesting modality in that connection which is that it is much better uncovered, and there is one of your differentiating points between *Calc. sulph.* and *Hepar* because, as you know, *Hepar* is worse uncovering. *Calcarea sulph.* has however complaints after becoming cold; it has also complaints from washing, and complaints from working in water which you would expect from the *Calcarea.* It is worse from exertion and particularly averse to motion. It is a lazy, indolent, good-for-nothing remedy in one mental phase. Also it is worse from overheating, and from standing, as you might prognosticate from the *Sulphur,* worse from the warmth of the bed, and worse from wraps and from a warm room. It has a curious and perfectly definite modality of better from eating, not only at noon, but at all times. It also takes after *Sulphur* in that it is a great remedy for suppressed perspiration and the evil effects of it. It has a marked craving for acid fruits and pungent vegetables. The symptoms are rather more right-sided than left-sided, although it is not one of the strongly right-sided remedies. I will skip over most of the particulars, some of which are very amusing. One of the main spheres of its action is the respiratory, where it is relatively little known. It has coryza, often inveterate, of the right nostril, slightly acrid and fluid, sometimes alternating, the right nostril being worse in the morning, and the left in the evening, and *vice versa,* one stopped and one flowing. Also in regard to the respiratory tract, it has one great use which is hard to find in the books but which I have seen demonstrated clinically, it helps close up fistulous openings in the chest after empyema, in those sinuses that our "regular" friends paint with methylene blue. *Calc. sulph.,* if the symptoms agree, will do wonders in healing up such a sinus with granulations from the bottom.

There is an interesting thing in regard to *Calc. sulph.* in

hair-lip and cleft-palate. Duncan in his little book *Acid and Alkali Children* speaks of a number of cases in which women have borne hair-lip and cleft-palate children; one case had had four and another eight, in all of whom that had been present. Duncan got to thinking about it, wondering what he could do. He had had these women on what he thought were their constitutional remedies, still the babies kept coming with hair-lips and cleft-palates, and finally he went back to embryology and found that that abnormality occurs prior to the third month in gestation; he found it was a bone deficiency, decided that it must be a lack of some of the calciums, and the question was, which one.

In the particular case he then had in hand the mother was a *Sulphur* patient very clearly, so he thought he would try *Calcarea sulph.* empirically for the mother at her next pregnancy and see what he could do in the way of obviating hair-lip. He gave her *Calc. sulph.* over seven months of pregnancy. She bore her fifth baby, the first who had not had the condition. He repeated it in three other cases while the baby was *in utero,* and the child was born with no hair-lip. There are many possibilities of a slip betwixt that cup and lip, but it is an interesting field and the whole subject of possible prescribing for the development of a child *in utero* is opened up by it.

Another great sphere is in women's diseases, in bringing back suppressed leucorrhœa, in getting rid of menstrual difficulties and also in fibroid tumors of the uterus. But the greatest sphere of *Calcarea sulph.,* probably, is upon the skin. Where wounds don't heal, where bruises are neglected, where boils keep coming in crops, where there are abscesses, often painless, in the anal region; where there are fistulæ of any kind, *Calcarea sulph.* is one of the remedies to be particularly thought of.

That gives you an idea of the high spots of *Calcarea sulphurica* itself.

Now as to the rest of the title, *Calc. sulph.'s* relation to some of the nosodes: it is given in some of the books, notably in Kent's, as one of the great remedies for those cases where the seemingly indicated remedy does not act, for those cases which need to be followed up with a deeper influence and is classed

with *Tuberculinum* and *Psorinum*. The particular nosode I wanted to point out certain resemblances to, is *Pyrogen*. At first sight I didn't know myself how I could do it, because they are so different in so many ways, but as you go through, comparing the two, you do see certain striking similarities in usefulness. *Calcarea sulph.*, for instance, is one of the rare remedies which has hilarity in its mental make up—it is quite refreshing to see one that is not despondent—particularly toward twilight, at 6 p. m., and *Pyrogen* also, in its first stages, together with loquacity, has great gaiety. Moreover, of course, *Pyrogen* has the tendency to septic abscesses, and is a magnificent remedy for crops of boils which can be traced back to prodromes of blood poisoning in the past; also in peritonitis, if one has the temerity to prescribe before sending for the surgeon *Pyrogen* will often be called for, and *Calc. sulph.* where there has been a vent for the pus and where it keeps forming and coming in large quantities long beyond the time when healing should be present.

Also there are certain respiratory analogies between *Pyrogen* and *Calcarea sulph.* For instance they both have lung abscess and some of the many symptoms agree fairly well, and the one, *Pyrogen*, has a strange keynote "as if the heart pumped cold water," whereas *Calcarea sulph.* has "as if the bronchial tubes were pumped full of hot water." They also have in common a slight symptom of the head—the sensation of a cap on the head.

A word about *Pyrogen*. It ought to be called the Briareus of remedies, (he was the gentleman who had a hundred hands); your *Pyrogen* patient will lie terribly sick and feel as though he had hands all over the bed. It has been called the *Aconite* of typhoid, it is *Baptisia* with a very high fever, it follows *Rhus* often and carries through its work in other cases where there is great rattling of the chest, it may follow *Antimonium tart.*

It has been called the animal malaria. I won't take your time to give any further symptoms of *Pyrogen*, but when you find cases in the spheres of the respiratory or the gynæcological or the dermatological diseases which have any of these symptoms, think of these two remedies.

BOSTON, MASS.

DISCUSSION.

DR. STEARNS: I am interested in the reference to the presence of *Calcarea sulph.* in *Phytolacca*. Recently I had an experience with a young man who has had sinusitis for three years and been under constant treatment of a specialist, and his right side was bothering him so much he had a constant discharge of pus, he had the sinus open, it was still discharging; he had no appetite, he lost a great deal of weight and he was a pretty sick young man. I worked out his remedy in a special test, and quite a number came through, so I questioned him as to his first symptoms. He started with a right-sided sore throat, he couldn't remember much except it hurt him very much. I asked about the modality, cold drinks or warm drinks. He said he could remember liking cold drinks. Then I read over the throat symptoms of *Phytolacca* and he at once popped on one. He said, "That is just the way I felt." I gave him that. He came back in a week. He had gained four pounds that week, his appetite had come back, but about the third day the left side of his face began to swell, the roof of his mouth swelled, he was in great pain. He went to his nose man, who punctured the antrum and got a lot of pus out, and that was the end of the trouble. He has been perfectly well from that time on, excepting a slight recurrence about four or five weeks after when he had a little earache and I made this same experiment again, and he got another potency, one dose, and that was really the end of the case.

DR. CLARK: I had a patient who came three or four months after a pneumonia and said he had had a discharge on the left side for the last three months. On injecting the solution to take an x-ray of it, it came out through his mouth, showing an opening in the bronchus and clean through the chest. It was one of the first times that I had given *Calcarea sulph.*; he wanted to be outdoors, he wanted to be in the air, he wanted everything cool, contrary to *Hepar sulph.* which I ordinarily would have thought of in that suppurative condition. I gave him *Calcarea Sulph.* 6M, three or four times, then waited. In three days and a half that sinus was healed up, the sputum that he was expectorating had stopped and his temperature which had been 99 1-2 was normal and he was practically well.

DR. OLDS: I want to commend this paper and remark in regard to that symptom of wishing to eat frequently, of relief from frequent eating, that I cured what appeared to be an ulcer of the stomach thanks to that keynote, the other symptoms agreeing.

DR. STEARNS: May I say a word that does not directly apply, but may be useful? The paper recalled to my attention that Boericke and Tafel are making up for me a complete set of the elements. You may want to get them.

DR. WRIGHT: I might point out that two of the symptoms Dr. Stearns says his *Phytolacca* case had, are also *Calcarea* symptoms, the swelling of the right side and the palate. I was very much interested in Dr. Clark's case, and I think it is quite striking that another case so similar to the one which I saw should have been healed up that way.

CHAIRMAN UNDERHILL: I think many times we don't appreciate the breadth and depth of action of nosodes and double salts. In speaking of *Ferrum phos.* Kent said: "It cannot be less than the *Ferrum* and the *Phosphoric acid* that compose it," and a similar statement can undoubtedly be made of all the other double salts. Dr. Wright called your attention to the strong resemblance between *Calcarea sulph.* and *Pyrogen* in the tendency to form abscesses and general septic states, *Pyrogen* being more violent in the manifestations.

Dr. Thacher in his paper on *Tuberculinum* which he prepared for this bureau points out that *Calcarea phos.* and *Tuberculinum* are very similar indeed.

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The action of drugs on the living organism is a positive action, never a mere negative one. If not in the curative direction, and it can never be if the similarity of its characteristic effects to the characteristic phenomena of the disease be wanting, it must be in some other, and that of necessity more or less an opposite one, and therefore hurtful. The extent of this pernicious action will be conditioned by the susceptibility of the patient, and the quantity and repetition of the doses of the drug. The first element of this condition will vary much in different diseases and in different examples of the same diseases. This difference is determined by, and is the result of, that newly created susceptibility to drug action which ever arises with the first results of the action of the morbid cause.—P. P. WELLS, M. D., 1865.

THE SYMPTOM EQUATION IN THERAPEUTICS*

PHILIP RICE, M. D., F. A. C. S.

That evidence of disease, symptoms, has constituted the working material of physicians since the beginning of medical history must be admitted; every work on the subject of disease and its cure confirms this. And this being true it is no wonder that many even now have difficulty in thinking that anything aside from symptoms can possibly interest a physician as a physician. I recall an article which appeared in a medical journal some years ago in which the author vigorously maintained that removing of signs and symptoms of disease constituted the legitimate and sole duty of the physician. This contention, I suspect, most physicians will support, especially those who consider themselves the Simon Pure among the homœopathic physicians. For them the symptom record of the materia medica is the compendium of all that is requisite for the cure of disease; and this, as we all know, is but a compilation of effects of functional disturbances.

Now the question: Is such a contention sound? In my opinion it is not only unsound, but a gross fallacy, a fallacy with far-reaching and serious implications. No one who has had any experience with the use of the homœopathic remedy questions its power to remove symptoms under certain conditions; but who can fail to see how utterly impossible for it to establish harmony in the functions while there is a lack of balance in the anatomical correlations characterized by a 25 per cent deficiency in the thoracic development and a 25 per cent excess in the abdominal. That there are those among our membership who do expect such miraculous results from a remedy selected on the basis of certain subjective symptom indications is an incredible fact. For a physician to say that such a defect in the organic equilibrium is of no importance, that it can be safely ignored when prescribing for a patient suffering from circulatory disturbances, for example, is enough to disqualify him to practice medicine. In so far as he engenders confidence in patients he becomes a blind leader of the blind. A morphologic state of this character causes (as

*Read before the Connecticut Homœopathic Medical Society.

physiology makes abundantly clear) an arterial deficiency, on the one hand, and a venous and lymphatic excess, on the other, with profound consequences in the intimate composition of the cell. Knowingly ignoring so fundamental a factor cannot possibly be justified by any physician making any claim to being scientific in his work. *Carbo veg.* is a remedy which will frequently do much to give temporary relief in such a condition, but it is manifestly absurd to think that it has power to correct the imbalance in the structure and so remove the root-cause of the difficulty. Too often has such been the faith in the efficacy of the indicated remedy, and too often has discredit been thus brought on the great principles of *Similia* and on the great achievements of Hahnemann and his immediate followers.

The idea that predisposition and susceptibility are products of an error in the morphologic state is no longer questioned by any who have taken the trouble to look beyond effects into the field of causes for an explanation of their origin. And in these researches it has been discovered that such states are the product of irregularities in the processes of growth and development during the early years of life. The result of such irregularities are excesses in some organs and parts and deficiencies in others, with corresponding excesses and deficiencies in function. In the early periods in all but the rarest instances these conditions are entirely free from evidences of disease, or if any are manifested they are of a transient character. Hence the belief that a physician need concern himself with symptoms only will lead him, as a consequence, to neglect one of his most important duties, namely, to aid in the guidance of life's processes during the formative years of the individual. No helping hand is given the growing child that he may reach a normal maturity. He is permitted to go from one stage into another unaided, or such aid as is given is likely to be futile if not actually injurious.

The value of symptoms depends less on their acuteness or character of modality than on their cause and origin. This is disputed by some. In my opinion they are in error. Very frequently very acute symptoms, with peculiar modalities, are exceedingly transient in character, disappearing without treatment of any kind. Note I am not saying they are valueless. At times

they are of tremendous importance, serving as the only guide to the selection of a remedy in an acute condition; but even then they may be of no use whatever in pointing to the real cause of the trouble. In no way can they be classed with those that arise from an irregular process of unfoldment of the organism during formative years. These latter, being the reflection of an actual structural state, are distinctly more deep-seated and important as guides to the real seat of trouble. Usually, however, they are so insidious in their development and so mild in their character as to go unrecognized for months and even years.

The real problem which a patient presents to us is, not what are his symptoms, but what is the structural condition from which they arise. We assume, at least some of us do, that an aggregation of symptoms leads to a knowledge of the causal condition. We were taught in Logic that "that which cannot be conceived by another thing must be conceived by itself." Can a symptom be conceived by itself? Obviously not, for aside from the condition of its origin it has no existence, hence is inconceivable. It is but an effect. Moreover, we were also taught in Logic that a knowledge of an effect depends on and involves a knowledge of its cause. This being true it becomes clear that taking note only of effects makes a knowledge of cause quite impossible. A pneumonic process is a cause of symptoms; but such a process will produce *Bryonia* symptoms in one patient and *Phosphorus* symptoms in another. The question is, why not *Bryonia* symptoms in both, or *Phosphorus* symptoms in both? The infection may be the same in both, and so with the pathology. It is admitted that with no other knowledge than that of the cardinal symptoms of each drug the appropriate remedy may be selected; but this is by no means all we are expected to know how to do. Unless we are able to explain the *modus operandi* of the morbid process which produced *Bryonia* symptoms in one and *Phosphorus* symptoms in another we are quite ignorant of what has taken place.

On the history and subjective symptoms *Sulphur* in various potencies had been given to a child recently referred to us. There was a long history of colds, bronchial and pulmonary inflammations, suppurative otitis media with mastoiditis ending in two

operations, tedious recovery from acute illness, etc. The remedy had been carefully worked out with the aid of the repertory and with the expenditure of great energy and time. On the basis of the symptoms alone it seemed entirely appropriate. Yet the results were entirely nil; and for the reason that they gave no indication of the real trouble, the causal condition. The morphological examination alone was able to reveal this, and such an examination had not been made. When this was made we found a morphological combination which resulted in a high degree of lymphatism, which on the remedial side of the problem called for *Ferrum phos.*, for certain acute symptoms and later for *Calcarea carb.*, and on the hygienic side for increased pulmonary activity and a radical change in diet. The administration of these gave gratifying results.

But this they would not have been had we confined ourselves in the treatment to the use of medicines only. Failure to have corrected the morphologic condition from which all the symptoms arose would have resulted in but transient effects from the remedies. This is something which frequently occurs in practice. When it does occur we are told to change the potency or give the complementary remedy; and it is admitted that sometimes this avails. But surely no one will defend the trial-and-error method as being a scientific method. The results may be satisfactory to a patient, but they can not be to the scientific physician. Unless he is able to explain the process by which the results were obtained he is conscious of the fact that he is ignorant of the most salient features in the case. Describing the repertorial method by which the remedy was selected, albeit it proved to be the *simillimum*—is entirely beside the question.

In the case of this little patient three things were decided on, and each was based entirely on what the morphological examination revealed. First, we gave a few doses of *Ferrum phos.*; next, liberal doses of oxygen by way of deep breathing exercises; and lastly, changed the diet with the aim of reducing the lymphatic out-put and correcting the intestinal stasis. It was a clear case of lymphatism plus venous plethora. Everything necessary for the successful treatment of the condition was revealed by a study of the child's morphology, even to the selection of

Ferrum phos.; and nothing could have been more gratifying than the results which were obtained. The fundamental cause which gave rise to the special predispositions and susceptibilities were the result of irregularities in the growth and development. There were certain excesses on the one hand and certain deficiencies on the other. This of necessity resulted in inequalities in the vital processes and inharmonies in the functions. That harmonious proportions between various organs and parts of the body are essential in order to have harmonious functions certainly cannot be a difficult matter to understand. Yet this feature of the case was ignored entirely; in my opinion, an utterly unpardonable blunder.

The time has come when we must realize that end-results, symptoms, both subjective and objective, cannot be separated from the conditions in which they originate and to which they are, therefore, intrinsically related. Indeed, for the good of the school we should have realized this long ago. Symptoms are not entities, self-existent and independent; and to be content with merely accumulating, segregating and classifying them, whether they be the product of disease or of a drug in an experiment, with the idea that they are all sufficient for a scientific materia medica is incredible folly. Such an idea is equal to declaring the inutility of a knowledge of the factors and laws of being.

We have a child under our care at the present time that had a 42 per cent deficiency in thoracic development when she was first brought to us. Yet extreme as was this deficiency not a single physician in whose care she had been during her eleven years of life ever gave the slightest heed to it, or gave any evidence that he realized the baneful influence this had on her mental and physical development. Besides prescribing medicines and special diets to overcome her extreme malnutrition nothing was done. How can one with a *modicum* of knowledge of physiology imagine for a moment that the metabolic rate could be normal with a 42 per cent deficiency in oxygen supply? And not only were all the thoracic organs small, but they were insufficiently energized because of a deficiently developed nervous organization. How fatuous is a method of treatment which ignores such important and basic factors!

We must come to understand that the human organism, as a mechanism, is the paramount problem, and that what occurs in it in the way of function, either normal or abnormal, is merely the effect of the urge of the thing we call life acting in and on matter, now in a way we call health, and now in a way we call disease. The character of the result, function, depends entirely on the character of the conditions in which the processes originate, since these determine the mode of their evolution. Hence if we really aspire to progress, and hope to some day place medicine on the sure basis of science we shall have to elevate and extend the mission of the physician. "It is required," as Prof. DiGiovanni has well said, "that the scientific foundation of the general medical clinic should be the natural sciences." That is to say, medicine should not be divorced from the fellowship of the natural sciences. That it has been is clearly shown in the long history of doctrinal failures, and that it is not as closely affiliated with them even at the present time as it should be is shown in the unsatisfactory state of medical therapeutics. The foundation, in a word, of our science must be those principles which pertain to the morphology of living human organisms since it is living functioning organisms that are true objects of our study.

NEW YORK.

A homœopathic prescription, as we have defined it, is a deduction from a generalization, which has been established from induction from a multitude of instances. This is the law *Similia similibus curentur*, in accordance with which the remedy is selected, under the three requirements that we have specified. So well established is this law of nature, that if we are so fortunate as to be able, in any given case of disease, to comply closely with those requirements, and particularly with the second, we may with certainty predict, and with confidence await, the favorable result of our prescriptions. Such certainty of foresight and such confidence it is our great object to attain, and nothing but a scientific method can afford them.—CARROLL DUNHAM, M. D., 1865.

CLINICAL EXPERIENCES*

BENJAMIN C. WOODBURY, M. D.

In choosing this title for a paper on clinical cases, I am doing so only too well aware that it was the oft-used subject of many of the papers of Dr. E. E. Case, late of Hartford, Conn., and the subject of what has been considered one of the finest single contributions ever made to homœopathic literature.** This is saying a great deal when we consider the possession of such classical works in homœopathy as Jahr's *Forty Years' Practice*, the writings of Bœnninghausen, T. S. Hoyne's *Clinical Therapeutics*, Nash's *The Testimony of the Clinic*, Raue's *Homœopathic Clinics, et cetera*, yet it is probably none the less a fact. In his comments upon Dr. Case's last paper given at the International Hahnemannian Association (*Trans. for* 1918, p. 224) the chairman of the discussion thus remarks:

As I have pointed out before, the value of Dr. Case's papers is beyond computation. If all that he has reported were published in book form, we would have one of the most valuable clinical records in our literature. There is no better practice for a student than to study the reports of his cases and hunt up the remedy with materia medica and repertory.

Dr. R. E. S. Hayes (*Homœopathic Recorder*, Vol. XLIII, 6, 322), writing editorially in the Department of Homœopathic Philosophy, has spoken of him as "A Homœopathic Titan". Titanic he was; one of those personalities "of majestic forms with something of the sweep and mystery of those figures you may remember out of Ossian and his misty mountains"—all this with respect to his grasp and comprehension of the Hahnemannian principles; with a hand which Dr. Hayes describes as "mighty, not in size but in formation . . built for grasp and leverage, a perfect outward symbol of the mind for which it did its bidding. The acuteness and understanding of his observing faculties *were well matched* by the certainty of his conclusions and the way between was short and quick indeed. With that he seemed also to carry something like the prototype of the *Organon* in his system even to the fingertips, a quick and practical logic in all his

*Submitted to the I. H. A., June 1928, Bureau of Clinical Medicine.
**_Clinical Experiences_, The Emerson Pub. Co., Ansonia, Conn., 1916.

clinical work." Such a Titan was Dr. Erastus E. Case. What pygmies are most of us, dwarfish, undeveloped, creeping about in our little mental morasses, and viewing as far stars the little efflorescences of our own vain imaginings! So would I vainly title my little screed with the ex-captions of the great Dr. Case's claim to fame, and, if we may so ascribe it, to homœopathic immortality, did not lie in his assumptions but in his modesty and self-effacement. Such were some of his qualifications. I would therefore, ask pardon for using this title were it not for the fact that it is one that better expresses than almost any other just what we mean when we report the verification or confirmation of the similar remedy. It is its confirmation clinically that counts, by reason of the fact that this, more than any other, must of necessity be the clinical age in homœopathy. We have had our periods of out-blossoming in respect to provings; we have had our first wave of confirmation, with its increment of clinical symptomatology: it now remains for us to build anew confirmatory evidence of the materia medica in its separate clinical unities. This era we are about entering. It is fraught with high hopes, and it will represent the real testing of the validity of Hahnemann's doctrines. It is the age of the Hahnemannian. Let us enter it with all due respect and the enthusiasm of those pioneers who bore aloft the Crusader's cross in the first century of the post-Hahnemannic era.

Case I—The Stop-Spot of Action

Here again, we take leave of the nomenclature of the illustrious Burnett, in the use of this term so expressive of the therapeutic range of the indicated remedy.

The stop-spot of the action of a remedy, writes Burnett (*Curability of Tumours*, p. 30) is that spot in the morbid process beyond which it cannot go. Thus in the treatment of nail-pneumonia by *Phosphorus*, the action of the *Phosphorus* is spent or stopped at the spot where the nail is; the nail is the stop-spot. In microbic pneumonia the stop-spot is where the microbes are operative.

We have, therefore, in the range of drug-action to consider whether it is co-extensive with the range of the disease-action,

and so reaching to the end, having been coincident from start to goal, or whether it only goes a part of the way. If it only goes a part of the way I call the place where it ceases the stop-spot, or the spot where the action is stopped or becomes spent.

As a case illustrative of this stop-spot of action, let me cite that of Mrs. H. H., aged (now) 44 years, who from Feb. 16, 1923 until March, 1928 was under my care for a complex of symptoms which was of doubtful import, as she had been, as she stated, "under doctors and doctors". The upshot of the whole matter was that, after careful examination physically, x-raying, urinalysis, etc., she was considered for the most part negative. Her symptoms, however, persisted, yet were ever under the control of the remedy which, according to the Kent method of repertorial analysis, showed plainly as *Sepia*. This remedy in varying potencies held her until late in the year 1927, when she had a return of cramping pains in the right hypochondrium, of spasmodic character, and localized over the region of the gall-bladder. She was seen at this time by Dr. Alonzo J. Shadman, who attributed most of her difficulty to adhesions from an old appendix operation. As her chronic remedy had apparently run itself out, and as *Magnesia phosphorica* which, in acute pain had been a sheet-anchor, no longer relieved, it was now clear that we had reached the stop-spot of remedial action, at least along these lines. No opinion as to the possibility of gall-stones had ever been advanced to my knowledge prior to this combined examination, and Dr. Shadman was himself sceptical as to the presence of gall-bladder concretions, although he professed his willingness to investigate when the patient was under operation for the old intestinal adhesions. When the abdominal network was unmeshed, and attention was directed to the region of the gall-bladder, a large and elongated viscus was palpated, filled with the usual variety of stones of differing denominations. The now-no-longer-useful organ being removed, and the toilette of the abdominal cavity having been completed the patient was returned to her bed, much the better for the removal of her hepatic appendage, but rather the worse for the wear upon a delicate organism. A certain amount of shock was evidenced in the case by persistent vomiting, and pallor, with extreme nausea and

vertigo on the least motion, evidently shock combined with ether intoxication.

Magnesia phos. true to its former serviceability to her relieved the abdominal pains somewhat, but was not deep enough for the systemic shock. Now begins the stop-spot of surgery and the extension of remedial action. The usual abstinence from water, prone position, cracked ice, *et cetera,* were resorted to without avail, and finally, in the evening of the operation, some ten hours later, her symptoms presented as nearly as possible to our mind definite indications for a remedy. This remedial agent was *Veratrum album* which she received in the one thousandth potency (dry) of Boericke and Tafel. She was given the usual *Placebos* administered in similar cases for the edification of the attending nurses, and by midnight she was reported as being greatly relieved. The patient made an uneventful recovery and in two weeks was able to return to her home in Maine. The end-to-end anastomosis of medicine and surgery in this case, once completed has continued without interruption to the present time. The patient eats well, works hard, plays golf, bridge and other games, keeps well and continues to send me patients. In cases of this sort surgery is an unmitigated blessing, but its action once completed, it makes a graceful exit from the scene, leaving the stage to the time-honored protagonist—medicinal therapeutics.

Case II—Syphilis (?)-Arteriosclerosis

In July, 1928, Mrs. L., aged 67 (approximately) applied to the Union Rescue Mission Medical Clinic for treatment for an obscure complaint. She had been treated by no less eminent a practitioner than the late Dr. Abner Post of Boston for her chronic conditions, which had by some other physician been denominated as syphilitic. Dr. Post questioned this diagnosis, and thereby gave the patient a good deal of reassurance with regard to the future state of her health. In due time her good doctor having died, and having tried many physicians in Boston, in New Hampshire, and elsewhere, she sought out the Mission Clinic in the hope of some relief if not cure of this chronic complaint. To abbreviate what might otherwise prove a long and

wearisome recital, the patient was given at first (erroneously as it afterwards proved) *Secale cornutum,* mostly in the 1M potencies. To the criticism of Dr. Case (*Trans. Inter. Hah. Association,* 1918, p. 222) regarding his choice of *Carbo veg.* instead of *Secale* in a case of "moist senile gangrene of the toes, with burning pains, made worse by heat", the question being asked why the former instead of the latter remedy was prescribed, the doctor replied that "It was because the patient was plethoric, full of sluggish venous blood, a *Carbo vegetabilis* constitution, while *Secale* is better suited to 'thin, scrawny people'." This question might perhaps apply to the case of Mrs. L., as the *Secale* seemed to be indicated by certain areas of anæsthesia of the feet, which was associated with intense burning, with an external coldness, but with relief from cold, particularly such as seen in the characteristic modality of putting the feet out of bed, or otherwise uncovering for relief. With this there was marked thirst, and meagreness of the appetite, together with a good many generals that threw their weight on the side of *Sulphur,* she was given the latter remedy with the most immediate and satisfactory amelioration of all these trying symptoms. The 1M potency of this polycrest produced the most lasting and deep-seated change in all this patient's chronic states. She does not know the whys and wherefors of homœopathic action; she does know its searching probity in a deep-seated and long-lasting complaint.

Case III—Enlarged Tonsillitis

B. P. N., a boy of 11 years, introspective, with long-lashed, searching eyes, had successfully weathered an attack of diphtheria (when he was under the care of the late Dr. Samuel A. Kimball, responding admirably to *Lycopodium*), later went through an attack of scarlet fever under *Belladonna,* followed by *Sulphur.* He was seen May 26, 1923, when he manifested the typical enlarged tonsil-adenoid complex, with slow progress at school, and twin tonsils so hypertrophied as to admit with ease (were one to try the experiment) nothing larger than a small quill between them. He was troubled with itching of the rectum, marked desire for sweets. The left tonsil particularly was enlarged. Pupils dilated. Cervical adenitis, especially left. Talks

with a nasal voice. Sensitive to both heat and cold. Lacks endurance. Takes cold easily. Easy suppuration from cuts. Thick or thin, yellowish or whitish discharges at different times from the nose. Dizzy at night. States that his body feels like a sponge. He was given at this time *Tuberculinum bovinum* 1M. June 26, 1923, he reported by telephone, and his voice sounded much less nasal, and his nose had apparently much less stuffiness. Oct. 25, 1929, he was greatly troubled with itching of the rectum, and at this time, he was given *Cina* 30. Oct. 29, 1924, he was examined and given an exemption certificate from vaccination, on the grounds of his physical examination, family and personal history. He still manifested marked cervical adenitis, was underweight, over-tall, rapidly growing, but the left tonsil which had been so markedly hypertrophied, was decidedly smaller. October 19, 1924, he developed a sore throat, the first for some time, which began in the middle of the throat. He was alternately chilly and hot, with drowsiness and lack of thirst. He received a dose of *Gelsemium* 1M dry. Temp. 100.6, P. 112. Nothing remarkable was noted in the history of this boy until May 20, 1926, when he reported with ivy poisoning, to which he had previously been subject. There was particularly itching of the palms, and a general aggravation at night. He received *Anacardium* 1M Sept. 13, 1926. He reported with an acute cold, with temperature and a stopped nose. Tonsils were a good deal reduced. He was given a dose of *Tuberculinum bovinum* 10M.

No further reports show on my records, but I have seen this boy once and have heard from his mother in regard to his condition. I gave him a health certificate upon admission to a private school, with another vaccination exemption certificate, and when examined at this time, the passage to his throat was within nearly normal limits, and his adenitis was remnant only of that of his former ill-conditioned state. This lad has profited greatly through adherence to as careful prescribing as I have been able to give him. I feel from this experience, and some similar ones, that I am quite in agreement with Kent when he states that:

If *Tuberculinum bovinum* be given in 10M, 50M, CM, and MM potencies, two doses of each potency at long intervals, all children and young people who have inherited tuberculosis may be immuned from their inheritance and their resiliency will be restored. It cures most cases of adenoids and tuberculous glands of the neck.

May not this be cure, if not *secundum artem*, cure according to law?

Case IV—Rectal Fistula

William L., age (approximately) 30 years. Prominently psoric in diathesis, through the recommendation of relatives applied to me for treatment of a very troublesome rectal fistula. He was classically *Silicea*, even to the tendency to suppurations from slight injuries to the skin, chronic foot-sweats, chronic constipation with incomplete and unsatisfactory stools; and he had other characteristics which would mark the *Silica* patient anywhere. He was given *Silica* 1M, and *Sac Lac* sufficient for one month. He was directed to report. Like many another cured and satisfied patient, he did not return, and in fact it was fully three years before I learned through his sister-in-law that he had not reported to me, as he had no need to resort to further medication—the old-standing and troublesome complaint had been straightway and promptly cured, and had so remained. The exact data on this case are not at hand, as the record has been temporarily mislaid. The fact of his prompt recovery gives one a sense of satisfaction in some of those seemingly indifferent patients, who, seen but a single time, go hence and are seen no more. As proved by this man's experience, some of them at least receive prompt and lasting cure.

Thus we go down our individual ways, here a little, there a little—adding our iota to the great clinical experiences of the school of Hahnemann.

My oft-consulted copy of Burnett's classic above referred to, *The Curability of Tumours*, contains the following terse annotation by the late Dr. Charles Cochrane of Winthrop, Maine. States Dr. Cochrane (written in his well-integrated chirography): "Burnett seems to have been very happy and fortunate in his prescriptions. I doubt if another could have as much success."

Dr. Cochrane was himself no mean prescriber, and was certainly a devout exemplar of the rationalism of Burnett which

teaches us that even in the face of incurable disease the "physician must be firm, and not allow himself to be sneered or jeered away from his duty, but always *try to cure everything;* I do not mean *pretend,* but try. Many a clinical battle have I fought *and won,* although the winning had been previously proved to be impossible."

Such was the *elan* of our distinguished European colleague, James Compton Burnett. Today in England, the Compton-Burnett Professorship of Homœopathic Practice, held at the London Homœopathic Hospital under the tutelage of the gifted and august Professor, Dr. John Weir, memorializes the clinical zeal and therapeutic insight of this great English Hahnemannian.

Burnett, Cooper, Clarke, and their colleagues of a former era have bequeathed to us such an abundance of therapeutic treasures as should make us of the present generation, in the language of Robert Louis Stevenson, as "happy as kings".

BOSTON, MASS.

The degree of special susceptibility in the organs, in the given case, is just that which decides the next question, how much of this remedy is required to restore the lost balance of the vital forces in that case, which constitute the whole problem of cure. How can the degree of this special susceptibility to the action of the selected drug be ascertained before its administration? Simply by an extension of the same process of inquiry that resulted in the discovery of the true remedy. The result of that inquiry answered the question, *what is like?* That is, what is the drug, the action of which on the healthy living organism is most like the phenomena of this lost balance, the disease? An extension of the inquiry, *how much is it like?* when answered, determines the quantity of the drug required, this being in the inverse ratio of the similarity. And this we unhesitatingly declare to be the law of the dose as to *quantity* or *potence.*—P. P. WELLS, M. D., 1864.

LOBAR PNEUMONIA—A FAILURE—A SUCCESS

A. PULFORD, M. D.

Our 249th case of pneumonia proved a *failure* thus making our fourth *death* from this disease, all of the four being over 70 years of age. The first two were due to our own medical ignorance, the other two to serious complications.

DEATH

About six months ago Mrs. V., aged 75, was taken with an abdominal trouble, the nature of which we could not learn. Her allopathic doctor among other things gave her freely of acidophilus milk, which soon produced a persistent looseness of the bowels which he finally could not control and she lost over 100 pounds in that space of time, her normal weight being 225 pounds. At this juncture she was turned over to us. Under *Podophyllum* she was progressing splendidly until she went out in the rain and came down with a severe chill resulting in the development of lobar pneumonia affecting the lower lobe of the left lung. Just prior to coming to us she had lost a son that was the idol of her heart and not long before that her husband died suddenly, from all of which she had become profoundly despondent and told her son-in-law that she had no desire to live. Right from the start she dropped into a coma with delirium. She refused to give any symptoms and neither volunteered nor acknowledged anything. *Rhus* given on the cause and what the nurse could gather brought prompt and temporary relief for three days and then came without any apparent cause as prompt a relapse. What the nurse could collect and what we could observe pointed strongly to *Arsenicum alb.* which seemed for three days to have proven more indicated than *Rhus,* but on the morning of the 6th day at 6 a. m. without warning and with a pulse strong and regular, she lay back in bed and peacefully expired in spite of the fact that the lung previously was clearing up beautifully.

RECOVERY

Our 250th case was that of a care-taker of Toledo's most exclusive club, a man of 55 years of age, who was taken with a

severe chill, an excruciating backache and a severe splitting headache just such as might proceed the breaking out of small-pox. He was taken home and thinking it only a bilious attack the family tried out their own remedies. He got rapidly worse and on the fourth day we were called in and found a fully developed and typical case of lobar pneumonia complicated with pleurisy. The pleura dry and rubbing like two pieces of rubber scraping over each other, the lower half of the right lung and the inner part of the upper half of the same lung congested and almost solid and feeling like a heavy load in and on the chest. The case was masked and it was two days later before we could get clear indications for the indicated remedy, but they came and they came beautifully as follows: Aggravation beginning at 2 a. m., reaching its height at 3 a. m. (sun time, the time on which all our remedies were proven) and ameliorating at 6 a. m. Irritability, irascibility, quarrelsome, impatient, fearful, oversensitive, sharp stitching, cutting pains in the area affected worse on every attempt at deep inspiration, the respiration rapid and superficial, severe suffocation on every attempt to eat or drink or on every exertion, temperature ranging around 103 or 104, great thirst for cold drinks, could rest only lying on the back, head and shoulders raised, cough in double paroxysms, once to loosen the mucus and the second one to raise it, and always followed by exhaustion and weakness, sputum at first quite bloody, later thick, yellow and stringy, pulse rapid and weak, slight puffiness under eyebrows, bowels constipated, no appetite, nose plugged up with mucus, lips covered with sores, little sleep and what little he did get was full of troublesome dreams. Here was a typical case fully developed, running a normal course, a case that our good friend Dr. Frederick M. Dearborn can ponder over with profit and if it is not sufficient proof that homœopathy CAN cut short a case of fully developed lobar pneumonia let us refer him to *The British Homœopathic Journal*, April 1929, p. 204, where Dr. W. W. Rorke gives a summary of 19 cases of pneumonia not merely CUT SHORT but ABORTED by the indicated remedy. The above case gave an unquestionable indication for *Kali carbonicum*. The 30th was all we had with us. He received a single dose on May 2nd at 6 p. m. In just 30 minutes he was decidedly

easier, on the morning of May 3rd the dry rubbing of the pleura and the pains had disappeared and the improvement continued steadily for three days when it slowed up. A single dose of the cc was then given. On May 8th everything was cleared up. On May 10th we discharged him and he said he expected to return to his work the following Monday. If this is not cutting short a typical well developed case of lobar pneumonia, just what is it?

TOLEDO, OHIO.

The trinity from which we all start is first, the ego, then the force, then the form. Through the ego—the ego perceives through form, that is, the ego in itself sees perfectly, but it seems imperfectly because of the form through which we look. The perception of the ego is perfect, but it is limited by the body through which we look. Now the first attribute, the first step which force or energy takes is form, and that is the first manifestation of force. The body is formed by force, the body is, therefore, called the form-body. The greatest manifestation which we have of force in the human body is the vital force. The vital force presides over this form which we have here, and that it is to which Hahnemann appeals in his prescriptions, to the stabilization of the vital force. When you get the stable vital force you are healthy. Unstable vital force means illness, therefore the vital force manifests itself through the form-body, and is subject to the limitations of the form. The more imperfect the form-body is, the less able the vital force is to hold a stable position. Now in sickness the physical body is disordered through the vital force being disordered first. Hahnemann teaches that very distinctly in the *Organon*—the vital force is disturbed first by sickness, and the manifestation is made through the form, through the body.—C. M. BOGER, M. D., in discussion in I. H. A., 1925.

Your *Synoptic Key* is always within reach; and I have never seen a book so full of information and so easy to use, in looking up a remedy.—Excerpt from a letter to Dr. Boger.—(Adv.).

A CASE OF ASTHMA*

H. A. CAMERON, M. D.

About a year ago, a patient of mine asked me if homœopathy could do anything for asthma. I told him that cases had been reported in which benefit had followed the prescription of the indicated remedy, and he then asked me to visit a young man in whom he was interested, a former employee of his who for months had been confined to the house and for the most part to bed with continuous attacks of that disease. He informed me that the young man was quite a philosopher and a linguist, being conversant with all the works of the greatest writers on philosophy, and also being able to read and write seven or eight languages as he had been forced to relieve the tedium of days' and nights' wakefulness by reading and study.

On June 2nd of last year, I called upon this patient, and found a man of thirty years of age, undersized, emaciated, pallid, and laboring for breath, and this is the story he told me:

Has had attacks of asthma since he was two years of age: the disease developed after measles, but there is a history of asthma on both sides of the family.

The attacks are brought on or are aggravated by inhaling the pollen of plants, by tobaco smoke, by dust; are worse after a meal (on this account he must eat very little at a time); worse after a sleep, the longer the sleep the worse the aggravation, because of the accumulation of phlegm; worse in the country, on account of the pollen; worse in the Upper Peninsula of Michigan and on the Island of Mackinac, where sufferers from hay asthma go for relief; worse if he gets chilled, or if he exposes the surface of the body, even to the rolling up of the sleeves; worse from worry or anger; worse during the night; and worse from eating pop-corn or peanuts.

The attacks are ameliorated by living in a city, where there is less vegetation than in the country; better during damp weather (because of the laying of the dust); better after stool and after urination; better from sitting bent forward, from kneeling, and from assuming the knee-chest position.

*Read before the Connecticut Homœopathic Medical Society.

The narration of his sufferings revealed a life-long fight for breath, so that ill-health to him was natural. I noticed in his book-case grammars and works upon nearly every European language and primers on Samoan and Japanese. Taking up a book on Polish, I remarked that I had been told that it was the most difficult of all the Old World languages, and to this he replied, "You would find it easy after an attack of asthma".

Well, prompted by the characteristic relief from the knee-chest posture which is unique to *Medorrhinum*, I gave him one dose of the 30th potency of that remedy. One week later I called upon him, and he reported that he was very much better and sleeping well. After this he was able to come to the office, a distance of about five miles, every week, and on each visit for five weeks I noted upon his record continuous improvement. On the occasion of that visit I gave him another dose of the 30th potency, as there had been a recurrence of the dyspnœa, although nothing like what he had suffered from it all the previous winter. He was now able to return to work at which he has continued till now, working sometimes twelve hours a day. He was unable to work for about two weeks suffering from an attack of epidemic influenza last December. Excepting the remedies he then had for that attack and its consequent weakness (*Gelsemium* 200, *Lycopodium* 1000, and *Arsenicum* 200) and one dose of *Mentha piperita* 30, which was given, with relief, to overcome the bad effects caused by the tobacco fumes which clouded the air of his office, he has had only *Medorrhinum* given in the single dose at long intervals, sometimes two months elapsing between the prescriptions, and the reports have been of continuous benefit during the whole year.

He told me on one occasion that he had had over a hundred doctors for this condition of his health without receiving any relief; that the only honest one he found among them all was one who told him, "I cannot help you"; and that when his friend suggested my seeing him, it was with reluctance that he agreed, for he knew it would only bore him, and he gave in to the arrangement at last with the mental reservation that it would but add one more to the list of frauds in the medical profession.

A week or so ago I gave this patient one dose of the 200th as

I judged that the 30th had done all it could in his case, and yesterday in speaking with him over the phone, I asked him how he was, and his characteristic reply was, "I don't see how I could feel any better than I do. How are you?"

Pardon me while I mention something that is outside the medical aspects of this case. I found my patient a cynic in all things pertaining to this life, and a sceptic concerning spiritual matters, and so after dealing with his physical ailments, I felt it imperative that I should bring before him the Gospel of our Lord and Saviour Jesus Christ. His reaction was revealed in the answer he gave to his boss who called upon him soon after: "Well, what do you think of Dr. Cameron, Ferris?" "To tell you the truth," replied the patient, "I think that he would sooner save my soul than save my life." Suffice it to say that now he is a very happy believer in the Gospel of God, the good news that "Christ died for the ungodly," and that he is ready to defend the proposition that while homœopathy is pre-eminent for the maladies of the body, the Gospel of Christ is the sovereign specific for the needs of the soul.

DETROIT, MICH.

Every homœopathician knows this: In countries, over which homœopathy has succeeded in diffusing its blessings, all those who have suffered from toothache know it. If, from lack of experience or because they follow the fashion, they have recourse to allopathy for the cure of other diseases, the treatment of toothache they always entrust to homœopathy, knowing well the happy result they may expect from it * * *

Sometimes the failure of a well selected remedy is due to a chronic miasm, which pervades the whole organism. This is observed equally in other diseases. In such a case we shall never attain our object, at least with certainty, unless we first administer a suitable anti-miasmatic (*sit venia verbo*), and then afterwards give the remedy which may be homœopathically indicated. This will infallibly act, often indeed in a very few hours, if the dose is small and sufficiently dynamized.—DR. C. VON BOENNINGHAUSEN, written about two months before his death.

POTENCY—ITS SELECTION

A. PULFORD, M. D.

At the request of Editor Hayes of *The Recorder* we give our method of potency selection, that most irritating and debatable of all medical subjects. To complete the *true simillimum* the proper potency is an important part, if not the most important part. Cure means complete restoration to health. Health means the complete absence of disease. No one can be in health who harbors a predisposition to disease. Lower potencies simply allay the predisposition which amounts simply to suppression of the disease and not to an eradication of the predisposition which is absolutely essential to a cure.

From close observation we find that, as we have said above, the selection of the proper potency is as necessary to the complete *simillimum* as any or all of the symptoms that go to make up the prescription for the case, if we are to get the very best results without after-conditions arising.

As we have heretofore remarked, you can get a result with any remedy in any potency by any method if you persist long enough, but are you sure to get the result you most desire? Your double dosing, plus-ing, frequent repeating with either the same or rising potencies all amount to the same thing—either a physiological suppression or a spoiling of the case. If you wish a dozen cabinets made and it takes a given amount of lumber to make them, an expert cabinet-maker will take that lumber and bring you back a dozen cabinets all perfect without waste. Now give that same amount of lumber to an amateur and see what you get. Yet if you give that amateur sufficient lumber he will eventually bring you back a dozen cabinets. After all the extra time and waste of lumber his work will not bear inspection, yet he produced a result. Like the plus-er, the double doser, the frequent repeater, the low potency advocate, the material doser, etc., his work in the end is not satisfying nor satisfactory to his patient who has a divine right to the very best to be had.

Personally, much to the surprise of those who have tried to prescribe for us, and failed, mistaking us for a *Sulphur* patient, we are a *Silica* patient. Since vaccination we have been subject

and susceptible to coryzas all our life, the sudden watery type with all the anxiety, restlessness, etc., that would mark a real *Aconite* case. Before we became acquainted with REAL HOMŒOPATHY we used to treat these coryzas with the tincture or the 3x of *Aconite* and as sure as night followed day they went down to our bronchial tubes and we would have to sit up in bed most of the night in order to breathe until we eventually cleared up the situation with *Pulsatilla*. At each time we had what was considered the *true simillimum* but not the COMPLETE SIMILLIMUM—our potency was at fault and lacking. We tried the 6x and 12x with the same result. The 30x gave us somewhat better results. One evening while playing cards with some friends one of these watery colds came on suddenly and in ten minutes we had saturated three handkerchiefs so that one could actually wring water out of them in a stream. The first dose of *Aconite* cc put a crimp in that coryza so that in 30 minutes we were playing cards as though nothing had ever happened and we have not had one of those colds since.

We fully agree with the late lamented Dr. Philip E. Krichbaum that the remedy acts *instantly* and *not* for any length of time. The length of time a remedy takes, or rather a remedy seems to act, is the length of time nature takes, after the remedy has acted—which is instantly, to show the effect of that action upon the surface. We also find that if you have the *true simillimum*, which includes the proper potency, the remedy needs to be given but once, that frequent repetitions are only necessary for such of us as are truly ignorant of our art.

Close application has taught us that remedies for *curative* purposes below the 30x are useless, but for palliation or temporary relief they are good and then better for pathogenetic and physiological purposes. The *low curative* remedies range from the 30x to the cc (200th) potencies, especially for the acute cases which do not rest on, nor are part of, a deep chronic malady. The *medium* curative remedies range from cc to the 10M potencies in subacute cases all of which rest on some deeper dyscrasia. The higher potencies range from the 10M up for the *chronic curable* cases. In all *incurable* cases the lower potencies should be used so as not to create any dangerous reactions.

In making a prescription and selecting the potency the acuteness, the subacuteness and the chronicity of the case to be prescribed for must be considered. If acute, we must decide whether it rests upon a normal system alone or if it exists as an outburst of a chronic active trouble; if the former it would require a lower potency, if the latter a higher. If the case is subacute and the chronic malady on which it supervenes is not active then the lower potencies of the medium range would be required; if active the higher potencies in that range would be required, etc. If the case is incurable and the patient cannot stand a violent reaction it would be folly to give a high potency. Again age and lack of vitality must be considered, also the patient's susceptibility to drugs in general and the remedy to be used in particular. Here, then, we must not give a very high potency to a highly sensitive being who might be liable to react violently if not injuriously or fatally to the drug to be used. We have to look out for the highly sensitive, unstrung individuals and give them the lower potencies in the range of the class selected or required, while the dull lymphatics might require the higher potencies to shake up their indolent constitutions.

In conclusion, if you have the right potency there will be a steady improvement without aggravation. If you have the right remedy and the potency is too low you are liable to get little or no curative response, if too high you are liable to get a sharp aggravation which should be avoided if at all possible, for while it is most always a sign that you have the right remedy, it is not always a sign that you have done no damage.

The selection of the potency is even more of an art than the selection of the remedy. In truth only intelligent men should practice homœopathy, all others drift naturally into allopathy where brains and the ability to think and think deeply are not so much needed.

TOLEDO, OHIO

One can never look from the toxic, to see what is in harmony with the dynamic, but may look from the dynamic to see what is in harmony with the toxic—KENT.

ANTIMONIUM TARTARICUM (Ant. t.)*

J. H. CLARKE, M. D.

Clinical—Jaundice. Kala-Azar. Lumbrici. Lungs, œdema of. Pregnancy, salivation of. Tonsils enlarged. Sunstroke.

Characteristics—[Errata: p. 129, l. 12 from bottom, for "exception" *read* "Eruption"; p. 130, l. 8 from bottom for "Mild" *read* "Wild".] *Ant. t.*, says Hering, is "An invention of the Alchemists, very popular with them, forbidden by the French Academy, finally introduced and much used and abused by the old school. Proved by Hahnemann and some of his students, it was published by Stapf in 1844". This is undoubtedly the most active of the antimonial preparations and has been the agent used in many cases of criminal poisoning. Three recent instances of the latter are recorded in *B. M. J.*, Apr. 11, 1903. The autopsies in each case revealed the same state of things: the body in a remarkable state of preservation, in one case nearly two years after death; the tissues were dry and drained of fluid; there were signs of gastro-enteritis without ulceration. The symptoms of two of the cases are contributed by Dr. J. M. Sliker, who attended. They were those of persistent vomiting and diarrhœa; but in one case, that of a young woman, aged 19, there was a symptom which shows the tetanising properties of *Ant. t.* as well as the centering of its action on the stomach. (The autopsy in this case revealed "dark rings round the sunken eyes.") "About the sixth day", says Dr. Sliker, "I noticed spasm of the muscles and rigidity. The spasms were ushered in by pain in the rectum"; [the rectal pain was apparently set up in the first place by attempts at rectal feeding, the patient being unable to retain the injections or nutrient enules] "then the muscles of the abdomen became rigid. From this the rigidity extended to the legs and then to the upper extremities. The same order was observed in each attack, the abdominal muscles being first affected and so on. They occurred independently of the vomiting. On one occasion the muscular spasms came on as I was palpating the abdomen, and I could distinctly feel the muscles contract under my hand. Morphine suppositories seemed to possess a strong

*Supplementary to article in *D. M. M.* Reprinted from *Homœopathic World*, April and June, 1929, p. 96.

controlling influence on them". This is paralleled by a symptom in Allen from another poisoning case, the effect of 2 drachms, "constant contraction of all the muscles, especially of abdomen and upper extremities"; and also by symptoms of Hahnemann's "He had scarcely fallen asleep when he was seized with electric shocks and jerks all of which came from the abdomen; it threw now one arm, now another, away from the body; now a foot; now it threw the whole body into the air". Another point in the antimony effect brought out by Dr. Sliker's cases is the intense debility of *Ant. t.* Although the patients were severely ill the doctor was astonished in each case when he heard they were dead; there was sudden collapse in syncope. In both cases there was general abdominal tenderness, most marked in the epigastrium. Kent (*J. of Hcs.*, March, 1901) lays stress on the facial expression of *Ant. t.* as characterizing the particular quality of its *debility*. Face pale, sickly, eyes sunken with dark rings round them, lips pale and shrivelled, nostrils dilated and flapping rapidly, dark, sooty appearance inside; cold sweat on the pale or blue face. This condition of debility occurs in *catarrhal* states in the later stages when weakened by the force of the acute disease, or in such affections occurring in patients already enfeebled, or in very young or very old patients. Old *gouty* patients, always shivering, pale and with enlarged joints". Every spell of wet weather brings on catarrh of the chest with copious secretion. Children who have frequent attacks of bronchitis from cold wet weather, constantly recurring with rattling in the chest; chilly and pale. (*Florid* children who do not look ill when they have colds and rattling in the chest and are not prostrated require *K. sul.*) A relaxed passive condition is Kent's description of the *Ant. t.* debility. It corresponds to the catarrh of old drunkards with rattles in the chest. There is an awful anxiety in the stomach. A dropsical condition of the tissues and joints is also *Antim.* effect. Kent has seen this produced in horses by excessive dosing with *Ant. c.*

In old times *Ant. t.* was the universal remedy in cases of pneumonia and this, like all routine practice, led to disastrous results. But there was, as usual, truth at the bottom of the treatment. Goullon has had great success with *Ant. t.* 1 trit. in 5-

grain doses, and commends the practice for trial to allopaths "who really want to know". Stonham (*B. H. J.*, April, 1912) quotes a case from Dudgeon illustrating what *Ant. t.* can do in a case *in extremis*. An old lady had been taken ill and had been under the care of an eminent practitioner and two baronets. She was sinking fast, and as a last resort the friends decided to try homœopathy and sent for Dr. Dudgeon, who found her perfectly insensible, pulse 140 and intermittent; tongue black; and she had a bed-sore as big as a soup plate. Dudgeon told the friends that he did not think the patient had forty-eight hours to live, but he gave *Ant. t.* and occasional doses of *Phos.*, and she recovered completely. Stonham gives a gastro-intestinal case from Dr. Dyce Brown which is quite to the point: Mrs. H— was taken ill on July 1, 1876, with shivering, followed by fever, severe vomiting and purging. Under allopathy she was getting worse and Dyce Brown was called in on July 5. He found the patient with an extremely rapid pulse, constantly sick, the vomiting having now been replaced by empty retching. Nausea constant. Even a mouthful of cold water was at once rejected, although she was tormented with great thirst. Profuse watery diarrhœa: stools too frequent to count. Marked abdominal tenderness. Tongue coated from tip to back with a thick white, smooth, creamy coat, the edges being red. *Acon.* tincture 5 drops in three-quarters of a tumbler of water, and *Ant. t.* 1x, 2 grains in another tumbler, a teaspoonful of each every alternate hour. Next day, pulse normal, skin moist and cool, retching stopped and only occasional nausea; tongue almost clear; the feeling in the abdomen was soreness rather than pain. *Ant. t.* given alone rapidly completed recovery. Stonham quotes from Dr. Nichol a case of smallpox in which *Ant. t.* revealed its action. J. T., 28, strong, never vaccinated, contracted small-pox. Violent chills were followed by high fever with restlessness, nausea and malaise. The chills seemed to originate in the region of the spine, spreading over the trunk of the body and always from within outward. Patient stupid and drowsy. Dull headache with pressure on brain and occasional delirium. Thickly coated tongue, with bitter sickening taste. Mouth and throat filled with pocks. Nausea and vomiting always followed by prostration and clammy skin

and feeble pulse. Swelling of abdomen with rumbling and gurgling but no diarrhœa. A marked bronchitis was present from the commencement, gradually extending to the lungs, as catarrhal pneumonia with very copious secretions. The eruption was so thick and continuous that the patient seemed as if he was smeared from head to foot with honeycomb. *Ant. t.*, 3x, unaided, brought about complete recovery with only a few traces of pock-marks on the nose. Dudgeon records two skin cases illustrating *Ant. t. localities*. (1) A young lady, 18, had for 7 months a disagreeable eruption on her face—small pimples filled with matter, not much larger than a pin's head, extending from the roots of the hair down centre of forehead to tip of nose. She had been under an eminent skin specialist without benefit. *Ant. t.* 1x, one grain in 3 ounces of water, a tablespoonful twice daily cured in a fortnight. (2) A young lady, 16, had for upwards of a year a disfiguring eruption on the face, consisting of small discrete pustules, which, after drying up, left for a long time an ugly bluish red mark, so that her naturally handsome features were quite spoilt by the blotches left by the old pustules as well as by the yellow-headed moist pimples. All parts of the face were affected, nose, forehead, cheeks and chin. In addition, for upwards of a month she had been tormented with a similar eruption about the genitals and tops of the thighs, which was so excessively painful that she could not sit down without suffering and was quite unable to walk even a few hundred yards. She was unable to sleep for the pain and irritation and lost her strength, spirits and appetite. *Ant. t.* 2x, gr. 1, in 9 tablespoonfuls of water, a spoonful three times a day. There was immediate general improvement. In a fortnight the eruption was quite gone from the genitals; and in three weeks only a trace was left about the chin and nose, and another week those had gone too. Dr. Stonham concludes his article with an eye case. Dr. Casanova contracted granular ophthalmia by unconsciously rubbing his eyelids after examining a patient. Acute conjunctivitis with granulation on the lids followed. The lids became thickened, sight impaired, with burning and itching in eyebrows and lids, and crusty formations on the edges of the lids during the night, < reading, cold air, stimulants. This lasted three years. He then tried a lotion

of *Ant. t.* gr. ii in 3ii of distilled water and used as a lotion twice a day. It caused a good deal of smarting, but at the end of two weeks the granulating had diminished considerably and the sight was much improved. After two more weeks there were no more vestiges of granulation. The lotion was continued, more attenuated for two months when the eyes and sight were normal. Dr. O. M. Drake (quoted *A. H.*, Dec. 15, 1895 from *H. P.*) related a case of sunstroke which came under his care in October, 1876, the attack having occurred in the previous July, the patient having been under allopathic treatment in the meantime. *Lyc.* was selected as the remedy best indicated, and under this in the 200th he made some progress, being enabled to go out, though unfit for work. The potency of the remedy was changed up and down, but no further progress was made. One day Drake noticed the patient repeatedly pass his hand downward from the forehead over the nose as if to brush something off. Questioned about it he said that for a long time he had had a *feeling over the bridge of his nose as though a horse hair were drawn tightly across it*, and every little while he found himself trying to remove it. Occasionally he had the sensation of having spectacles on, the bows pressing unpleasantly on the back of the ears. This feeling he was unable to brush away. *Ant. t.* 200 was given, and in three weeks the man was well and able to return to his work. This is noteworthy among the *Peculiar Symptoms* of *Ant. t.* Others are: sensation as of a small leaf obstructing the larynx. Lower jaw-joints as if dislocated. Œsophagus sore and sensitive. Headache extending to root of nose. As of tight band across forehead. As if the brain were put together in lumps. Pain from neck over vertex to forehead. As if pieces of the parietal bone were being torn from the head. As if something fell forward in occiput. There is aversion to milk, and milk <; the child has diarrhœa every time it moves. Craving for acid drinks and fruits especially *apples*, but all <. > Lying down and *stretching*—compelled to stretch. The navel is a centre of many pains. The groins are strongly affected and the pelvic bones.

[A group of tropical diseases, Kala-Azar, Oriental Sore and Espundia, caused by infection with the *Leishmania donovani* parasite, have recently been brought within the therapeutic

sphere of preparations of *Antimony*. Other names for Kala-Azar are "Dum-dum fever" and "Tropical spleenomegaly". The disease sets in with rigor, or vomiting or both. The fever is irregular and remittent. The spleen becomes immensely large and the abdomen protuberant. Hæmorrhages, diarrhœa and dysentery are complications, and death is by exhaustion. The treatment by *Ant. t.* is eminently successful, and the symptom correspondence is not difficult to trace. The administration usually adopted is by intra-venous or intramuscular injection. The preparations recommended (*see* "Tropical Diseases," by the Drs. Neatby) are (1) *Sodium antimonyl tartrate* (sodium taking the place of the potassium of *Antim, tart.*), 2 per cent solution, a dose containing 1-2 grain of the salt is injected every second or every third day working up to a maximum dose of 1 3-4 grains. The treatment is continued for two months after the fever has ceased. (2) *Stibacetin* (Acetyl —p— aminophenyl stibiate of sodium) this is less poisonous, and can be given in doses of 0.1 gramme (1.54 grain) and working up to 0.8 gramme (12.3 grain). (3) *Colloidal antimony sulphide* in an 0.2 c.c. suspension in doses up to 20 c.c., amounting in all to 2 grammes of the drug. (4) For intramuscular injection *Antimony oxide*, in Martindale's formula one-fiftieth grain of Ant. oxide in fifteen drops of glycerine and fifteen drops of distilled water.]

Relations—It *antidotes* effects of alcohol. *Antidoted by* Morphia. *Compare* winter coughs in old people, *Amic.*—but with *Amic.* sputum is yellow. Aversion of, and < by milk, *Na c.* Recurrent rattling colds, *K. sul.* (*K. sul.* has not the pallid prostrations of *Ant. t.* patients). Catarrh, *Ant. c.* (wants the copious flows of mucus from inflamed membrane, and the passive state of *Ant. t.*). Headache > in cold, *Ars.* Headache on waking in night, *Ant. s. a.*

Causation—Sun. Alcohol. Asphyxia. Drowning.

SYMPTOMS.

1. MIND.—Delirium, with pleasurable expression.—(Suicidal mood; he raves and does not know what he is doing.)—*Talks to himself.—Despairs of recovery.—Anxiety increases with the nausea.*—Anxiety; with restlessness; during the paroxysm; with oppression on the chest.—Frightened at every trifle.—Apprehensive; with fulness about the heart and increased warmth; with restlessness.—*Dreads to be alone*, even for a few moments, lest he should be

dreadfully nervous and not know what to do with himself. Morose, dejected and sad, 4:30 p. m.—*Weeps if looked at.*—Crying with the cough.—Pitiful whining before the attacks. (Infantile catarrh).—Child cries on attempting to take the breast.—Child clings to nurse and calls for help with cough.—*Unusual wild gaiety, towards evening,* giving place to fretfulness and peevishness.—*Stupefaction and somnolence* with numbness of head. Stupid and sleepy. Dulness of mind, imbecility.—Apathy and indifference; even death would have been welcome.—Desire to bite.—The children get angry, weep and cry (whooping-cough).—Cough aggravated when angry.—Strong emotion followed by amblyopia (during pregnancy).

2. HEAD.—Giddy and sick.—Vertigo alternating with drowsiness.—Vertigo: on closing eyes; on walking; *when raising head, must lie down,* with nausea.—Vertigo and violent chills running through the body with a sudden shock.—Fainting: with sweat on forehead; after a cold feeling in scrobiculus, followed by sleep.—*Asphyxia from drowning.*—Headache with sensitiveness in epigastrium.—Heat in the head, aggravated by motion.—*Frequent risings of heat* in the head, with thirst.—Forehead covered with cold sweat; head cold.—Heat on forehead without sweat, morning.—On coughing, heat and sweat on forehead, so that she became very dizzy.—Fine burning on frontal bone above r. temple.—Head heavy, can scarcely be held upright; must be supported behind.—*Headache as from a band compressing forehead.*—Inward boring into frontal bone between l. root of nose and eyebrow.—Heavy pain in forehead like waves, increasing and decreasing.—*Pressive tensive pain,* esp. in forehead, immediately after waking, ameliorated by *cold water.*—Tensive pain in forehead aggravated in the evening; after eating, and sitting bent; ameliorated by sitting up, lying high and in the cold.—*Pressive sticking in forehead extends down into l. eye,* with great desire to close the eyes.—On waking in the night always has the same bad headache as if the brain were balled into a heavy lump only in l. half of forehead.—Tensive headache as if the hairs were put together in lumps.—*Painful drawing in r. temple extends down to the zygoma and upper jaw.*—Tension and sensitive pressure on vertex.—In afternoon, on motion, a surging from the neck upwards, over vertex towards forehead: with stupefaction and confusion of the senses, on standing for one minute.—Intermittent tearings in r. side of head and esp. deep in r. ear, on raising head after stooping.—On stooping severe violent stitches in l. parietal bone extending forward.—Violent sticking tearing from posterior portion of l. parietal bone to a place in front of vertex, that it seems as though a piece were being torn from the head, deep within, on standing, 8 a. m.; recurred next day at same hour.—Occiput becomes heavy, and an anxious oppressive sensation sets in.—Sensation in occiput on stooping as if something fell forward.—Raging and throbbing on r. side occiput, like ulceration, on rest and motion.—Scalp so sensitive can hardly bear the comb.—[*Tinea.—Plica polonica* (Hg.)].

3. EYES.—Squinting.—Bloodshot.—Sclerotica yellow.—*Must press lids tightly ogether.*—Dull pressure over nose and one eye.—*Violent tearing between roof of nose and one eyebrow, as if someone took hold of her there by the skin; is painful and long lasting.—Vanishing of sight;* and hearing.—*Flickering before the eyes, aggravated by rising from sitting.*

4. EARS.—Twitching tearing in r. concha, evening, lying down, disappearing in bed; morning, second day.—Ulcerative pain in r. concha, evening.—(Sensation as if spectacle bows were pressing behind ears.—Cured, J. H. C.).—Roaring in ear.—Fluttering over l. ear, as from a large bird; at same time a warmth passes to this ear, as if she stood near a hot stove.

5. NOSE.—*Stupefying tension across root of nose as if laced with a band.*—Sensation over bridge of nose as though a horse-hair drawn tightly across it (cured in a case of sunstroke.—J. H. C.).—A tearing and crawling in l. nostril as if sudden irritation to sneeze, which, however, does not occur.—Corners of nostrils ulcerated and painful.

6. FACE.—*Cold sweat on face; livid, expression of great suffering. Convulsive twitches in almost every muscle of face.*—Countenance distorted with peculiar tetanic spasm of jaws as though endeavouring to bite everything within reach.—*Incessant quivering of chin and lower jaw* (cured. J. H. C.).—*Tearing pain in whole side of face, even head and neck of that side.*—Itching vesicles, upper and lower lips.—Burning r. side chin as from hot coal.—Drawing from chin along r. side lower jaw.—Dislocation of jaw; it remains open for a while after yawning.

7. TEETH.—*During dentition catarrhal hyperæmia* (Hg.).

8. MOUTH.—*Tongue painful or difficult to move about.*—Tearing on l. side behind root of tongue, on swallowing.—Morning after rising mouth so sore can scarcely swallow, with white tongue and sour taste.—Unpleasant sensation on palate.—On posterior part of palate, sore sensation, and as if a hard body lay against it; without swallowing; ameliorated by eating bread (8 a. m.).—Speech difficult.

9. THROAT.—Increased mucus secretion.—*Sharp pain at throat.*—Choking sensation.—Roughness in throat; with sensation *as if a small lump obstructed windpipe,* on hawking.—Throat *raw; swallowing difficult and painful.*—Soft palate and pharynx is red, covered with vesicles; many are opened, swollen, and covered with mucus.—Itching and dryness in throat which provokes hacking (morning).—Rapid swelling of tonsils and cervical glands.—*Oesophagus sensitive,* unchewed masses = much pain.

10. APPETITE.—Though food tastes good and he has some appetite, yet he can only gradually get some food into his stomach, from which he feels better, and is relieved by pressure on abdomen.—*Eats at noon with appetite,* but after he is satisfied a kind of nausea attacks him at times.—*Extraordinary appetite for apples.*—Child eats little but drinks much.—Thirst constant and insatiable.—Drinks little and often.—*Aversion to milk.—Disgust for whisky.*—Thirst for beer and sour milk, with dryness in throat.—*Desire for acids.*—ABSENCE OF THIRST; THE WHOLE DAY.—*After eating:* cough with vomiting of food and mucus; sleeps; discomfort; toothache; nausea; pressure in stomach; backache; vomiting immediately; fever.—Aggravated after warm drinks, esp. milk.

11. STOMACH.—*Belching which ameliorates.*—Eructations with gagging.—NAUSEA = GREAT ANXIETY.—Nausea and vomiting of curdled milk.—Vomiting till he becomes faint. Waterbrash.—*Nausea, then yawning with profuse lachrymation, followed by vomiting.*—Vomits food and drink, even before the cough (in whooping cough).—Vomits tenacious mucus.—Vomits great masses of phlegm.—VOMITS WITH GREAT EFFORT.—Vomited matter tinged with blood; bloody, foamy fluid; bloody mucus.—Vomiting, in any position, except lying on r. side.—*Vomiting with headache and trembling of hands.*—Vomits then sleeps; vomiting returns after sleep.—*Heaviness in stomach.—Craving sensation at stomach.*—Emptiness in stomach.—*At night sensation as if stomach loaded.*—Weight at stomach, ameliorated by open air, aggravated in room.—Violent pains at epigastrium which was tense.—*Cramps in stomach.*—Whirling in pit of stomach with rapid action of heart; which threatens to rupture heart.—Feeling as of cold water at pit of stomach, with it he feels faint, falls down; then heat in head.—Burning heat in stomach.—Warmth in stomach followed by violent pain in forehead and back of throat.

12. ABDOMEN.—Liver increased in size.—Liver sensitive to contact.—*Pressure in hypochondria with distention, aggravated in region of liver.—Jaundice with pneumonia,* esp. r.—*Meteorism.*—Warmth about navel, gradually extending over whole abdomen.—Colic around navel, early morning.—Pains in abdomen, after eating; after vomiting.—Violent pressive tension in abdomen, esp.

over bladder.—*Violent pain at epigastrium and through whole abdomen, with constant spasmodic contractions of abdominal muscles.—Cuttings in abdomen; and across lower abdomen it lies like a stone, with great nausea; after six ineffectual retchings followed by ineffectual efforts at stool, vomiting with great exertion, trembling in abdomen, and bending together, then two diarrhœic stools. —Stitches.*—Warmth in lower abdomen, as if had drunk something very warm; it wanders about and finally up to stomach.—Tensive drawing towards bladder.—Wakes 1 a. m. with gripes above pubis and icy coldness of whole body; cold sweat breaks out in profusion; intense heat.—Spasmodic drawing from thigh to abdomen.—*Pressure in hypogastrium and aching, with cold shivers, as if menses would appear.*—Stitches over pubis.—*Very violent burning soreness in r. groin.*—Rheumatic pain in l. pelvic bone.—Violent twisting *cutting pains tearing from hypogastrium down thighs to knees like labour pains.*—Pains in groins and cold creeps before menses.—Painful sensation in hypogastrium = intense mental restlessness and aversion to work.—Sensitiveness of abdomen.—Tetanic rigidity of abdominal muscles, extending to legs and then to upper extremities.

13. STOOLS AND ANUS.—Sudden, violent, alarming stitch, from lower abdomen down through rectum.—Involuntary evacuation of much mucus with dead roundworms.—Involuntary watery blood-streaked stools.—Uncommonly hard stool—difficult to pass.—Stools green as grass, slimy.—Watery, sometimes slimy and greenish diarrhœa, aggravated each time child messes.—Diarrhœa slimy, yeast-like, of cadaverous smell.

14. URINARY ORGANS.—*Violent tension in perineum, upon walking, with strong desire to urinate.*—Violent burning in urethra, during and after urinating.—*The urging to urinate and burning in urethra increase, only a little urine passes; the last drops are bloody and accompanied by violent pains in bladder.*

15. MALE SEXUAL ORGANS.—Burning tickling irritation extends from rectum through urethra to glans where it is most severe.—Pustules on genitals and thighs.

16. FEMALE SEXUAL ORGANS.—*Severe bearing down in vagina.*—Menses six days too early, weak, but only two days.—Before menses: pains in groins and cold creeping.—During pregnancy: gastric derangements; vomiting of mucus; salivation; nausea and faintness; amblyopia after strong emotions.—Puerperal convulsions, great jactitation of muscles.—Asphyxia neonatorum.

17. RESPIRATORY ORGANS.—Excretion of tough mucus.—Voice small and changed.—Hoarseness; aggravated on talking; morning.—Cough and yawning consecutively.—Cough after eating, vomits food and mucus.—Child grasps larynx with cough.—Catarrh provokes cough, *though she had no power to cough.*—Croup with inability to swallow.—Obvious paralysis in croup (Hg.).—Unequal breathing, now shorter then longer, much more frequent lying down, ameliorated when carried sitting upright.—Gasps for air at beginning of every coughing spell.—Impending paralysis of lungs.—Atelectasis.—Relieves death-rattle (Hg.). —Cough with much rattling in chest and no expectoration.—Every cough causes unbearable pains in the chest.—Coughing with crying; or dozing; or twitching of the face.—Thick bloody sputa.—Sputa foaming, mixed with blood.

18. CHEST.—*Full feeling in chest.*—Pain r. side, behind and at base of chest aggravated by deep breathing.—Stitches in l. upper chest and l. axilla.— Burning in l. breast, near shoulder, more externally, aggravated by pressing or rubbing.—Itching stitch on r. nipple.—Crawling as of insects above l. mamma.—Stitches in l. breast with cough.

19. HEART.—*So warm about the heart she must let the arms sink down* with general weakness.—Pressure or heaviness in præcordium.

20. NECK AND BACK.—Cramp in neck muscles.—Pressive sense of fatigue in neck muscles, close to occiput, esp. r. side.—Does not like anything to touch him; inclination to unbutton shirt collor.—On turning neck, painful aching over the l. scapula, comes suddenly 24 hours later over the r scapula.—Pain like fatigue in back aggravated after eating and *while sitting.*— Pains in small of back, before and on rising from bed, as if one carried a weight there; ameliorated after rising.—Short, sticking, tearing pain, esp. in lower r. side of back, near r. hip.

21. LIMBS.—Insensibility and coldness of limbs. R. arm and hand and both great toes cold to touch.—Burning, tearing and drawing in joints.

22. UPPER LIMBS.—Frequent twitching of the tendons in arms and hands.— Pain as of dislocation in r. shoulder.—Violent tearing externally in r. shoulder, followed by itching.—Violent itching in l. shoulder, a number of vesicles arise, must scratch till they bleed, without relief to itching, whereupon the spot burns. Stitching and twinging below l. axilla; then a stitch with twinging in condyles of l. elbow.—Burning in r. humerus as if in the marrow.—Burning inside surface r. upper arm; with yawning.—Eruptions like itch on forearm near wrist.—*Hands cold and moist.*—On coughing, heat and moisture of hands and sweat of head.—On back of l. hand, on touching the hairs, fine severe stitches.— When she wants to clench her fist, or extend her fingers, they are tense as if swollen.—Fingers firmly contracted, every muscle in extraordinary state of rigidity.—Violent itching of palm.

23. LOWER LIMBS.—On each buttock there are four tensively painful pimples which pain like a boil on pressure.—Numbness and coldness in the legs.— Spasmodic twitchings in muscles of thigh.—Outward stitching in varices.— Slight swelling and stiffness on malleoli of r. foot.—Soreness between little and next toe of r. foot.

24. GENERALITIES.—Constant contractions of all the muscles esp. of abdomen and upper extremities.—*Tetanus.—Excessive restlessness.*—Condition like intoxication.—*Faintness.—Syncope.*

25. SKIN.—Shrivelled, dry.—Wilted; cool; as if dead.—Dry and burning hot on chest and hands, cool on feet.—Eruption fails to appear and convulsions set in.

26. SLEEP.—*Great sleepiness,* if he sits still he sleeps immediately, with vivid dreams of a *continuation of his previous thoughts.—He had scarcely fallen asleep when he was seized with electric shocks and jerks, all of which came from the abdomen;* it threw now one arm, now another away from his body; now a foot; now it threw the whole body into the air.—Dreams of fire.

Colchicum is one of the many examples of the great difference in both the degree and kind of action which drugs exert on the organism of different animals. In very small doses it is fatal to *dogs,* producing violent emetocathartic action. Hence the French call it Tue-chien. In *cows* it produces a scanty urine, great distension of the abdomen but no profuse diarrhœa. In *rabbits* it produces enuresis, but hardly any serious symptoms. A *frog* will take with impunity a dose that would speedily kill a large *dog.* This example shows the fallacy of deducing from experiments on *animals* rules for the use of drugs in diseases of the *human* organism.—CARROLL DUNHAM, M. D., 1866.

AN INTERESTING CASE REPORT.

W. H. FREEMAN, M. D.

The following report illustrates a somewhat confusing problem often confronting the prescriber, to wit:

Mrs. X., age 65, acutely ill for eight days, and seen in consultation with her old school physician. The symptoms are as follows: a pale, puffy swelling of the upper lip, cheeks, nose and eyelids; intense burning pain which originates in the upper jaw and extends to face and head; excessive weakness with desire to lie quietly and without restlessness; always a poor eater, she now has a disgust for all food; always an aversion for water and for cold drinks which cause vomiting—this being an old symptom of many years' duration; always sensitive to and aggravated by heat, warm rooms and hot weather, but now slightly chilly with desire for warm coverings; somewhat anxious about her condition though never before of a worrying disposition. There were also certain old gastro-intestinal symptoms of many years' duration, the consideration of which at this time and at this stage of treatment would only be confusing. Only when the acute symptoms are an exacerbation of the chronic state, should the old symptoms and old history be given weight in the selection of the remedy.

The temperature was 99 4-5 and the pulse 100 and weak. She had a bridge and four dead teeth in the front of the upper jaw, and the gum and under surface of the lip were inflamed, of an angry purplish-red and very sensitive. Undoubtedly there was a chronic streptococcus infection of the apices of these dead teeth and, also, an acute Vincent's angina of the gum and lip, for an attack of which she had been treated several months previously when the diagnosis was confirmed by a bacteriologist. Incidentally an intra-venous injection of salvarsan had been given then, and since then a mouth wash containing carbolic acid had been used twice daily. Therefore an undoubted arsenical poisoning and a probable carbolic poisoning were complicating factors. All of this suggests serious possibilities.

In spite of the fact that there was neither thirst nor restlessness, *Arsenicum alb.* was selected as the needed remedy. Three

doses were given in the 200th potency at half-hour intervals and followed by *Sac. lac.* Improvement began at once. She slept well throughout the night and awoke feeling refreshed and hungry for the first time in eight days. The pain and inflammation gradually subsided correspondingly. *Arsenicum* was evidently the correct remedy. While not considered as a basis for the prescription, *Arsenicum* in potency has an antidotal relationship to salvarsan and to carbolic acid.

Four days later there was a mild return of the symptoms which disappeared quickly after one dose of *Ars. alb.* 10M Skinner. After waiting another five days, all active inflammation having subsided, the infected teeth were extracted, thereby removing the source of infection.

ASHLAND, N. Y.

The difference between them consists in this, that in the *Rhus* affection there is, more prominent, an erethism of one portion of the vital phenomena and a depression of another portion, a *one-sided excitement* and a *one-sided depression,* whereas in the *Phosphoric acid* affection there is a general and *simultaneous* depression, letting down, agony of the *entire series* of vital phenomena. Whereas, in the *Rhus* affection, we see excitement and over activity in the functions of *vegetative* life, and simultaneous depression in the functions of *animal* life, we see in the *Phosphoric acid* affection simultaneous and *immediate* depression in the functions of both of these departments of the patient's organism. Generally this depression appears in the very beginning of the sickness, though not always, for sometimes partial phenomena of excitement usher in the disease; these, however, are of short duration and very moderate intensity and after their disappearance the *torpid character* of the attack is all the more distinctly perceptible—CARROLL DUNHAM, M. D., 1866.

HOW WOULD YOU TREAT THIS CASE?

A. B. BRAHMANANDAM, M. D.

Name: Bundiah. Age, 37 years. Married, one female child; about 12 years ago, who died at the age of one month. No children since.

CONSTITUTION: Moderately built, brown complexion, soft hair, no hair on the vault of the head.

EARS: Accumulation of wax and pain in the ears during the cold season.

EYES: Soon become tired after exertion. Margins of the lids are sore and painful.

NOSE: Occasionally a small sore appears on the septum of the nose inside.

MOUTH: Teeth are a little loose in their sockets. Crevices between the teeth. Gums tender, swollen and blue. Pus and blood coming from the gums for the last six years.

TONGUE: Red, fissured at the margins and papillæ prominent.

THROAT: Accumulation of tough mucus in the throat in small lumps, expelled with laborious expectoration.

THORAX: Pain in the back between the scapulæ. This is of dragging character and heavy, worse by exertion and better by rest. There is pain in both sides of the thorax, also in the region of the right kidney. All these pains are aggravated by exertion.

ABDOMEN: There is pain in the right side of the abdomen on a level with the umbilicus and below, extending from the mid-axillary line towards the middle. This pain is sometimes stitching, sometimes dragging and heavy, shooting towards the rectum, testes and along the sciatic nerve. It is slightly relieved by pressure. In the left side of the abdomen there is gurgling noise and pain before defecation, relieved after stool.

STOMACH: There is heaviness after eating which compels the patient to take rest, relieved after sleep.

STOOLS: For the last six months the patient passes daily 4 to 6 stools with mucus.

RECTUM: Patient had bleeding piles one year ago, no bleeding now. There is prolapse of the rectum while sitting on legs.

EXTREMITIES: There is dragging pain in the limbs, especially on exertion. There is also pain in the knee joints on exertion.

URINE: High colored, burning micturition with some sediment. Some whitish fluid comes off in drops before and after urination.

SEXUAL: There is sexual weakness, with dragging pain and heaviness in the left inguinal region after coitus. Great exhaustion after coitus.

PREVIOUS HISTORY: This patient had an attack of gonorrhœa in 1918 and had taken several injections and different treatments.

Several allopathic doctors diagnosed this case as appendicitis.

The present distressing ailments are:

1. *Pain in the right side of the abdomen.*
2. *Number of mucous stools.*
3. *Pain in the lower back and limbs.*
4. *Great weakness.*

HYDERABAD, DECCAN, INDIA.

Sulphur 1M is the remedy.—H. A. ROBERTS, M. D.

The duty of individualization is nowhere more imperative than in the treatment of scarlatina with important affections of the throat. This extends as much, if not even more, to the general as to the local symptoms. In relation to the first, the general, there can be no better method by which to carry out this duty than that given in the Organon. To take all the phenomena of a case into consideration, and give to each the attention its importance demands. Till this is done it can never be known what are the elements that individualize the case. There is nothing in the mind of the prescriber, pertaining to the disease for which he is to find, in the known pathogenesis of drugs, a simillimum. He is ignorant of the first elements of the problem he is about to attempt to solve. The more earnest care should be given to these general symptoms, because in them are often found the individualities of the case, and these are the elements which dominate all intelligent prescribing.—P. P. WELLS, M. D., 1865.

NOTES ON GUNPOWDER*

HARRY B. BAKER, M. D.

The *Gunpowder* used in our materia medica is the old black gunpowder, which consists of a mixture of sulphur, charcoal and saltpetre, three very potent agents.

Gunpowder, like a number of our most valuable remedies, was first used by the laity in a purely empirical manner, but with excellent results.

We are indebted to Dr. John H. Clarke of London, author of the *Dictionary of Materia Medica,* probably our most useful work on that subject, for bringing this remedy to the attention of the profession. One of the chief uses of *Gunpowder* is in septic conditions, especially when accompanied by boils and abscesses and with great swelling and discoloration of the parts.

It is one of the best remedies that I know of in cases of carbuncles. In fact blood poisoning stands out strongly all through the remedy. The trappers and Indians used it extensively for this purpose, either sprinkling the crude powder on their food or mixing it in water and drinking it.

The Rev. Roland Upcher, an English clergyman, has made extensive observations of its use by the shepherds of eastern England, and published a most interesting article on the subject. The shepherds frequently contracted blood poisoning while attending to sheep who were suffering from foot rot, and they found *Gunpowder* not only a good curative remedy, but if taken regularly during the time that this disease was prevalent it acted as a prophylactic. These observations of Mr. Upcher were published in *The Homœopathic World* about twenty years ago, and was, I think, the first article I read on this remedy.

I have used *Gunpowder* with good results in cases of eczema and acne. Dr. Clarke states that he developed a decided case of eczema on himself while making a proving with the 2x.

Several years ago, Dr. Lehman called my attention to its value in sinus affections, and I owe him many thanks as it has been of great help to me in these conditions.

I have found it very useful for patients who have had

*Read at Montreal I. H. A., 1929.

abscessed teeth extracted. It enables them to throw off the poisons absorbed by the lacerated gums and aids in healing them. In the absence of a complete proving this remedy has to be prescribed on rather general conditions, but there are numerous cases in which there are no symptoms pointing definitely to a remedy, and *Gunpowder* fits many of these cases, especially if there is a septic tendency in them. I have generally used the 3x potency in tablet form, but I have used it as high as the 1000th with good results.

This is undoubtedly a most valuable remedy, and I would strongly advise anyone who has not tried it to get some potencies and do so. I would suggest beginning with the lower potencies, 3x and 6x. I think that the 3x has the widest range of action.

RICHMOND, VA.

Pure homœopathy does not camouflage symptoms. In curing the patient, it liberates him little by little. When one sees families which for several generations have had hare lip or cleft palate which increase in each generation, and which, thanks to proper, persevering homœopathic treatment, subsequent generations are freed from; when one attends neuropathic or tuberculous families (especially if one can treat the mother during gestation) and can point to healthy descendants having healthy children; when these chronic tendencies which have a propensity to appear in successive generations stopped from the moment when the law of similars is applied; when one looks through the statistics, hears the stories of patients or the case reports of homœopathic doctors who, from father to son, have handled generations of the same family, *then* indeed one penetrates the privilege of liberation, and the renovation possible to the race by the aid of a therapeutic based on a veritable natural law. And the public, like the doctors, can never feel gratitude enough for this unique method.—PIERRE SCHMIDT, M. D., *Transactions* of I. H. A., 1925.

POINTERS*

I am afraid of the 1M potency of *Phosphorus* as it gives terrific aggravation. The mental state of a patient should be quieted after a remedy. In my hands *Phos.* 1M produces an unfavorable excitement.—C. M. BOGER.

Pulsatilla has puffiness over the eyes as well as *Kali carb.*—C. M. BOGER.

If *Phos.* doesn't hold, study *Kali phos.* or *Calc. Phos.*—C. M. BOGER.

Birth marks are due to the syphilitic miasm. I have best results with *Calc. fl., Fl. ac.,* and *Thuj.*—J. W. WAFFENSMITH.

Calendula contains organic iodine.—G. B. STEARNS.

Hepar sulph. is invaluable in corneal ulcers.—G. B. STEARNS.

Ear discharges usually yield to one of the following five remedies: *Puls., Ferr. phos., Merc., Hep., Sil.*—G. B. STEARNS.

Potassium is radio-active. The potassium salts are diggers. They are much deeper acting than the natrum salts.—C. M. BOGER.

Syphilitic heart disease has responded to *Malic acid.*—A. H. GRIMMER.

In evaluating the symptoms of any case before repertorizing start with something *certain.*—A. H. GRIMMER.

Study *Naphthalene* in whooping cough.—H. S. WEAVER.

Medorrhinum is my most useful remedy in the vomiting of pregnancy.—C. M. BOGER.

Most keynotes are representative of a general in a case, which explains their importance.—A. H. GRIMMER.

Vipera has marked aggravation, letting the affected limb hang down.—H. A. ROBERTS.

Allium cepa has other uses than coryza, i. e., run-arounds with pain up the arm, nerve pain in amputated stumps, and places on the feet where the skin has been rubbed off by shoes.—G. B. STEARNS.

Don't forget *Tabacum* in angina pectoris.—C. M. BOGER.

When *Sulph.* cannot be repeated study *Sulph. iod.*—J. W. KRICHBAUM.

Puls. will empty the majority of pus tubes.—C. M. BOGER.

In angina pectoris with great anxiety think of *Aconitum ferox.*—C. M. BOGER.

Iodum has power over exudates that do not clear up, although it is dry as a board in the stages of consolidation.—G. B. STEARNS.

Veratrum viride is often neglected in renal colic.—C. M. BOGER.

When there is marked trembling of the lower jaw in pneumonia think of *Sulphur.*—G. B. STEARNS.

If the medicine which the patient has been ordered to take, produces a good effect in the first eight or ten days, this is a sure sign that the medicine is strictly homœopathic. If, under these circumstances, an aggravation should occur, the patient need not feel uneasy about it; the desired result will be ultimately obtained, though it may take twenty-four or thirty days. It takes forty and even fifty days before the remedy has completed its action. To give another remedy before the lapse of this period, would be the height of folly. Let no physician suppose that, as soon as the time fixed for the duration of the action of the remedy shall have elapsed, *another remedy must at once be administered with a view of hastening the cure.* This is contrary to experience. The surest and safest way of hastening the cure, is to let the medicine act *as long as the improvement of the patient continues,* were it even far beyond the period which is set down as the probable period of the duration of that action. He who observes this rule with the greatest care, will be the most successful homœopathic practitioner. A new remedy should only be given when the other symptoms which had disappeared for a time, begin to disappear again, and show a tendency to remain or to increase in intensity. Experience is the only arbiter in these matters, and, in my own long and extensive practice, it has already decided beyond the shadow of a doubt.

Generally speaking, antipsoric remedies act the longer in chronic diseases, the more inveterate these diseases are; and *vice versa.*—SAMUEL HAHNEMANN.

EDITORIAL

POST-GRADUATE COLLEGE—1929

Several times the writer of this report has pleaded for greater support among the profession of the Post-Graduate College of the American Foundation for Homœopathy. This plea was first, and still is, primarily of a financial nature, but he now adds to it support in the way of students. The college has not suffered for want of them but those who have taught feel that more could be taken care of. As has been said before there is no place in the United States where only pure homœopathy is being taught with the exception of this college. This year is no exception. A few remarks will suffice to let those with either a passing acquaintance or none at all know what this college is accomplishing, is endeavoring to accomplish and hopes to do if it can have the support it so justly deserves.

The session was held, as last year, in Boston. The writer was present for the first three weeks. The term ended August 10th. The location and the living conditions were the same as last year. The weather was very cool and the few hot days were hardly noticed as both the college and Stuart Club are admirably located. It was these locations that made the Foundation so anxious to acquire them for the 1929 term. The student body is in close association with the faculty, giving them plenty of opportunity to absorb outside of the classroom. So much for location and living conditions.

The class this year had a somewhat international aspect as we had a student from Sweden and one from Jugo-Slavia. One student came from as far west as Kansas. All were hard and earnest workers and all present made the fur fly. Several students were "repeaters" so one can see that something has been accomplished in the past or there would be no incentive to return. One student from across the water who had his degree from one of the homœopathic undergraduate colleges here was much impressed by the fact that there was still true homœopathy in the States and that it was being taught. The seeds sown by the faculty fell on fertile soil.

Again several of the leading members of the profession generously gave of their time to aid in teaching. Drs. C. M. Boger, Guy Beckley Stearns and A. H. Grimmer stayed the longest. Dr. Grimmer made his debut at this particular college but not at teaching for he soon showed us that he had stood at the rostrum before. To estimate these men is impossible as all are unequalled in their respective ways. The students received instruction in both Kent and Boenninghausen methods of doing things. Others who gave us the benefit of their knowledge were Drs. Hayes, Waffensmith, Underhill, Jr., and Woodbury. Dr. Roberts, chairman of the Board of Trustees of the Foundation, opened this eighth session and returned to give a very instructive and interesting lecture on *Lachesis*. With his numerous executive duties he was not present as much as we would like to have had him. Dr. Woodbury acted as Librarian, and well he may, for it is difficult to mention a homœopathic work that he is not acquainted with. Dr. Wright was teacher, executive and student in one and rounded out her task with her usual ability, an attribute that needs no explanation to readers of *The Recorder*. The writer also appeared on the scene several times, but as he cannot see himself as "ithers" see him, suffice it to say, he appeared.

The courses as announced were given. Through the efforts of Drs. Wright and Woodbury clinical material was far from lacking. Right here I want to emphasize that the college does one thing, and I do not know where else it is done, and that is it correlates all the courses it gives in the clinical side, something not true of many educational institutions anywhere else. Each case was carefully taken, then thoroughly discussed by everybody and the remedy found both by Boger's method (a modification of Boenninghausen) and Kent's. Students were shown how the same remedy was arrived at by seemingly diametrically opposed methods. Before final decision the Materia Medica was consulted and the few remedies found by the Repertories were carefully differentiated by reading to the students. The beauty of all this was that everybody learned something, the onus not falling on the students alone. Where else is there such opportunity to learn?

Another thing of marked importance done this year was a proving of *Hoang-Nan*. This was carried on under the instruction of Dr. Boger and many valuable symptoms were produced. A full report of this is to appear later. Research, then, is not overlooked by the college. Next year we hope to begin on the elements. If there is to be no organized activity in drug proving by the profession at large do you not think that the college is worthy of your support on this basis if on no other? Surely ignorance of our tools does not make us skilled workmen.

The library is most complete, being chiefly that of the late T. F. Allen with many other additions. One would like to stay awake twenty-four hours a day to profit by it. It will not be long until it is completely catalogued. Valuable old books out of print and unobtainable, add to its attraction. Dr. Wright is doing a mighty good job of making it accessible.

Mentioned last because it was one of the finest features of the term and one which a person could write about indefinitely was the visit at the opening of Dr. H. G. Perez of Mexico City. Being one of the foremost teachers of homœopathy in his country it was quite fitting that he should be present on such an occasion. The Foundation was highly honored and all are looking forward to seeing his address to the college in print as its depth and excellence did not permit any of us to grasp its significance at one hearing. Those who heard him in Montreal need no telling of this man's ability as a writer. He could be eulogized without end but his own works are his own eulogy. In spite of the fact he speaks no English one can readily see that he is most kind and generous, generous to give all he can to homœopathy. Would that we could have scaled the babelian barrier and plumbed the depths of his mind in person!

Nothing but a diary could report in full this first three weeks, but these high lights should serve as an inducement for wholehearted support and a pilgrimage to the 1930 session of the Post-Graduate College of the American Foundation for Homœopathy.—D. T. PULFORD, M. D.

320 Ontario Street, Toledo, Ohio.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

ANSWERS TO QUESTIONS IN JULY ISSUE.

What remedy has the abbreviation Fil. ?

—*Filix mas* (Male fern). E. WRIGHT.

What is Polygonum sag. ?

—*Polygonum sagittatum*. See Boger's *Synoptic Key*.—E. WRIGHT.

Why should Ars. *be so dangerous a drug to give?*

—It is of the nature of *Arsenic* to produce and to cure desperate conditions. Owing to the prevalence of allœopathic drugging with arsenic (Fowler's Solution, salvarsan, etc.) many people nowadays are oversensitive to arsenic. Arsenic is a violent substance. *Ars.* ranks with *Sulph., Sil., Phos.,* and *Lach.* as a remedy dangerous to repeat or to give in too high a potency where there is marked pathology except in the most expert hands. One of our masters says it should never be given in fully developed pneumonia except to produce euthanasia. Kent advises giving it *in extremis* in pneumonia if indicated, following it as soon as the patient begins to respond with *Sulph.* We know that it should be given in desperate carbuncle or pre-gangrenous infection, ptomaines, etc. Do not be afraid to give it but realize that it is even more of a two edged sword than most of our remedies.—E. WRIGHT.

What, briefly, is homœopathy?

Briefly, homœopathy is the art of applying the law "Similia similibus curantur" in the cure of the sick. Experience under this law has developed many necessary rules of procedure, some of the most important of which are as follows:

I. A full knowledge of remedial agents, determined by giving medicine to the healthy, and then observing and recording the results. This is called proving.

II. A full knowledge of the patient, i. e. a record of all abnor-

malities expressed in symptomatic language. This is known as case-taking.

III. The knowledge and ability to select from these drug provings the one medicine that is most similar symptomatically to the symptoms of the sick individual, and to administer that medicine in the smallest possible dose that experience dictates.

Read the *Organon* of Hahnemann and his treatise on *Chronic Diseases* as well; they point out the path and explain its mysteries.—C. L. OLDS.

—Homœopathy is a science and art of medicine differing mainly from regular medicine in its philosophic concept of disease as a protective explosion in acute instances, as a protective attempt at exteriorization in many chronic diseases, as an expression of symptoms asking for a remedy in all cases, especially the functional. Homœopathy is based on the law of similars, first recorded by Hippocrates and developed into a system of medicine by Hahnemann, which states that "likes cure likes." The fundamental proposition behind the homœopathic materia medica is that remedies should be proved in potency on healthy human beings, and the results, subjective and objective, of such proving form the drug pictures which are the first "likes." Homœopathy individualizes each case, realizing that any illness is not only a so-called disease but the predisposition of the person attacked and such person's individual reaction to the so-called disease. Homœopathy, therefore, requires a case-taking which shall include the totality of the symptoms,—meaning the patient's temperament, mental state, general reactions to heat, cold, storm, food, etc., and striking peculiar symptoms as well as his pathology. The picture of the sick individual must be fitted with a proved remedy picture. This *simillimum* is then given without any other remedy in potentized form (the material quantity of the remedy being decreased and the radiant or energetic or vital properties of the remedy increased by the potentization). Homœopathy knows that cure proceeds from within outward, from above downward and in reverse order of the symptoms and that when cases follow these rules of direction the remedy is truly curative, as these rules are never followed by non-homœopathic remedies nor by suppressive ones.—E. WRIGHT.

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Comparisons in Lachesis *and Lycopodium*:

Lachesis	*Lycopodium*
1. Pain and soreness begin on left side of throat, which is	Pain and soreness begin on right side of throat, which is
2. Worse from hot drinks, better from cold drinks; more pain on swallowing liquids than solids.	Worse from cold drinks, especially milk, except water in some cases; better from hot drinks.
3. Throat excessively tender to external pressure.	Tongue distended, causing a silly appearance.
4. Spits large quantities of ropy mucus.	Ichorous nasal discharge in scarletina and diphtheria, beginning in right nostril.
5. Protrudes the trembling tongue with great difficulty.	Tongue is darted out and oscillates to and fro.

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Rheumatism: (con't). The following remedies, with their indications, are mentioned in this article:

Kali carb.—Pricking pains, can not lie on painful side, worse on motion and before dawn. *Kali mur.*—Swelling of the joints in acute rheumatism. *Kali sulph.*—Shifting joint pains worse at night, in a warm house, better in the open air. *Kali hidroicum*—Generally localized in the knees with soft swelling, worse at night. *Kalmia*—Wandering pains more in the chest, upper arms and lower legs, worse on falling asleep; cardiac disturbances. *Lacticum ac.*—Painful joints with intense thirst, increased appetite and glycosuria. *Lac can.*—Pains wandering from joint to joint, prostration generally worse on motion. *Ledum*—Acute attacks going from below upward, swollen but not red, worse at night and from the heat of the bed. Chronic cases show joints swollen, painful and nodular, worse from heat of the bed, better from cold. The patient puts his feet in ice water to alleviate. Soles of the feet sensitive. Headache, stretching pains in joints worse from wine; muscles feel out of place,

exudates with nodule formation. Useful in gout of the big toe. *Lithium carb.*—Heart complications. Pain in the heart on rising. Valvular lesions. Palpitation on mental excitement. Sensitiveness and redness of the small joints; inflammation of the neck of the vagina; turbid, copious urine. *Lyc.*—Moves slowly, aggravation 4-8 p. m. Tearing pains especially of elbows and shoulders. Urine clear with red sand. Pain in shoulder better from micturition. Better from open air and cold; one foot hot, other cold. *Mag. carb.*—Left shoulder and limbs, worse from walking, better from heat. *Mag. phos.*—Cramps in the extremities better from heat. *Mang.*—Rheumatism of the heels, cannot take a step. *Med.*—Blennorrhagia, painful, stiff joints. *Merc.*—Rheumatism with sweat, worse from heat of bed, parts affected œdematous and cold, darting pains worse at night and from heat of bed, from profuse sweat and lying on the right side. *Mez.*—Pains of large bones, especially the tibia, much better from intense heat. *Nux v.*—Backache, worse standing, better lying. Joints swollen not red, hands worse. *Petr.*—Pains in back worse on rising; stiffness of the neck worse moving head; sharp pains in the knees. Deformities in chronic cases. *Puls.*—Shifting pains worse from heat, better from open air; joints swollen, red; erratic, rapidly shifting joint pains. Restlessness, must move slowly. Meek character. *Phyt.*—Rheumatism of fibrous tissues such as nerve sheaths and fascia; sciatica with a sensation of contusion, the pain passing down the outside of the thigh; rheumatism in syphilitics; pain in the elbows and knees and in the periosteum. All symptoms aggravated by weather changes, especially by dampness. *Ran. b.*—Muscular rheumatism, especially of the trunk; intercostal pain; sensation as if the muscles were bruised. *Rhodo.*—Drawing pains worse at rest, in stormy, wet weather, and at night so that he cannot sleep. Formication or itching which begins in the periosteum, teeth, outside of the arm, teeth, tibia and also in the muscles and ligaments. *Rhus tox.*—Rheumatism from wet, especially if sweating, after muscular exertion. Dampness is the cause and also aggravates. Pains at the attachments of the joints and tendons; pains like dislocation, tearing, twisting, tensive, pulling, accompanied by a sensation of swelling and rigidity of the muscles. Better from motion, worse from rest and beginning motion but better on continued motion. First movement very painful. Better in bed but must move. Specially useful for the big back muscles. *Rhus rad.*—Rheumatism of the back of the head, intercostal and ulnar nerves. *Ruta*—Marked effect on periosteum with bruised feeling, must keep moving, is aggravated by dampness and cold. Affects the smaller joints. *Sabina*—Swelling of the wrist and feet. *Sang.*—Painful, rigid *muscles,* sharp pain in the nape of the neck and the right deltoid; cannot raise the arm; worse at night. *Spig.*—Intense, cardiac pain; palpitation violent; useful in chronic valvular disease with blowing murmur and attacks of violent palpitation. Cardiac pain to the shoulder; needle like pains through the chest. *Sticta*—Inflammatory rheumatism of the knee joints; given in time prevents exudation and chronic rheumatism. *Sulph.*—Stiff, creaking joints; burning, lancinating, stretching, tearing pains, worse in bed, at night, at rest, from cold and changes of temperature. Better by movement, by heat, except of the bed, which produces intolerable pain. The smaller joints, especially of the hands and feet, are swollen and red. Acute arthritic, gouty nodes. He uncovers himself because of the great heat. *Tart. emet.*—Pains in the shoulder with cough, oppression in the chest; nausea and vomiting. Muscular rheumatism from exertion. *Thuja*—Gonorrhœal rheumatism from a suppressed urethral infection; worse in wet weather. *Val.*—Tearing, stretching, sharp pains better from movement. Worse when the foot touches the ground. Sensation of

sprain in the lumbar region. *Ver. alb.*—Rheumatism of the left side; sharp pains worse from motion and at night; the parts are swollen; full frequent, bounding pulse; red line down the centre of the tongue. *Viola od.*—Rheumatism of the deltoid; pains in the coccyx, sacrum and femur, impossible to sit down; pains in the carpals and meta-carpals; aggravated by cold; trembling of the extremities; preference for the right side.

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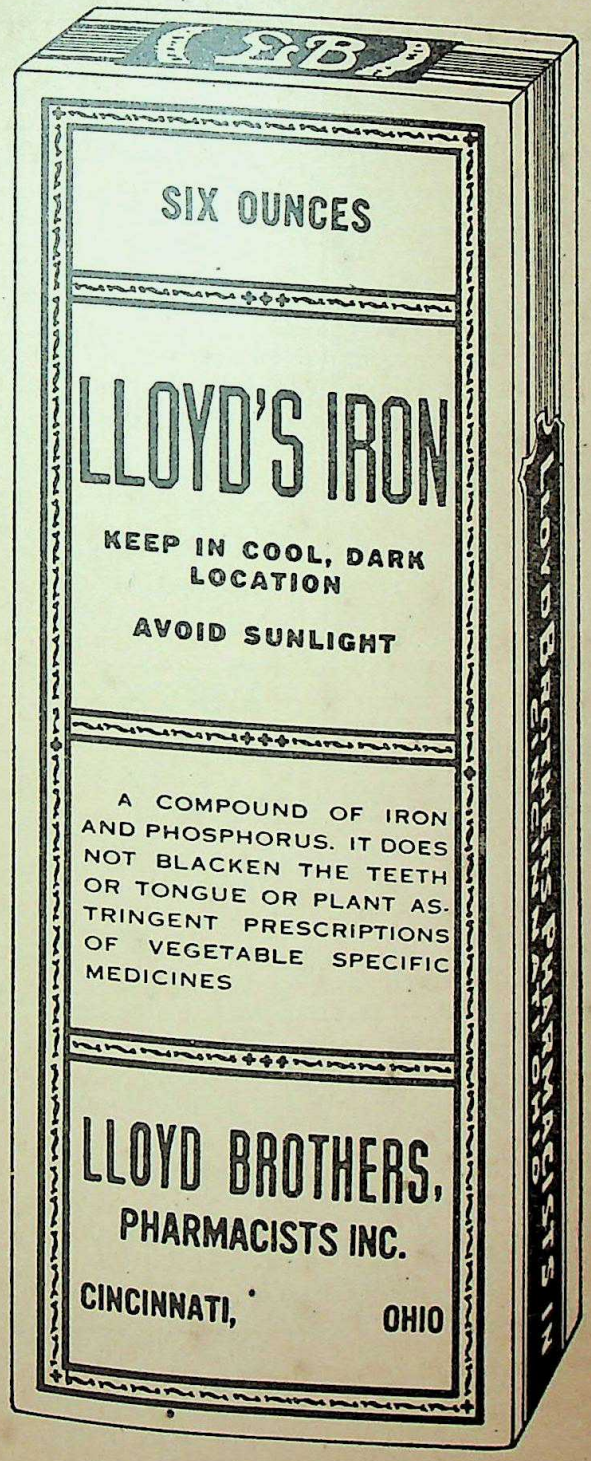

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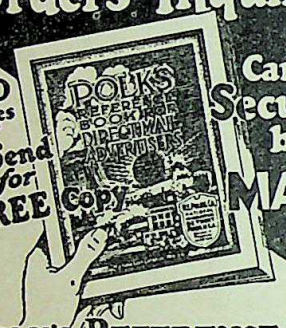

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Washington, D. C.

The question of post-graduate work is so obvious that it is not even an issue, in my opinion. The subject may be considered in two guises. First, study in a medical college; second, individual instruction of a physician to his pupil. The first is fully covered by the program laid out by the American Foundation for Homœopathy each summer for post-graduate physicians. Nowhere, to my knowledge, is the teaching comparable, nor are such well qualified teachers to be found for the branches offered. It is, like certain places, a veritable refuge of true wisdom, a generous fountain where those who are qualified may come to quench their thirst.

I cannot let this fortunate opportunity pass without saying with pride that I had the honor of being considered the first pupil of the American Foundation for Homœopathy. One may say of this teaching that no other leaders have been able to bring home to me true wisdom with such a combination of psychology and pedagogic talent. To know how to adapt one's self to the student, to lead and guide him, while leaving him his own arbiter, to direct him gently into the way of truth, to teach him to think for himself, to oblige him to build new highways, to make him discover, instead of leading him in beaten paths, this is what my teachers knew how to do.—PIERRE SCHMIDT, M. D., 1925.

HERBERT A. ROBERTS, M. D., Chairman
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RAFAEL ROMERO, M. D.
Merida, Yucatan

THE
HOMŒOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., SEPTEMBER 15, 1929. No. 9.

ADDRESS DELIVERED AT THE OPENING OF THE POST-GRADUATE SCHOOL IN BOSTON, MASS., JULY 1, 1929*

H. G. PEREZ, M. D.

Students and Colleagues: To the courteous invitation extended to me by Dr. Roberts, apostle and master of the doctrine of Hahnemann, I owe the great satisfaction which I experience in being present on this auspicious occasion, and in this suggestive and fascinating city which the lovers of knowledge very fittingly term the modern Athens, lying peacefully, as it were, here on the shores of the Atlantis that was separated ages ago from the eastern continent and from whence now radiate effulgent rays of light—a city representing a miraculous work of progress and the creation of intellectual giants of determination.

Brought hither by the desire to assist in more closely uniting the spiritual bonds such as should exist between the followers of the same ideal, I have not hesitated to take a part in the ceremony of today in order to be able to personally behold how the light is kindled in the understanding and how a tenacity to principles enables one to realize such wonderful works.

Although I am now ankylosed and somewhat benumbed at this stage of my life, my spirit yet retains some of that flexibility of adaptation to that which is new and some gleams of light which on occasions dissipate the penumbral shadows of my fatigued mind.

The ideal, which at all times and in all places has been capable of every sacrifice, nurtures the child as well as sustaining the aged person, the first one delighted with the toy that is after-

*Translated by R. G. Hershberger.

wards cast aside, and the other acting under the impulse of that plethora of life which upon fecundating, links together the generations or races of the world and adds to their characteristics new tendencies and inclinations.

It is indeed beautiful to contemplate the sweet obsession of youth who at the breaking of each newborn day again puts on anew the crown of their illusions, with no further thought of the deceptions and disappointments suffered; for in this manner do the youths display their sublime disdain towards all obstacles and failures, making sport of those in the first instance, and with the last ones spurring them on to greater achievements, thus renewing the task day after day until they are finally "graced with wreaths of victory."

The modern Vulcan of youth no longer has to heat his forges nor wield the hammer for the purpose of forging links; the modern school avails itself of the means of persuasion and of examples for the formation of character. Intuitive ethics have taken the place of those governed by fear of penalties; the laws written in the conscience impel one to act in an upright manner solely for the satisfaction that is experienced in complying with duty.

From my site of observer, I view with supreme pleasure the elevated pathway that leads to the heights of knowledge, and the courageous youths who with firm and steadfast steps are endeavoring to reach the Tabor of their ideals, where they will experience the transfiguration of their whole being and receive the crown of myrtles, the symbol of their spiritual and intellectual triumph.

Not only should every collective endeavor engender geniuses of material progress, but also the florescence of the spirit must needs emit those perfumed emanations which serve to substitute the mephitic miasms of concupiscence and of bastard actions. There is nothing more elevated nor dignified than the man purified by virtues and illumined by science.

Science as a cult of truth requires temples and these should be both material and spiritual: the first ones for the communion of ideas, and the second ones for the unification of all those most noble sentiments such as will unite humanity into one sole family and make of man the ultra-created being for lighting the votive lamp of science.

Although I am extraneous to all this grandeur around me which I behold with admiration, notwithstanding I am imbued with a sense of human pride; and as a participant of intelligence and determination of will, such as constitute the two principal factors of progress, methinks that perhaps tomorrow, so to speak, we the sons of Mexico may be imbued with the same ambitions and become the producers of similar grandeur. Noble ambitions invariably serve as a stimulus to better and greater accomplishments.

I am now no longer in my flower of youth and not very attractive after the passing of years, but nevertheless I wish to blend my enthusiasm with that of you young men who constitute the splendor of the present moment and the hope of the morrow for the conquest of humanity by homœopathy, whose sole name kindles in my mind a brilliant light and in my heart all the seductive attractiveness of an ideal, such as has inspired me since the day that the light of Hahnemann first illumined my spirit.

And now—Students and Colleagues—if my words have not lulled you into a feeling of somnolency, I will proceed to outline the system of philosophy as understood by me in medicine, reserving for the critical part the substantiation of the fact that homœopathy is the existing system which is absolutely based on the principles of truth.

Philosophy is the soul of all science, the connecting link of all knowledge, and the code of all methods of teaching.

All the sciences like branches of the same trunk emanate from a common origin and tend towards the same end: the culmination of the intellects for perfecting all that has been created.

All philosophic systems contain something of truth; they are subjective aspects of the sensorium translated into language, and they are the outlines of elevated summits which according to the orientation of the observer change their profiles notwithstanding that they remain in the same place as before.

Medicine as a science of beings and of real and concrete entities, needs only to unify its extensive truths up to a point of

generalization and then methodize them conveniently. The mechanism of every science consists of a fulcrum and a lever: the first is the principle of universal truth, and the last mentioned is the intelligence in consortion with the instinct that adapts the organization as an instrument according to its necessities.

All the truths which constitute systems of doctrine, are teachings of Nature, conquests of the understanding and the patrimony of humanity. If owing to their elevation and subtlety they are not clear and distinct, it is because the relativity of the phenomena is concealed beneath the modest veil of simplicity and converted into seductive abstractions.

The philosophy of medicine should be based on the object and on the finality of the selfsame science. The object of its study is man and the finality of its speculation is the preservation and restoration of health. The knowledge of the healthy man implies the idea of life, because health is but life in its greatest plenitude. But health cannot be conceived of without having notions in regard to what life is.

Life is movement, life is renovation, and it is immanent principle. It palpitates throughout the entire universe manifesting itself in the attractions and repulsions of the stars, catalyzing matter, initiating or subtilizing the sensibility or becoming the mirror wherein are reflected the generating lights of elevated concepts or of generous actions.

The force that in matter is attraction or repulsion, affinity or dissociation, in superior existences is the dynamism which forms, maintains and sustains the miracle of active life. This state of equilibrium and harmony demands organic integrity, functional adaptation, exquisite sensibility, normal psychology, and elements of renewal for continuing its evolution until the natural termination of its existence.

A simple furtive glance towards that which is realized by the plant in its activity, deciphers for us the creative and preserving potency of Nature according as its activities become perfected with the most complicated organization. Life is the result of an interchange effected between the live being and the medium.

It is the differential action of the assimilation and disassimilation such as regulates the evolution of live beings. The maintenance of life represents a great supply of energy as generated by the foods eaten.

Between the organic and the organized molecule, there exists a suspension bridge of unknown dimensions which leads us to confuse the limits of the one and other territory. The micellæ and the colloidal substances are the cables of that bridge which links inert matter with live matter. The protoplasm is a colloidal mass of scant stability that comes from the dissociation of matter which supplies an overflowing amount of energy.

Under the action of catalytic phenomena, the organization of vegetable forms is effected with all regularity, precision and facility. It does not require any high tension furnaces nor complicated manipulations, as the solar rays suffice for the chlorophyll to produce sugars, cellulose, hydrates of carbon, etc., etc. The polarization of the simple formula of the formic aldehyde produces such a large variety of products that it would be tedious to enumerate them all.

The creative, preserving and renovating potency of Nature is fecund and inexhaustible. By observing how these phenomena are realized, the deduction is made that: it employs the most simple means and methods for the purpose of attaining its ends, that it utilizes the least possible quantity of matter without leaving any residue, that within a very short time its yield is a maximum one, that its products are invariable in each plant and it elaborates them in the simplest manner. With this equipment perfected by the sensibility, it labors for the preservation of animals and men.

The vital processes called the morbid ones are the movements of reaction or of regression with which the organism resists all aggressions or organic modifications. All of these instinctive movements as displayed by the organism evidence the fact that synthesized Nature in an organization, is the physician par excellent for the cure of diseases.

From the concept of health which is a state of equilibrium we can arrive at that of disease which is a different state but not a contrary one. The concept of disease in general is an abstrac-

tion; it is a mode of being as developed by the selfsame organism for its defense. Disease is not an enemy against which to fight. It is not a microbe nor a parasite nor a vulture that can lacerate us with its talons.

Disease is not only a collection of symptoms related to lesions, but it is the manifestation of an effort having tendencies towards effecting an organic reintegration. A wound is not the disease, but the reactions such as the wound provokes in the organism for the purpose of realizing a *restitutio ad integrum*.

The vital process called inflammation and which could be more appropriately termed *renovation*, with its cortege of corresponding and concomitant symptoms constitutes what we call disease. Without these reactions, without these efforts, the wound would remain intact without cicatrizing.

The concept of disease as a sum total of efforts is the truly philosophic one and is in line with our therapeutics that tend in the same direction as the symptoms for the purpose of uniting the natural effort of the organism to that of the medicament which acts in the same direction. Hahnemann says in the preface to his *Organon*: "The healing of disease can only take place by means of the vital force whose reaction added to that of the appropriate medicament effects a rapid, mild and certain cure in proportion as the energy displayed by the organism is greater."

Physiology with its functional determinism has suggested the idea of the morbid species, for to every organic alteration there corresponds a functional perturbation, and to the alteration or reiterated function there corresponds a somatic modification.

Every morbid state can be reduced to two phenomena: those of æsthesia which arouse and regulate the reaction or regression; and those of kinæsthesia which produce the actuation of the organism. The reaction and the actuation run a cycle whose extension and modality depend on the organ or tissue. These efforts measured with instinctive precision, constitute the disease.

The concept of health as the center of gravity and the unit of comparison, and that of disease as a sum total of efforts, lead us to the therapeutics of the *similia*—that is, to act in the same direction as the efforts of the organism that defends itself.

Hippocrates perceived—though faintly—and even enunciated in aphoristic form this concept of the *natura morborum medicatrix*; but he was unable to give it effectiveness, due to the fact that he was unaware of the elements with which to promote that effectiveness.

To Hahnemann was reserved the glory as well as the satisfaction of having discovered these means and becoming familiar with the effects of the medicaments on the healthy individual. The experiments made on healthy persons through the agency of the medicaments constituted the key to his great discovery.

Homœopathy has thousands of medicaments that produce or are capable of producing millions of symptoms such as are similar to those manifested by an organ in its multiple variations. In some cases and only when no *similia* now exists, that is, when the patient is beyond all hope of recovery, that is the time when our acology shows its deficiency and when no pathogenesy can be molded to the symptoms of the patient.

When the action of the medicament is in direct line with the symptoms of the patient, then homœopathy is being practiced; when its action is an inverse one, then antipathy is being practiced; and when it acts in a different direction, that is, when no relation exists between the symptoms of the patient and those of the medicament, it is then allœopathy.

The law of therapeutics should consist in a relation existing between the symptoms of the sick person and those of the medicament, and this relation has to be one of analogy because we are going to actuate in the same direction as is done by the organism. The relation must not be in an inverse sense, because this would take from the organism a part of its effort; this would be like disarming it and impeding its labor of reintegration or renovation. Now, if action is effected in a different direction—that is, if there is no relation existing between the symptoms of the patient and those of the medicament, then the whole thing is illusory, provided that this action does not affect the organism in any way.

Every indication that deviates from the principles of truth has two regressive tendencies: the *empiric* or the *eclectic*. The empiricism which illustrates the idea of a blind man guided sole-

ly by his staff, stumbles and feels its way likewise in order not to fall, and then strikes out wildly, right and left, and succeeds in injuring those whom it desires to benefit. The eclecticism that chooses the doctrines it considers best from the various or diverse systems of thought, reminds us of the *risum teneatis* of Horace who in his *Poetic Art* criticizes the poetaster who joins the head of a beautiful woman to the neck of a swan, having two stars for eyes, and with lips of coral, the whole of which results in a ridiculous monstrosity. Likewise in medicine, when a physician constitutes himself as a self-appointed judge of Israel and chooses a little here and a little there of that which perforce must be the best in his opinion, this is to arrogate superiority and construct a veritable monstrosity with dissimilar elements. True science is based on that unity such as harmonizes and forms a whole.

Homœopathy as a true science has and prides itself on having a unity of principles, principles that are self-evident ones and which uniform our methods and guide our actions. This unification, an unequivocal sign of the possession of the truth, has existed in homœopathy from the date of its founding. The Master, since the time that he consecrated in his *Organon* the truth of his doctrine, not only unified principles but even the lexicon of homœopathy. The formulas of our medicaments, like chemical formulas, are expressed in Latin, the universal language, the tongue most alive though dead to the man in the street, because there is not a single science that has not made use of its lexicon for the purpose of expressing with all exactness the meaning of that which it desires to transmit to the world. We homœopaths understand each other wherever we may be. Our signs and formulas are understood alike by the Chinese and the European, the Malayan and the African. Wherever homœopathy has gone, it has carried with it new ideals, a special language, division tables and innocuous vehicles with which to administer the Eucharist of the medicament for the salvation of the sick.

Up to here we have treated of the physiology of the sick without having made mention of the most culminating part of their being. Man not only vegetates and feels, but he carries within himself besides that dynamism that organizes and that

exquisite hyperæsthesia that awakens in the sensorium the modalities of perception, a brilliant torch grasped by a firm and steady arm at the apex of his being. The first one is the understanding and the last one is the determination of the will. These two factors which conform his spirit are light and motive power that from the summit of his being, command and ordain, organize and execute. To actuate on the same vertex of that triangle which forms the human compound, is to find and to grasp the universal key that will provide us with the pabulum for every combustion, dynamism for the vitality, light for the guidance of our activities, and firmness with which to dominate through the agency of the will.

To actuate on the vital dynamism in the same manner, to actuate on the conscious states for directing the physiological movement, is and will ever be, the ideal of true medicine which has to act in the same direction and manner as the thing actuated. Our dynamism is added to another, the material and the spiritual, in order to promote health and equanimity.

Medicine as a science is a collection of truths experimentally acquired and theoretically set forth in the form of a doctrine. From this rational knowledge of realities as related to their causes, of concrete realities as experimented and substantiated, there have been deduced relations and laws which in view of their concomitance and coexistence have led to sure and constant results such as prove the truth of it all.

The truth in medicine has to consist in the relation of conformity existing between the enunciation of a principle and the result of its application.

Certitude admits of no different stages; it is an adhesion of the spirit to what is real by means of indissoluble ties of what is evident, that is, of what is seen and of what is felt.

On this evidence medicine should be established.

This certitude is possessed by homœopathy.

True medicine copies from the book of Nature its teachings and follows in the direction of its tendencies. If there existed no analogy between the perturbations of the affected organ and the action of the medicament, how is it to be conceived that the medicament could act on such organ?

I am now going to refer to that which is so truly disconcerting in connection with homœopathy: the infinitesimal doses. These which at the beginning were the objects of sneers and sarcasm, now continue being converted into realities in the world of positive science; they are no longer considered as representing the fantasies and delirium of the heated imagination, but manifestations of something effective that had escaped the investigation of savants, and it was the great Hahnemann to whom was left the honor of becoming the initiator of this mystery such as even the ultra-microscope has barely been able to reveal to us. The micellæ, the emanations, the ions, the electrons, etc., are nothing more than revelations of an infinitely small world that is much more wonderful than the gigantic one of the Infinite with its innumerable stars suspended in the immensity of space.

The exquisite sensibility of the organism to the diseased state constitutes the basis for the application of the infinitesimal doses which act not as the consequence of the matter contained therein, but owing to the dynamism they are capable of arousing and which convert matter into the colloidal state or into that of dissociation. The organism does not require any elements with which to recuperate its integrity, for it already carries within itself all the necessary ones, and the deficient elements are supplied to it through the food eaten. What the organism which defends itself or labors for the maintenance of its integrity or equilibrium needs, is a stimulus, a mild excitant or an inhibitor of its activities, in order to conduct them along the same lines in the same direction as its instinctive efforts. The ethereal substance, or say the plasma of all matter is all that which according to scholastic philosophers was capable of acquiring form. This should not be confounded with geometric limitation but with the capacity for arriving at a definition of essence. Matter in order to enter again into the organization must begin by acquiring that plasmatic adaptation which equals the element that it is going to substitute or renovate. Therefore, it should previously be diluted, dynamized, become like unto the clay which in the hands of the sculptor facilitates his forming a Venus of Milo or a Moses of Michael Angelo. The subtlety of our conceptions in regard to doses are not infecund abstractions; they are concrete

realities which are slowly becoming known to us according as the discoveries of the invisible world are exhibited before the astonished gaze of observers. Those who laugh at or ridicule our doses become dumbfounded upon witnessing the effect of the colloidal substances that shake the organism with such energy as to render them capable of fulminating it. This signifies that in the world of human economy, there exist hidden forces that escape all observation, but which by the deductive method lead us to their acquisition. If from this plane we pass on to the psychic plane, here we find that the action of thought is more suggestive and which regulates, transforms, deforms and even destroys that which the organization has formed anew with lentitude and multiplied efforts. If the organism is capable of creating, it is much easier for it to destroy. Man requires multiple elements and strength in order to construct, but one sole *force* suffices for him to be able to destroy at a given moment. What is strange about the organism that forms anew a tumor and destroys it as soon as the plastic power has disappeared? If the action of slow evaporation is capable of constructing stalactites and stalagmites, a simple ray of the sun can destroy in a very short time that which it has taken centuries to form. The calcareous salts of these concretions are the same ones which are capable of causing the disappearance of fibroid or scirrhous tumors.

The understanding and the will as progenitors of progress, also serve likewise for the preservation and cure of diseases.

Suggestion as a therapeutic means is unquestionable. The oriental fakirs owe to this potency the miracles of which they boast. The halo or nimbus surrounding the heads of the saints is the radiation of their spiritual potency that overflows and renders them capable of performing miracles; it is the actinic ray derived from the intelligence and from the will, always ready to command and impress themselves with irresistible force. The suggestive potency is such that when it is collective it is capable of producing the most wonderful manifestations. The thaumaturgi owe their power not so much to their inflexible will, but to the dominion that they have been able to exercise among the credulous multitudes. The day that we become able to exercise an influence over the organism by means of sole suggestion and

without the necessity of material medicine, that day we will have arrived at the divinization of the miracle which is nothing but the manifestation of our ignorance.

Every tendency of the philosophy of a science should be towards the unification of methods by means of principles. Homœopathy has achieved this unification. The philosophy of homœopathy is based, as has been said before, on the conception of the same object of its study and on the finality of same.

By synthesizing we can define its philosophy according to the following considerations: a knowledge of the healthy man that implies the concept of life; a knowledge of the diseased state which is the manifestation of an integrating effort, that is, in organized matter, the animality and the spirit which tend towards returning to their natural equilibrium. This effort is the true concept of disease.

Health and disease as a factor of those oscillations which constitute the life that undergoes evolution, induce us to determine the means with which to assist the organism in its curative efforts. These efforts not only are curative ones, but are preservers of that state of equilibrium whose oscillations, owing to their tenuity, are barely perceptible, for at all hours and at every moment during life, the vital processes kindle their fires, accumulate materials, construct and destroy tissues, renew, substitute and eliminate; and thus confirming the Hindu dogma of transmutation, attributed to the creator, preserver and destroyer of that which is, has been, and will be throughout all eternity and space.

Homœopathy is the most famous monument of the centuries. To induction it owes the material of its work, and to deduction the complement of its coronation as a labor of redemption and progress.

It is now high time to suggest the most simple means for operating in the organism without inflicting wounds nor overwhelming it with the mass of medicaments which, like heavy coats of mail, instead of protecting it overburden it with their weight. It is now time for the kingdom of the spirit to humanize men and rescue them from the quagmire of matter that is suffocating them. The divine Galilean by means of the simple laying on of His hands healed the sick and raised the dead. This power that was a miracle, can be exercised by science. Our ignorance is converted into wonderment, and our weakness into prayer, when the causes and the effects of the natural phenomena are unknown.

Light, much light—as the Teuton poet exclaimed upon the extinguishment of that life light which had enabled him to illumine the world with brilliant scintillations and produce states of spiritual ecstasy, the patrimony of the inspired—is what we are most in need of.

And thus it was necessary also for a Teuton to become a great man who would steal the fire from the heavens, and fan it into a flame, with which to illumine the world again and heat the homes with the sweet hope of health converted into well-being.

Brethren of an ideal, the most noble ideal of mercy which divinizes man here on earth, let us carry light and consolation to those who suffer. This apostleship is one of supreme satisfaction; it is the most estimable guerdon and the most imperishable crown for him who devotes himself to a labor of love, diffuses truth and leaves as the mark of his passage, the happiness that is born of health.

Glory to Hahnemann whose spirit floating among us sheds light above and around us, exalts our beings and engenders in our hearts the noblest sentiments.

MEXICO CITY.

Homœopathy continues to fit the different phases of disease. There is no greater evidence of the correctness of homœopathy than the fact that approaching it from different mental angles, we always get the same result. That is one of the fundamental truths of homœopathy and one which the allopaths have not been able to overcome. Their ideas in treatment change in a few hours, a few days, a few months, a few years. Homœopathy has appealed so universally that every type of mind can reason toward the focus from his own angle. That is a very conclusive argument and one which is very hard to combat.—C. M. BOGER, in I. H. A. discussion, 1929.

CADMIUM CURES OF CANCER*

A. H. GRIMMER, M. D.

The curing of cancer cases by homœopathic remedies is nothing new or strange. Our literature is replete with many reported cures of more or less authentic and definite cancer conditions. In fact homœopathy offers the only real therapeutic hope in the world today against this dreadful scourge.

Outside of homœopathy, the only real advance and the only helpful measure that has proven useful in the cancer fight, is that of diet. Dietary measures are as important as the selection of the indicated remedy, for unless the correct dietary rules are followed, your homœopathic remedy will fail to permanently cure in the majority of cases. On the other hand correct diet alone is not sufficient to eradicate the inherited soil that engenders and sustains cancer. For anything like uniform success one must combine the selection of the homœopathic remedy, with a diet of fruits, vegetables, cereals and nuts and, later on, when improvement has reached a high point, dairy products in moderation may be allowed.

While it is true that any deep acting constitutional remedy may prove curative in a given case of cancer, we have in the cadmium salts our most valuable unit against the condition now recognized as carcinosis or carcinoma (late stage).

The pathogenesis of *Cadmium sulph.* has all the weakness and all the blood changes that correspond to a late cancer condition; besides practically all the particular conditions, from skin ulcers, that resist the normal healing tendencies, to breast and uterine tumors, together with the severe stomach ulcerations that readily take on blood changes of a malignant nature. It is in the late cases where symptoms are masked by drastic drugging and by pathology, the end results of disease, that a knowledge of the cadmium salts is helpful. These patients should have been cured years ago when their symptoms would have guided to the needed remedy or remedies which would have prevented the ultimates of cancer. Homœopathy in the hands of real prescribers will so change the life forces of the body or the constitutional

*Read before the I. H. A., Bureau of Clinical Medicine, June, 1929.

state that cancer and tuberculosis will not grow or develop because of the healthful soil conditions that result from careful and really scientific prescribing. The dismal failure of surgery, x-ray and radium as curative agents in cancer, renders any proven measure more acceptable to a waiting world, for victims from the cancer scourge are constantly increasing, and allœopathic medicine acknowledges its inability to cope with the situation.

The actual causes of cancer are obscured in a maize of uncertainty and ignorance. Allœopathy does not know, but it has proven a few interesting things that may be helpful in the future. Dr. Maude Sly of Chicago has proven the inherited soil theory of cancer in rats. She has bred cancer in and out of various rat families by selection and mating, and thereby has confirmed what the masters of homœopathy have so long announced and contended. Dr. Crile of Cleveland, and others have demonstrated that the cancer cell has lost its normal bi-polar electrical nature and taken on a positive state, with a resulting change in the nucleus of the cell. Electronic physicians have gone farther. They have proven that not only has a change taken place in the polarity, chemistry and histology of the affected cells, but that every drop of blood in the organism shows a corresponding change, at least in polarity, if not in chemistry and histology. Before any chemical changes take place in the body (not the test tube) there is a change in polarity; and chemical changes precede histologic or pathologic changes. All disease cause and departure from health is found in this fundamental change of polarity. It is the *modus operandi,* at least of the changes of state of health to disease and *vice versa.*

Our remedies, especially in potency, are catalists that change body forces and body states, enabling normal function to be restored when broken, and perpetuating in an orderly way all the necessary reactions in the human organism to maintain life and health. The seed and the embryo contain all the necessary chemical elements in their proper proportion for the growth, development and repair of the organism, only needing the necessary food replenishment to maintain life through its allotted cycle. Hence true medicines are only catalytic in nature, they do not enter into the body cells combined with other elements, but

their presence may be necessary, to bring about the normal combinations of chemicals always present in the blood stream for life's activities. All chemical change in the body is destructive, all vital change constructive. Absorption and nutrition are vital, the chemistry has been expended in digestion and elimination. These few facts are mentioned in order that we may know how and why the homœopathic remedy acts so powerfully and positively as a curative agent against the changes found in the body cells in the condition called cancer. If we know the order in which disease develops, we can know the order in which remedies act to correct abnormal changes in the organism. When we know these things our faith is sustained by absolute knowledge.

In the past four years I have treated two hundred and twenty-five cases of proven cancer, of various forms and in all stages of the disease. At this time one hundred and seventy-five are still living, many of them entirely well and free of all cancer symptoms. Only one of this group now living, shows indications of an early demise. All of these who failed to respond to the homœopathic treatment had been treated surgically or with x-ray and radium in material doses. My records show one case of late intestinal and splenic cancer in an old lady sixty-three years old, who lived five years in comparative comfort, and only recently died at sixty-eight, from weakness and exhaustion, entirely free of pain. In the last two years since my study and application of the cadmium salts my losses have been greatly reduced. I believe that any advanced case of carcinoma will need *Cadmium* in some form, dependent on the symptoms of the individual, before a cure can be effected.

Other remedies are sometimes needed after *Cadmium* to complement and complete the cure. Sometimes other remedies must precede the use of *Cadmium*. I frequently find cancer of the liver yielding to *Calc. ars.* in every way but the tendency to relapse, when frequently a single dose of *Cadmium* in high potency will render the cure permanent. In the early stages of cancer, especially of the skin, when many guiding therapeutic symptoms still are present, any one of our deep constitutional remedies may be sufficient to cure. Our literature abounds in reports of hundreds of beautiful cures.

I believe a study of the cadmium salts and their use early in every case, on strictly homœopathic lines, will enable the homœopathic physician to make many more cures of cancer than are being made at the present time.

Any case of cancer complicated by a weak heart or diseased kidneys can hardly get well, because the reaction to the curative remedy will kill such a patient in a comparatively short time.

I submit, briefly, the records of a few cases to illustrate the action of *Cadmium* on cancer conditions.

CASE 1—Mrs. J. W., age 63.

May 6, 1926. This case was diagnosed first, as one of gallstones, and operation was advised by an old school man. She was jaundiced and anæmic and had lost weight rapidly. The liver was enlarged and plainly nodular. *Calc. ars.* 45M was given with immediate and marked benefit, which continued until June 12, 1926, when *Calc. ars.* was repeated with improvement. This continued until Oct. 7, 1926, when a slight return of jaundice and liver pain was noted. *Calc. ars.* CM was given with complete subsidence of all symptoms. This lasted until April 29, 1927, when a severe bronchial cold called for *Carb. ac.*, 10M, which cleared up promptly and left the patient well until Feb. 4, 1928. Symptoms of much intestinal gas then annoyed the patient. *Carbo veg.* 10M was given with relief until March 8, 1928, when the old liver symptoms accompanied by nausea and weakness, with extreme coldness and aggravation from exertion demanded. *Cad. sulph.*, which was given in 45M potency. The patient has had no more medicine since and remains in perfect health and comfort.

CASE 2—Mrs. V., age 52.

June 8th, 1927. Five months prior to this date, this woman was in robust health, weighing 168 pounds. She was now reduced to 80 pounds, more than half her body had gone, in a very short time. She was jaundiced and cachectic; spots of ecchymosis covered her limbs; she was in a constant tremor; her heart was weak and irregular in action; she could not take the slightest bit of food or drink without soon vomiting it. She had a small vascular

goitre. Her liver was enlarged and nodular, and a distinct mass, indurated and tender, was palpable in the epigastric region.

At this time *Plb. iod.* 10M was given and the patient put on a diet of diluted apple juice, an ounce every two hours. There was a steady slight gain in strength and ability to retain fluids until July 11, 1927, when there was a return of the nausea and vomiting of tough, stringy, blood-streaked mucus. *Kali bich.* 10M was given for this with no relief and on July 13, 1927 the patient was weaker, with sinking sensation at the epigastrium; cold sweats, and vomiting even of a teaspoonful of water. At this low ebb-tide of life forces, *Cad. phos.* 30 potency was given, with a slow, but steady uninterrupted gain of strength and a gradual decrease of all alarming symptoms, so that after a few days a little strained vegetable broth was added to the apple and pear juices as nourishment. The gain was maintained with no further medication until Jan. 7, 1928, when symptoms of nausea returned. The patient now weighed 100 pounds and was living on a soft diet of fruits and vegetables with a little cereal and cream. The second dose of *Cad. phos.* 30 was given now. From this time on the patient gained rapidly in weight and strength. Whole-wheat bread and butter and cheese were added to her diet. No more medicine was given this patient until September, 1928, when a third dose of *Cad. phos.* 10M was administered. She now weighed 130 pounds, her strength and color had returned, her liver was normal in size and the abdominal mass was gone. At this date this patient remains vigorously well, attends to all her duties, administering to the needs of a large family. She has almost regained her complete body weight, now 160 pounds, and looks more like a woman of 40 than the 54 years she is.

CASE 3—Mr. B. R. C., age 42.

September 8, 1928. This man, two years prior to this date had gone through a six months' siege with duodenal ulcers, which had not entirely healed, as the patient was in more or less distress with inability to gain in weight or strength. Two days prior to the above date the patient had played harder at tennis than usual, and had eaten a rather hearty meal; that night he was awakened with severe epigastric pains which soon was followed

by vomiting of food with some blood. He was given *Cad. iod.* 10M, put on the usual diet of liquid fruit and vegetable juices, and improved for about ten days, when suddenly a severe intestinal hæmorrhage ensued. *Ham.* 10M was given with only a short lasting relief, followed by *Arnica* 10M, because of an extensive body soreness; still no relief. Recurrent hœmorrhage persisted and not even water could be taken by mouth without producing bloody vomiting and an increase of intestinal hæmorrhage. This was Sept. 25, 1928. *Calendula* 30 potency was given and all food stopped, nutrition being maintained by enemas of glucose. There was complete cessation of hæmorrhage for twenty-one days, and an abdominal mass in the hepatic region began to recede. At this time, October 16, 1928, an attempt at nourishment by mouth provoked vomiting and a slight hæmorrhage. *Calendula* 50M was given with complete relief and the ability of the patient to take a little liquid nourishment by mouth without nausea or emesis. Nov. 3, 1928, *Cadmium* 10M was given. There was steady gain with immediate and permanent improvement in every way. This man now weighs 189 pounds, eats everything, contrary to orders, and is in better health than ever before in his life.

CASE 4—Mr. B., age 58.

Sept. 21, 1928. This patient was reduced from 210 pounds to 145 pounds, was of bad color, extremely weak, with severe burning pains radiating from liver over the abdomen. His liver almost filled the abdominal cavity and was notched and nodular. He had been a heavy drinker and a recent attack of "flu" had added to his weakness and misery. At this date *Calc. ars.* 45M was given with steady gain on a diet of fruits and vegetables. *Calc. ars.* was repeated Nov. 10, 1928, followed by steady gain in strength and weight and a relief of symptoms. Dec. 15, 1928, *Calc. ars.* CM was given. There was not the response to this prescription that followed the preceding ones and on Jan. 7, 1929, because of the burning pains, weakness and nausea, with chilliness and aggravation from exertion, *Cad. sulph.* 45M was given with wonderful relief and a gain that has been maintained to this day. The liver is almost normal in size and feel; the man now

weighs 195 pounds and is deeply grateful for his release from the grave as he terms it.

CASE 5—Mrs. S., age 48.

Sept. 15, 1928. This woman has had digestive troubles for years. X-ray diagnosed probable malignancy of the duodenum. *Cad. sulph.* 50M, two doses, two months apart, cured all symptoms and x-ray now shows normal intestines. The patient has gained in weight, strength and color.

CASE 6—Mrs. B., age 54.

Jan. 16, 1928. *Cad. iod.* 10M. This is a case of intestinal cancer with toxic goitre and marked cardiac disturbance. She had a quick response and steady gain in weight and strength until Aug. 14, 1928 when she overate and upset her digestion; *Cad. iod.* 10M soon righted her until Oct. 15, 1928, when a severe cold upset her. *Cad. iod.* 10M kept her well until the last report on Feb. 7, 1929, when I dismissed her cured. She remains strong and well to this day.

CASE 7—Mr. B., age 67.

Aug. 6, 1927. Splenic cancer, with weakness and the usual blood findings. *Caladium* given with slight benefit. Oct. 7, 1928, *Radium chloride* 10M. Patient became much worse, and went to another doctor, who put him in a hospital, made all the tests to confirm a certain diagnosis of cancer, and then advised a splenic operation, which was refused. On Nov. 24, 1928, I again saw the patient and gave *Cad. met.* 10M, with no more medicine to the present date. A complete metamorphosis has been wrought: the blood findings are almost normal, the spleen is reduced, and the weight, color, strength and comfort of the patient are wonderfully good for a man 69 years of age.

CASE 8—Mrs. T., age 36.

Jan. 15, 1929. Mrs. T. always had pain and swelling of the breasts with her menses. A lump in the right breast was removed a year ago, and pronounced cancer, after a microscopic examination. She is pale, emaciated, weak and cachectic. The left breast is now indurated and sore with retracted nipples, pains worse at period. *Cad. met.* 10M has been given at intervals; single doses, Jan. 15, 1929; March 19, 1929; May 22, 1929. The breast is well and the patient much improved every way.

CASE 9.

Feb. 9, 1928, I was asked to prescribe for one of our eminent surgeons for a severe protracted intestinal hæmorrhage. The patient was bled white and was very weak and feeble. He was in the late seventies and much reduced from a once very vigorous and powerful man. Three doses of *Cadmium met.*, one the 30th potency, given Feb. 9, 1929, the others of the 10M given March 12, 1928 and Oct. 1, 1928, have restored this aged benefactor to a healthy happy state, enabling him to finish his life work, in the form of a valuable medical treasure of knowledge and philosophy of healing that will aid and comfort great numbers in the future.

As a summary of these case reports, I would like to bring to your attention the fact that homœopathy in the hands of its master prescribers is the greatest and most efficient force the world has today against the scourge of cancer. Yet in spite of this fact many of our men are running after will-o'-the-wisps, that float above the quagmires of materialistic pseudo-science as panaceas for the cure of cancer. Millions are raised and spent annually for research without avail, and the governments of the world are taxing their already over burdened citizens in this same endless march, always in circles.

Like lost wanderers in the wilderness they go, without compass or guide to lead them safely to their goal; yet above them, and around them shines the light of homœopathy, like the polar star to lead the way to the goal they are so arduously seeking.

If they would but cast the blinders of prejudice from their eyes, and, like the wise men of old; follow the star to the manger of physical salvation, then, at last, the prayers and hopes of an agonizing world would be answered.

CHICAGO, ILL.

DISCUSSION.

CHAIRMAN MCLAREN: I will open the discussion on Dr. Grimmer's paper. I am sure many of our members will have questions to ask Dr. Grimmer. The subject is *Cadmium* Cures of Cancer.

DR. SLOAN: I would like to ask Dr. Grimmer how he differentiates the *Iodide* or the *Cadmium sulph.* or the *Cadmium sulph.* that he uses?

DR. BOGER: The doctor brings our attention to *Cadmium*. I think it is worth while to see things through other people's eyes. He made a remark which brought very forcibly to my mind an experience of my own. We have a very expert dentist in town, above the average. He does my dentistry. In the course of his work, he noticed that my patients were mostly free from pyorrhœa, and things of that kind, and didn't have many tooth troubles, and so on. We got to talking about it one day. I said: "Doctor, why don't you use *Calendula* in your work?" He was persuaded to try it. He tells me now that he cleans out every tooth cavity and every torn gum with it. He says it controls hæmorrhages perfectly. The gums heal up much more quickly and he says he has never seen anything like it before. He has observed another thing which is entirely new to me. He tells me that the teeth treated that way don't have tartar on the lower incisors. If I didn't know the honesty of the man, I would be inclined to question that a little bit because it isn't a disease of the teeth but a disease of the nutrition of the teeth.

DR. MACFARLAN: I think there must be something in the habit of modern living that predisposes to the rapid increase of cancer, despite the fact that our statistics are much better than formerly. As far as that goes, I don't know that statistics amount to a great deal. I know in my own practice and in the practice of a great many other people, when someone dies of cancer, they seem to think it is a stigma attached to the family, and they say to the doctor: "He did have a contracted kidney, didn't he?" You say: "Yes, he did have a contracted kidney." "Well, just put that down." A doctor may be forced, more or less, to put down things that he knows are not the exact case in order not to offend a family. You put down a secondary disease, maybe, which may be contributing to the death. I don't think I have done it except in one case, that of my own aunt. She died of cancer and she had nephritis. I put down nephritis. I don't know whether I put down the secondary cause or not. I think a lot of people die of malignant diseases and the physician puts down something else just to please the family.

DR. WOODBURY: Mr. Chairman, that is rather an interesting point that Dr. Macfarlan brings out. I had a patient who had what I supposed was malignancy of the intestine. I couldn't definitely say what part of the intestine it was, but I felt sure it was carcinoma, because there was a definite growth there. The daughter noticed that I put it down as carcinoma of the intestine. She said: "Couldn't you put that down 'Death from natural causes'?" I said: "Natural causes all right, but I have to put it down the way I found it." She said: "You know sometimes people just die of old age and they call that death 'from natural causes'."

DR. UNDERHILL: Mr. Chairman, I think that death certificates are not a very reliable source of information in many cases. They are made out with two thoughts in mind: First, what makes the physician look best in the eyes of the family, and second, what will make the family feel best as far as their own standing is concerned.

In the matter of cancer, I must say that while I have had a large experience in cancer and have seen a great many cases of all types, I am not very optimistic about it. In the cases that are recovering which appear to be cancer, and every now and then there is one such, I still question whether it is not some kind of a counterfeit of cancer, because for every real thing that there is in this world there is a corresponding counterfeit. There are imitation cancers which may be syphilitic in their origin. There are various forms of gumma which can closely resemble carcinoma. Some of the breast tumors which are pronounced carcinoma, upon biopsy are found to be sarcomas of one kind and another, and there is one type which does offer some real hope of cure by means of the homœopathic remedy and subsequently by means of surgery. That is the spindle-cell sarcoma. I have seen a few such recover, first using the indicated homœopathic remedy, and, after evulsion or enucleation is largely accomplished, if there is no axillary involvement, removal of the growth will then be followed by no recurrence.

PRESIDENT WILSON: I should like to ask Dr. Grimmer if he has found his *Cadmium sulph.* as effective in sarcoma as in carcinoma and whether or not there is any difference in the different forms of cancer that the *Cadmium sulph.* would cure. Let's stick to *Cadmium* anyway, and not get off too far on death certificates.

DR. WOODBURY: The other day I made the statement that I hoped some time this Association would make a very serious investigation of cancer. My standpoint was one which could, perhaps, work it backwards, by getting the symptoms of cases that had developed cancer and whether or not they were cured. Then we could collect the data on cancer, and in time we would get the pure symptomatology of free cancer and also cancer as it develops and progresses under treatment, either favorably or unfavorably.

I am very much impressed with this paper because I have been feeling around for data on homœopathy. I found that there hasn't been very much in recent years. The early journals had a good many cases that from reading looked like true cancer, but the cases that would satisfy the board of regents, so to speak, must be proven real cancer by biopsy. People are not very ready to believe electronic diagnosis, much as that seemed to promise at one time, because of the general skepticism regarding infinitesimal factors and the imponderability.

I made the suggestion to Dr. Grimmer and also to Dr. Macfarlan that in the proving classes that may be carried out this year, it might be a good idea to take up these different *Cadmium* salts and make a general country-wide proving of those—the bromides, the iodides, the phosphates, and the metallics. Why should that not be a good starting point for this year's work in connection with the very splendid paper that Dr. Grimmer has given us? I have no doubt he would be perfectly willing to supplement this paper in a year or two with further details regarding these 225 cases, of which only one, he tells us, is in intimate danger at the present time.

DR. GRIMMER: About the differentiating points of the *Cadmium* salts, we have only one real proving, *Cadmium sulph.* This is sufficiently rich in general symptoms to give us an idea of the general action of *Cadmium*.

I have to make a confession in the use of these other salts. I have used the electronic diagnosis only to prescribe the remedy. No electronic treatment was given to any of these cases that I mentioned. They were all pure homœopathic cases given under the simple remedy at long intervals, but I have selected most of these remedies by the electronic method, first of all getting the polarity of the patient and then finding the remedies in their corresponding polarities. The patient whose blood registers positive, and almost every carcinoma case does, if it is at all developed, requires some negative remedy. While other remedies do come through with the *Cadmium* salts, such as *Calcarea fluor., Hydrastis,* and a few other remedies, the *Cadmium* salts come through much stronger and much more effectively, and almost invariably *Cadmium metallicum, Cadmium iod., Cadmium phosphate* or *Cadmium sulphate.*

Those are points I would like to bring out for proving. Of course I am saving all the cured symptoms that I can. As time goes on, I am learning more and more to differentiate. For instance, I find that the *Metallicum*

is a hæmorrhagic remedy, and that frequently, unassisted by other remedies, it will stop the hæmorrhages in intestinal cancer or in ulceration cancer. *Calendula,* however, very frequently follows. *Calendula* is a complementary remedy to the *Cadmium* salts. In one case, *Calendula* cured the case.

We only have two provings. The proving of *Cadmium bromide* is a fragment which shows a brain congestion more like apoplexy than anything else.

We have quite an experience with *Cadmium sulph.* in the literature. Dr. Kent gives a wonderful description of it.

Cadmium sulph. is very rich in intestinal symptoms and in blood changes.

I was pleased to hear Dr. Boger confirm the action of *Calendula.* It is really another one of our remedies. It has been overlooked as to its depth of action. We look on *Calendula* more for superficial rulings, and things of that kind. It really corresponds to some of the deep constitutional conditions that must be closely related to cancer.

I believe, if I remember correctly, the literature records some cases of cancer cured by *Calendula.* In answer to Dr. Underhill's criticism about the question of the diagnosis, of course that is fired at us constantly. We get it all along. Any old school friend says: "Well, they made a mistake in diagnosis; they don't know what they are talking about; they didn't cure cancer; they cured some ulceration or some other minor thing; it couldn't possibly have been cancer." We have resorted, wherever we could, in these cases to x-ray, to microscopic analysis, to all the other known tests, but, after all, any man who has been in the practice of medicine ten, twenty or thirty years, knows a cancer case when he sees it, if it is at all clinically developed. You don't need any expensive laboratory test to tell you whether you have a case of cancer. You may want to differentiate between the form of cancer, or between carcinoma and sarcoma, but most of those cases the homœopathic practitioners can readily recognize, and do recognize. So I don't think the question of diagnosis need bother us very much.

In answer to the question about sarcoma, my experience with *Cadmium* is that it has not been a useful remedy in treating sarcoma. There may be some salts of *Cadmium* such as *Cadmium calcarea silica,* or *Cadmium calcarea fluorica* which may be found to be useful in this condition. By the way, *Cadmium fluor.* is a remedy that helped one case very much, a late case of cancer of the prostate. There was no question about the diagnosis. It was diagnosed by an eminent pathologist in Chicago. That man was at the point of death. I sent my assistant out to see him and get his blood. We found that he had cancer, electronically, and every other way. The doctor told me there was a big pulsating mass. I never saw this man, so I didn't report the case. He could feel this mass through the rectum and said it was undoubtedly cancer, very far advanced. He didn't think the man would live more than a few days. Nevertheless, we gave him *Cadmium fluor.* This man lived for a year, and part of the time the function of the bladder was restored. He gave up his catheter for quite a while, and then, subsequently, only used it occasionally. He left us because he wasn't satisfied with his progress. He was an old man, and had been put in much more comfort. I lost track of him after a year, but at the end of a year he was infinitely better in every way.

Regarding electronic diagnosis, I wouldn't have mentioned it had it not been brought up. It has a use, a very important use, and you can prove it. It is merely a scientific proposition. What do you do? You prove the unknown things from the known things. That is all the proof you need. We get many complaining cases that have been diagnosed from x-ray and microscopic findings. The electronic process invariably confirms those things. The electronic method of diagnosis will tell you the pre-cancer conditions before there is a microscopic finding, before any pathology can be found; it will tell you the tendency of the patient, whether he is going cancerward or not.

Syphilis and tuberculosis are the two things that precede cancer, the two things that cancer is grounded on. How do I know? First of all, take any

case of cancer and put it in the blood box and put a magnet over that blood box which takes off all other reactions, excepting one, tuberculosis, and every one of those cases show underneath the carcinosis reaction a tubercular reaction.

Another point is this: When your cancer cases are getting well and developing under the action of these deep acting curative remedies, you bring back tubercular conditions, and tubercular symptoms for a while supervene. These will practically all pass off under the antituberculosis or antisyphilitic remedy. This is the reason I make the statement that cancer is based on these things.

Of course there are many other factors, the loss of vitamins, the mineral deficiencies, the bad effects of drugs, especially coal-tar products, which have contributed their part in demineralizing the part and in opening the way for susceptibility. Cancer is the result of inherited conditions, plus bad living conditions, plus violated law. (Applause)

An increase in the strength of the single dose of the homœopathic remedy, until it produces the desired and necessary degree of the pathogenetic stimulation of life-force toward a sufficiently curative reaction, does not fulfill the desired purpose by any means, as experience also teaches us. The life-force is in this way too suddenly and too strongly attacked, so that she has no time for an even and gradual curative reaction to accommodate itself to this change, wherefore she will try to reject the excess of the remedy assaulting her like an enemy, by vomiting, diarrhœa, fever, sweat, etc., and in this way she destroys and frustrates the aim of the inconsiderate physician for the greater part or entirely. Very little or no good for the cure of the patient is thereby accomplished; on the contrary, the patient is thereby visibly enfeebled, and we dare not think of it even for a long time thereafter, to give the patient even the smallest dose of the same remedy, lest it might prove very detrimental to him.

Likewise, a number of the smallest doses given for the same purpose in rapid succession accumulate in the organism to an over-large dose, with similar evil consequences, with few and rare exceptions; the life-force is in such cases oppressed and overwhelmed, and unable in the interval between the two, though small, doses to recuperate; incapable to react in the direction toward health, she is compelled to continue passively and involuntarily the too powerful drug-disease with which she has been overburdened, similarly, as we daily perceive, from the allopathic abuse of large, heaping doses of one and the same remedy, to the lasting injury of the patient.—SAMUEL HAHNEMANN, 1833.

SULPHUR, A BLESSING TO EAST AFRICA*

E. DAVIS, M. D.

"I have found the homœopathic remedy for the Agikuyu", I joyfully announced to one of our lady missionaries who had done considerable medical work. "What is it, *Sulphur*?" she promptly responded, showing that she too had sensed the value of this polychrest, for the Africans.

A few months ago my wife, who is a trained nurse, and I were called to a maternity case at the railway station, three miles from our mission station. During the usual period of waiting I read the article on *Sulphur* in Dr. Kent's *Lectures on Homœopathic Materia Medica* and it greatly impressed me as being one of the chief remedies for the black people among whom we are working. Our hospital is located among the Agikuyu, a large Bantu tribe, but the Akamba, the Masai, the Ja-Luo, and other tribes also come to us.

Since reading Dr. Kent's article, the value of *Sulphur* has become more and more apparent to me in my medical work in this land. When one considers its origin, is it any wonder that it is so useful in many of the human ills! As *Sulphur*, in its natural source, comes from the inside outward, from below upward, is associated with heat and fire and burning, and comes out of a mixture or association of many geological formations, so this polychrest has proved useful in many internal disorders and their external manifestations, so familiar to all of us.

It seems almost superfluous to speak of a remedy so well known to this distinguished audience of such wide experience, yet it is of our best and dearest friends that we like to speak the most, and this medicine has been a friend indeed in our work here in Africa. White, brown, black, all, have felt its beneficial effects. Considering the typical *Sulphur* case, it is not easy to comprehend its prevalent use among the members of such a clean, educated, refined people as the Europeans. Whether altitude, decreased oxygen pressure with a decreased elimination of waste matter, climatic conditions, or other influences are at work to produce this state, I cannot say.

*Read before the I. H. A., Bureau of Materia Medica, June, 1929.

If there ever was a need for a specific, granting that there is such a thing, it is right here among these black people who are not accustomed to detailing their symptoms as we homœopaths desire. We know how we have to dig and delve at times to extract from a white patient symptoms sufficient for a good drug picture. Imagine, if you can, how trying it must be to secure sufficient leading symptoms from an African. He knows relatively little about his body, its physiology and pathology, he does not understand for what we are seeking, and much of the time he is not able to make perfectly clear to us just what sensations or feelings he experiences in his body or mind. There are very few Europeans who can fully comprehend the true and finer meanings in the native languages.

To a native with a headache, it is his head alone that concerns him. Often he would look at us contemptuously or refuse to answer our questions concerning other parts of the body, and as to "generals" for which we seek, it is his head only that bothers him and for that alone does he seek relief. If not watchful, we will have the patient answering as he thinks we want him to and not giving true answers concerning his symptoms or absence of them.

In hospital patients, if not too acutely ill, I have tried giving *Placebo* for three days, for a native when sick does not like to be without his medicine for even twenty-four hours. Then his symptoms are taken each day in order to secure some that are reliable. One day a pain is in one place, the next he has another complaint, or he remembers a symptom he has not told me before. On one visit his pain is sticking, on the next it may be described as burning or cutting. After several questionings, if the patient will tell practically the same story or his symptoms are about the same on two or three occasions, then we feel that we have a surer basis for the study of his remedy.

As would naturally be expected with such a polychrest, *Sulphur* is useful in a large variety of ailments of the African people. Practically every native, especially of the tribes that eat meat to excess, and many a European, has one or more intestinal parasites and many of the symptoms produced by them are those of *Sulphur*. Tapeworm, roundworm, hookworm, amebæ of

different varieties, and others are more or less common, varying in different parts of the country. So far, I have found more confidence in the use of *Sulphur* than in the use of the other remedies I have tried.

Practically every pneumonia case that comes under my care will have *Sulphur* at some time during the course of treatment, usually at the last stage. On account of the increasing prevalence of tuberculosis among these people, I am inclined to think that much of the pneumonia is tubercular in origin or association. We all know the usefulness of *Sulphur* in tuberculosis and I find it to be the chief remedy, for the glandular as well as the pulmonary form, in tubercular peritonitis and in the bone lesions, *Phosphorus* having disappointed me many times.

Diarrhœa and dysentery are common complaints in this land; in the high altitudes it may be due to or aggravated by the chilling of the insufficiently protected abdomen when the cold air of the evening comes on after the heat of the day. We personally are living at an altitude of 7,500 feet and the nights are always cool, if not cold, even though there may be tropical heat at midday. For these troubles *Mercurius vivus* and more lately *Sulphur* have been found to be the most useful. When *Mercurius* seems indicated and does not give relief, then my inclination is to think of *Sulphur*.

In tapeworm, scabies, and eczema, in the usual absence of guiding symptoms for another remedy, *Sulphur* is practically always given, often in the 12x at first, changing to the higher potencies later. So many of our patients are not seen again or at least for so long a time that it is not easy to write at length on wonderful recoveries produced by the aid of this remedy, but we have seen sufficient to encourage us and to give us great faith in its usefulness.

I have been impressed by the action of *Sulphur* in cases of epilepsy. A native boy was brought in badly burned, so severely that his hands and feet were deformed. This was the result of falling into a fire in his hut during one of his epileptic spells. His burns healed and he left, only to be brought back again with more burns. After these healed he worked at the hospital carrying wood for the patients, and he began to have seizures again.

I secured what few symptoms there were and after careful study gave *Sulphur* 30x. As a result of treating him with this remedy for some time, all attacks stopped and I have heard of no more trouble in the past five years during which he has been working steadily for another missionary.

Recently we had another burn case in the hospital, the result of falling into the fire during an epileptic attack. Different remedies were used for various symptoms that arose and late in his stay I was led to give *Sulphur* for the first time. On the tenth day after beginning *Sulphur* 30x, though *Placebo* was given for the last two days, he had an attack, the first known during his four and a half months in the hospital. It came on at 11:30 a. m. and the only symptoms I could secure were these: he cried out, fell backward, much saliva flowed from his mouth, and he was weak afterward. I promptly gave *Sulphur* 500, a powder at night for three nights, as an antidote.

A month later I gave *Sulphur* 200 and on the second day after he had another attack. This one came on at 2 p. m. and gave these symptoms: he felt heat all over and perspired before the attack. Again he cried out when falling. He urinated during this spell. Afterward he had trembling of the limbs and felt warm.

These experiences gave me some idea of the value of *Sulphur* in that dread disease, epilepsy.

My experiences in gynæcological work, and we have a great deal of that to do, have led me to consider *Sulphur* and *Sepia*, the former leading, the chief remedies in the common complaints in that line. It is uncommon to find many leading, distinctive symptoms in this or any other class of cases, and our experience combined with a few symptoms that we have found common among these people in the remedies generally used had to be our main help in selecting the homœopathy remedy.

Sulphur has been my main remedy in removing warts. Miss C., one of our young lady missionaries, had small, rounded warts on her left palm and right ring finger, sore to the touch. She was planning to be married, so would be pleased to be rid of these blemishes. I searched for all of her symptoms and studied up the remedy on the basis of such: tendency to take cold, aver-

sion to company, aggravation from consolation, irritability, weeping tendency, sensitive, obstinate, fond of travel, desire for open air, craving sweets, meat, and cold drinks, aversion to fats, worse before menses, urticaria from sweets.

Out of my study came *Sulphur* and later out came the warts, "rolled out", as she described it. In three weeks they stopped growing, in two months they were smaller, and later they separated entirely, much to the surprise of the interested young man who had ridiculed the use of anything but external applications.

Likewise others have seen their warts disappear when *Sulphur* was used on the totality of symptoms, and I hope to remove others, for this has proved to be the best remedy in my hands.

Sulphur has proven of such signal benefit in asthmatic conditions that I practically always think of it when such a patient comes. Similarly would I speak of urethritis, though *Mercurius vivus* vies with *Sulphur* here, also some eye troubles such as temporary dimness of vision that is rather a common complaint among the natives, and chronic liver disorders.

The potencies that seem to give the best results of those in my possession are the 30x and 200, though I have used a number of different potencies. To the black people I give the remedy in frequently repeated doses for a short period, as they, in my experience, seldom react quickly, then I gradually reduce it to thrice, twice, and once a day, having them take it with hot water, to favor quick absorption, and also to get more water into the system, for a sick native drinks no water, or at the most only hot and little of that.

Experience has taught me not to expect very quick results among these black people and to some extent in all people in this land. If there is scarcely any change even in a week's time and the symptoms still seem to indicate *Sulphur*, I will continue to give it, remembering how prevalent are infestation with intestinal parasites, tuberculosis, and other dyscrasiæ.

The symptoms that most commonly cause me to think of *Sulphur* are the following: abdominal pain, burning or sticking, especially in the epigastrium and about the navel, usually worse after eating; easy satiety; poor appetite; nausea after eating; abdominal distention after eating; rumbling in the abdomen; aggravation from farinaceous food; constipation; morning diarrhœa, often with tenesmus; increased frequency of urination; perspiring more easily or at night in bed, and especially in the palms of the hands; increase of saliva; thirst for cold water; cough worse at night, in bed, on turning, after eating; hot feet; burning pains anywhere; pulsations and flushes of heat; pain in the back, usually burning and common in the interscapular region; aggravation from heat, or no reaction to either heat or cold, or only a slight aggravation from cold, the first being most common; restless at night; sleepless after midnight; aggravation after midnight, or morning and evening; aggravation from lying on the back or from standing; complaints worse on the left side quite noticeably; itching, worse at night and from heat, or the result of insect bites; tongue white, yellow at the base, possibly slight imprint of the teeth, particularly with clean, red margin all around.

On account of the difficulty in securing adequate symptoms and getting a good drug picture, my aim has been to find a remedy that can generally be used in the complaints that come to our attention and with a reasonable expectation of its helping. How thankful we are that in our great remedies, *Sulphur, Arsenicum, Mercurius, Natrum, Pulsatilla, Silicea,* and others we have, not true specifics, but medicines that will relieve many of the ailments of the Africans.

KIJABE, KENYA COLONY, BRITISH EAST AFRICA.

Dare I confess that for many years I have never prescribed anything but a single medicine at once, and have never repeated the dose until the action of the former one had ceased—a venesection alone, a purgative alone, and always a simple, never a compound remedy, and never a second until I had got a clear notion of the operation of the first? Dare I confess, that in this manner I have been very successful and given satisfaction to my patients, and seen things which otherwise I never would have seen?—HAHNEMANN, 1797.

YE GOOD OLD *SULPHUR**

D. C. MCLAREN, M. D.

Shortly after graduation, now well nigh fifty years ago, one of my first cases was an infant apparently dying of acute congestion of the lungs caused by the suppression of an eruption. A speedy and satisfactory cure was wrought by the use of *Sulphur*, and from this case two important lessons were learned: first, the fundamental nature of the truth taught by Hahnemann regarding suppression, and, second, the wonderful power of potentized *Sulphur* to restore health under such conditions. This of course applies more particularly to psoric cases. Where there has been a gonorrhœal suppression, the remedy which in my experience most certainly brings back the original discharge is *Rhus tox.*, an occasional case requiring the help of *Sulphur*. The final clean up of such cases most frequently calls for *Medorrhinum* and *Sepia*. For syphilitic suppression *Hepar sulph.*, *Nitric acid* and *Lachesis* are prominent remedies.

Lippe used to say that many old syphilitics have been so completely drenched with mercurials and iodides that nothing short of a few months at Hot Springs, Ark., would sufficiently clear the field for our remedies to have a chance to work. Unfortunately, this is seldom possible.

While on the subject of suppression, let me call attention to one of its commonest and most frequent forms, having to do with the feet, such as the painting of bunions with iodine, the removal of corns with plasters and salves and the suppression of fœtid foot sweat. The classic remedy for all such cases is *Silica*, though at times *Sulphur* is required too.

It was stated last year at Pittsburgh that, owing to habits of increasing cleanliness on the part of most of the population, there would likely be less and less call for *Sulphur* as an everyday remedy; but forty years' experience in my own section of country makes me doubt any such probability. Not so very long ago the lumber camps were notorious breeding places of scabies, with the usual handy means of suppression, and more recently large numbers of young men were infected during the Great War

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in France. Therefore it is necessary to be constantly on the lookout for past suppressions as the leading cause of many present day complaints.

Probably no patient is so easily identified by his appearance and objective symptoms as the *Sulphur* man. He is likely to be dirty and smelly; not the decent occupational smell of the woodworker, iron worker or leather worker, but the disgusting smell of dirty clothing too long unwashed. Significantly, the *Sulphur* patient is not only dirty as to person and clothing, but he is perfectly content to remain so. He is too lazy and too indifferent to bathe, and will wear the same dirty old clothes as long as they hold together; to make matters worse, if remonstrated with, he will justify his course by sustained and clever arguments, hence he used to be called the "ragged philosopher" by the old authors. Imagine, if you can, a neat, tidy, fashionably dressed *Arsenicum* lady married to one of these dirty, untidy *Sulphur* fellows—they will have an increasingly unhappy time for a few years until forced to separate.

The *Sulphur* patient can be further identified as follows: red-edged eyelids, bright red lips, and dark rings under the eyes. In parenthesis let me add that red lips of the *meatus urinarius* in cases of suspected gonorrhœal infection strongly indicate *Sulphur*. Round-shoulderedness is a marked indication; a slouchiness of carriage, either too weak or too lazy to hold himself erect; when seated in your office he sits leaning forward with elbows on knees. An elderly woman with a chronic stoop remaining always in that posture was cured in a few months by a single administration of *Sulphur*. *Sulphur* patients are usually hungry; also hungry between meals, with that empty feeling at 11 a. m. and 5 p. m.; must have a snack or go on getting weaker until mealtime; hence we have as a marked symptom of the remedy, aggravation when hungry, or when the stomach is empty, with corresponding increase of snap and energy after eating.

The distress from ulceration is apt to be felt mostly when the stomach is empty and *vice versa;* without doubt *Sulphur* is our very best remedy for ulceration of the stomach. *Psorinum* also has aggravation when hungry, but with this marked difference, instead of getting faint and weak, the man gets cross and

ugly, scolds because dinner isn't ready. Some people regularly get that exhausted feeling in the spring, and a dose of *Sulphur* pulls them together and prevents breakdown.

An unusual form of weakness calls for *Sulphur*: he or she cannot stand, will walk a block rather than stand a minute waiting for a car; the lady can't stand long enough for the dressmaker's fitting, and of course, can't stand in church. Such people may have average health otherwise, but a little careful questioning will reveal other symptoms calling for *Sulphur*.

Even when tired and exhausted he is refreshed and feels better in the open air—air hunger is just as important an indication as ordinary food hunger. The patient often manifests this by ineffectual efforts to breathe deeply, also by long sighing inspirations. Truly he needs oxygen badly, but he needs *Sulphur* worse, for that alone will enable the system to appropriate the oxygen from the air which he is trying so earnestly to breathe. Recurrence of symptoms and conditions at more or less regular intervals is very significant of *Sulphur,* sometimes once a week, or fortnightly or monthly, or spring and fall. This, of course, spells chronicity, but along the line of acute disorders the same thing is observable and becomes a "tendency to relapse", and gives rise to many troublesome experiences. *Sulphur* helps such cases when given, not on that modality alone, but along with other indications. As well as fresh air he needs cool conditions; he can't stand heat; a little extra heat weakens the patient, he gets exhausted and sometimes faints. He is much stronger and better in the cool autumn weather. In general, *Sulphur* is worse spring and summer and better in fall and winter. While the first warm days of spring frequently call for *Bryonia,* look out for *Sulphur* too. Especially in eruptive disorders: the rash breaks out every spring and gets worse during the summer. *Psorinum* has the opposite condition of eruptions reappearing in winter; it is often required for eruptions where *Sulphur* fails, or aggravates. Old recurrent cases of ivy poisoning require both *Sulphur* and *Psorinum* to make a permanent cure.

The *Sulphur* patient is generally hungry; eats heartily and is hungry again; often eats between meals. Subject to cravings; often too fond of meat, of sweets, tea, tobacco or whiskey. Great

desire for meat; eats it two or three times a day; also many who are light meat eaters, but who must have that small portion of meat once a day, or else they get faint and weak, lose snap and energy. The *Sulphur* patient feels the benefit of the meat he eats. Many of them eat far too much, especially pork, and bring on boils, sometimes even carbuncles, and various skin eruptions. The craving for sweets is equally marked; besides gratifying the palate, these people get a certain amount of energy and stimulation from the sugar they consume. Those unfortunates who seemingly have to get drunk once in a while manifest strongly two marked indications for *Sulphur,* the periodicity and the craving. Such cases are difficult to cure for psychological reasons, but they always require *Sulphur*. Consider what it is that causes these cravings: it is nothing else but the presence of psora in the system, repeatedly burnt in by crude sulphur generation after generation, and now intensified and made more virulent by six or seven generations of vaccination. Probably the free use of the crude substance both externally and internally for hundreds of years may have caused one of its most marked characteristics, viz, burning. Hot vertex, hot feet, hot flushes, burning anywhere and everywhere, external and internal; when external, often associated with itching; which when relieved by scratching turns to burning. Burning skin eruptions often call for very close differentiation between this remedy and its analogue, *Arsenicum,* which is equally strong on the burning.

The hot feet of *Sulphur* require notice, often affording valuable confirmation when choosing a remedy. The feet are apt to be cold all day, and get too warm in bed and he wakens with his feet out, or they simply get warm enough to make him move his feet to a cool place in the sheets. While many remedies have hot feet, one in particular vies with *Sulphur, viz, Medorrhinum.* This patient not only gets the feet out but puts them against the wall to cool them. There are easy differential features between the two remedies. The *Medorrhinum* case needs treatment all winter and is better in summer; *Sulphur* the reverse. The *Medorrhinum* case has strong tendency to lie flat on his face; if he does not actually sleep that way, he often lies first in that position for a rest before going to sleep. In parenthesis, it is very

useful for those abdominal pains which are relieved by lying on the face. The *Sulphur* patient lies on his back, or goes to sleep on his side and wakens on his back, often with nightmare; *Sulphur* is one of our best remedies for nightmare. For rheumatism of the feet, *Medorrhinum* has pain mostly in the ball of the foot, but *Sulphur* mostly in the heels. *Medorrhinum* has a cough on falling asleep, but *Sulphur* jerks a limb or whole body on falling asleep. The *Sulphur* patient generally sleeps well and has pleasant dreams, but at the same time it is one of our best remedies for insomnia, or disturbed sleep of any kind, often turning the trick when everything else fails. When asleep the side lain on goes to sleep or gets numb, or he may be troubled with cramps in the legs.

Guernsey, in his monumental work on Obstetrics, says the new-born babe should be given a dose of *Sulphur* as soon as possible to combat the psora and give the infant a good start in life. This may not always be possible, but soon enough the youngster will show its need of *Sulphur*; in spite of the utmost cleanliness the anus and surrounding parts are apt to become chafed, red, raw and sore; the urine and fæces are acrid and excoriating; *Sulphur* cures promptly. The babe is never so happy as when his feet are bare; he keeps kicking until he gets the socks off; quite frequently dislikes being bathed, and dislikes water to drink unless it is sweetened; gets vigorously and noisily hungry half an hour before nursing time. An undernourished infant who cries all the time from hunger, chews his little fists, kicks the clothes off and objects to being washed, certainly needs *Sulphur* badly.

Warts are frequently cured by *Sulphur* when other symptoms call for the remedy. I remember a case where both forearms and hands were thickly covered with warts; they all disappeared in a few weeks after giving *Sulphur*. Local congestions such as recurrent attacks of conjunctivitis usually yield promptly to *Sulphur*. Boils which come singly or in groups, but which keep on coming, need this remedy; it hastens suppuration and puts an end to the recurrence.

Almost the first thing the student learns about *Sulphur* is the early morning diarrhœa; this occurs any time between midnight and morning and often two or three times. Painful urging drives

him out of bed, with relief after stool; after going a few times, the anus gets sore, even raw and excoriated, with more or less exhaustion.

It needs to be differentiated from two or three other remedies. First, *Podophyllum,* which is painless and profuse; *Aloes,* which is marked by a strong involuntary tendency and aggravation after food or drink; and *Natrum sulph.,* which generally waits until he gets up in the morning and moves around before going to stool.

There is a class of cases which must never have *Sulphur,* and the more definitely indicated, the more certain it is to do harm. Consumption cases may be easily hurried to a fatal termination by *Sulphur,* though I remember one case of recent severe hæmoptysis in a hitherto strong and healthy man, to whom I ventured to give *Sulphur* with the very happiest results. It is never safe to give *Sulphur* to cancer cases. They may be going along quietly, the cancer almost inactive, but a dose of *Sulphur* will cause it to flare up violently and fatally. Patients in a weakened state after cerebral apoplexy are also better without this remedy; it sometimes precipitates another stroke, this time fatal.

It remains to notice some of the relationships. *Aconite* is definitely related, meeting many acute conditions to which *Sulphur* corresponds on the chronic side. *Nux vomica* is closely allied to *Sulphur* and is nearly always followed well by it; the exception being those cases that call for *Lycopodium,* and even these may be the better of a dose of *Sulphur,* if not to complete the cure, at least to confirm it. *Sulphur* is followed well by *Calcarea,* or it might be better to put it thus: *Calcarea* acts best when the way has been prepared for it by *Sulphur.* This relationship to *Calcarea* also brings it into close touch with *Belladonna*; they act quite favorably one after the other.

OTTAWA, CANADA.

DISCUSSION.

CHAIRMAN STEVENS: These two papers are now open for discussion, and I wish to say that we will be very glad to have any of our visiting friends take part in the discussion. Dr. Elwood Davis, of Kijabe, Kenya Colony, British East Africa, took great pleasure in writing his article on *Sulphur,* and I think it gives some ideas on the use of this remedy.

PRESIDENT WILSON: Dr. Elwood Davis was a graduate of Hahnemann Medical College of Philadelphia. I knew him as a boy. I knew his father as a

minister of the Presbyterian church in Boundbrook, which is just up the river from my home town. So it is a pleasure to read Dr. Davis' paper.

SECRETARY ROBERTS: Dr. Davis is also a graduate of our Foundation School.

DR. HUTCHINSON: This magnificent paper of Dr. McLaren's refreshes us so that we forget the discomforts of the heat. I think a study of *Sulphur* by such a homœopath as Dr. McLaren is always helpful and full of suggestions. Just one item I will speak of and that is the inadvisability of giving *Sulphur* in cancer cases. I have been treating for six years a very interesting cancer case that has not been at all inconvenienced by the cancer so far as general health goes, although operation has been repeatedly advised by local physicians. The patient lives 2,000 miles away; I have never seen her. I had photographs which were very reassuring as to a cancerous, healthy patient, a lady of 84 years. She has done wonderfully well on *Quinine*, very infrequently prescribed.

As to the *Sulphur*, at one time I thought she needed it. That was a year or two ago. I can't recall just the circumstances which led me to prescribe it. I did give it, however. I sent a medium potency of 1M, probably, and it was immediately followed by discomforts. I remember some weakness and prostration. A relative who was looking after the patient and reporting to me said that she had put her grandmother to bed several days on account of the heat, and prostration probably caused by it, but it was obviously a bad effect of the *Sulphur*, from which in a few weeks she recovered.

That point brought out by Dr. McLaren was very interesting to me because I knew very little of its relation to cancer, and at once this incident came to my mind.

DR. WOODBURY: Madam Chairman, I have felt for a long time that there was one approach to the subject of cancer that was very important and I don't know of any better place to mention it than here in connection with this suggestion about *Sulphur*. I have a feeling that if we would tabulate very carefully the symptomatology of all the cases which have developed cancer under our treatment, in time we would be able to get some idea as to the pre-cancer diathesis. That, of course, has been gone into to quite an extent by men like Burnett, Clarke, and Cooper in England, and we have heard a good deal about it in connection with the various efforts that have been made toward cancer cures, cancer tonics, anti-toxins, but the fact remains that patients who are full of psora and various complex miasms do develop cancer under our homœopathic remedies. By checking up the symptoms noted in our cancer patients, unsuccessfully treated by our homœopathic remedies, it would help us to quite an extent to get the picture in our minds. Then we would be better able to find out the pre-cancerous symptoms and we might possibly prevent the development of the growth if prescribing can do it. We would observe, too. the remedies and classes of remedies which have benefited cancer.

About four years ago I spent a year studying the problem of cancer and I made some observations then that I still maintain are true; that cancer is a constitutional disease and that no homœopathic remedy has ever cured or can cure it, but I do believe that the remedy has cured and does modify the manifestations of cancer appearing in individuals who have or do develop cancer. I do not mean by that that we can cure cancer, because it is very unwise to make any such statements, but I think that some study of the kind can be undertaken by this Association. It may be very valuable.

I have tabulated in my one year's study all the case records I could find in our homœopathic literature. There is need of going into this matter still more deeply. If we could do it, we would know better the relation of *Sulphur* and all the other suggested remedies to cancer.

DR. BOGER: Madam Chairman, I wish to add that when *Sulphur* seems to have exhausted itself, which happens once in a while, *Sulph. iod.* follows wonderfully well.

DR. UNDERHILL: I think these two papers on *Sulphur* are exceptionally fine.

I want to verify the statement Dr. McLaren made in regard to *Sulphur* in cancer cases. I have seen on two occasions rather sluggish, dormant breast cancers where *Sulphur* was clearly indicated, and I have given it to my sorrow. They flared up and became rapidly fatal. I also gave *Calcarea fluorica* to my sad regret in a scirrhous type of breast cancer, where there were definitely *Calcarea fluorica* symptoms. But in a case of spindle cell sarcoma of the breast, where *Carbo. veg.* was very strongly indicated, enucleation of the mass followed the giving of the remedy and at the time of operation the entire tumor was removed, with perhaps only a small area about an inch long holding fast. There was no axillary involvement, and the patient made a perfect recovery. (Applause)

DR. GREEN: Madam Chairman, I would like to say one word about Dr. Elwood Davis, who came to our Foundation School for one of its sessions. Dr. Davis is a very earnest homœopath, but much handicapped in two ways. First, in the matter of adequate supplies at his African station, and, secondly, in having to treat, as he has told you, so many peculiar and baffling conditions. I wonder if the I. H. A. members would like to send a letter to Dr. Davis thanking him for his paper, and giving him the good wishes of the Association, with the hope that the next time he gets a furlough he will come back and study with us some more. (Applause)

SECRETARY ROBERTS: I was very much interested in Dr. Davis' article, as well as in Dr. McLaren's. There was one thing I noted, the use of *Sulphur* so constantly among the negroes of Africa. I think it is a fact that probably 95 per cent of the cases of the negro race come under three remedies—*Bryonia, Sulphur,* and *Sepia*. Those are the three great remedies that are usually indicated in negro people in this country, and I am glad to get his notation that it is so over there in Africa.

I was impressed with the difference between Dr. McLaren and Dr. Davis on the indication for *Sulphur* in tubercular patients, or rather the danger of it, and I think that Dr. Davis probably will learn that *Sulphur* will not fit in tubercular cases any more than in cancerous cases.

DR. ALLEN: *Sulphur* made for me one of my worst enemies and best friends. When I first located, 30 years ago, in northwestern Ohio, there was an old school man with a statewide reputation as a surgeon. There was little opportunity to do homœopathy. His set statement was that a homœopath would drop a drop of medicine in Lake Superior and go down to Niagara Falls and fill his bottle. I made up my mind that I would go to see him. He very graciously received me and introduced me to his library. He said, "I have more homœopathic books than you have," and he had. He said, "You are foolish to carry 32 remedies around with you when you only need one, and that is *Sulphur*. It records every symptom known in the ailment of human nature". I said, "What do you use *Sulphur* for"? "Autoinfection". I have been studying it ever since. It is very interesting.

DR. UNDERHILL: If I may speak once more, I think the more unevolved a race is, probably the fewer remedies are indicated. Our civilization is so complex, that really it is very difficult to work out all the remedies that would be indicated. I have often noticed that on the average the more ignorant classes are easier to prescribe for than the more intelligent ones. In the first place, the educated man or woman will come in and give you an interpretation of his or her symptoms rather than the clear, pure symptom itself. Hahnemann says, I think in his *Chronic Diseases*, "Woe unto the young physician whose practice is almost wholly among the well-to-do. Such a man is almost fore-doomed to failure."

DR. FARRINGTON: We have had some very interesting and scholarly papers. I know we all appreciate the fact that we can never learn all there is to be learned about polychrests and even old *Sulphur* that we use almost every day.

I was very much interested in Dr. Davis' paper. It was well written. When I saw the title in the program, I rather expected that he would give us just a few indications that we already knew, but it appears that he is building up for himself a new chapter in clinical medicine. Some of the things that he relates in his paper we do not know, and probably would not have an opportunity to find out. He is in a different climate; he has a different people to deal with.

I think it is true, as Dr. Underhill says, that the simpler, uncomplicated races have simpler and less complicated diseases. I can confirm that. I spent two years as intern in Kent's dispensary in Philadelphia a number of years ago. We had a great many of the negro race in our clinics and out-patient work. The other two interns happened to be from the south and hated the negroes, so I was the one who had the most to do with them. I had unusual and remarkable experiences. In the case of a young girl of sixteen who had a terrible cough and expectorated huge quantities of yellow pus, I gave *Sulphur* 55M, and it nearly killed her. Her temperature went up to 103. It seemed that she was going to cough her lungs out. The sputum became bloody and I was exceedingly alarmed, but waiting overnight was just the thing that was needed, because the symptoms subsided and that one dose of *Sulphur* cured her. She evidently had tuberculosis.

DR. DAVIS: There may be a tendency to draw the conclusion from this paper that I am giving *Sulphur* for nearly every ailment, on the basis of when in doubt or in the absence of symptoms, "give *Sulphur*".

I graduated in 1906 and arrived in Africa on the 11th of January, 1911. I have realized the possibility of getting into such a rut. During dispensary hours I have my *Repertory* on my desk by my hand all the time and use it for reference in a large majority of cases, in addition to other medical books. Hospital cases are studied far more carefully. European cases are usually carefully repertorized, particularly the first time.

So, if I seem to give *Sulphur* too generally, it is the result of considerable experience. Of course I make mistakes. I fully realize that I have too little time to give to studying which is of first importance in homœopathic materia medica.

I will here try to answer some of the questions that may arise in the minds of some. In giving a medicine frequently, I give a bottle of the medicine, corresponding to a glass of water with 10-20 drops of the remedy. The instructions are to take a teaspoonful every hour during the day, with some hot water. Or take a tablet every hour similarly. Knowing that it is seldom taken regularly every hour, I give these instructions in order to get some medicine into the patient quickly, never giving much at a time, and then noticing the effect the next time I see the patient.

Do I ever get aggravations from the frequent use of *Sulphur*? Possibly I do, itching of the skin with some papular eruption, but this is so prevalent among the natives, and they have so many fleas and lice and bedbugs in their houses and on their clothing that one is in doubt of the aggravation.

As yet I have not seen the long lasting effects of a high potency in this country. One capable observer, a missionary, said she noticed the beneficial effects of *Sulphur* for nine or ten days, then it ceased.

I feel the need of emphasizing the difficulty of securing reliable symptoms on which to base a prescription. The changing of the description of the symptoms and character of the pain *may* be due to changeableness in the disease, but much experience causes me to doubt it. The difficulty of the Africans in describing their symptoms minutely and their inability to understand the reasons for such details are big obstacles.

I now feel that the best thing I can do is to know *Sulphur* well and also all of its complementary remedies, as they will often be needed. I have found *Arsenicum album* needed much in our work, frequently followed by *Sulphur*.

BRONCHO-PNEUMONIA OF CHILDREN*

HERBERT A. ROBERTS, M. D.

A mother calls the doctor on the phone, asking that he make an early call on her small child. On arriving, the doctor finds the child has had a bronchitis, with cough and a slight fever for a day or two. During the night there was a sudden increase in the fever, restlessness and anxiety. Upon examination it is found that the baby has a temperature of from 103 to 105; a dry rasping cough; respiration very much increased; the chest shows fine, crepitant rales mingled with coarse ones; and dullness over a small area in the posterior part of the chest. We realize from these objective symptoms that we are out for a case of broncho-pneumonia. What shall be our attitude and course of procedure?

The recognized hygienic methods, it goes without saying, should be carried out and maintained: fresh warm air; sunshine if possible; plenty of water, of course. But this is only a part of what we, as homœopathic physicians, have to offer. Now comes the actual selection of the remedy, for we know that upon this depends very largely the value of our treatment. All of the symptoms that we find in these small children must be purely objective, and here becomes manifest the necessity for the highest degree of precision and observation. First we must note the generals, then go to the particulars in the selection of the remedy. The most noticeable objective symptom is fever.

Here we have a great variety of remedies from which to choose; among them are *Aconite, Belladonna, Ferrum phosphoricum, Gelsemium, Sanguinaria canadensis, Ipecacuanha, Bryonia, Carbo vegetabilis, Lycopodium* and *Antimonium tartaricum.*

Then we should consider thirst: the type of thirst if it is present, or if it is absent; whether perspiration is present or absent, and if present, whether it is all over the body or appears only in certain parts; whether restlessness or lethargy is manifest; if delirium accompanies the fever, and if so, the type; the expression of the countenance; the appearance of the alæ nasi; the condition of the tongue; the condition accompanying the excretory functions of the body; the type of the cough; and the

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general period of aggravation and amelioration of all the symptoms. Upon the careful observation of all these objective symptoms depends the choice of the remedy.

In the beginning of the pneumonias of child-life we think of the remedies having symptoms ushered in with intense violence, and foremost among these remedies is *Aconite*. Here we have a remedy of short duration with exceedingly violent onslaught; always in healthy, rugged children, never in the weaklings. The child has been out with the nurse girl in a cold wind, or has been exposed to the wind; or the child may have been allowed to run around the house half-clothed in the cool morning; and before night there is a violent fever with engorgement of the lungs, showing a bronchitis with a deep hoarse cough. In listening to the chest we detect fine crepitant rales, showing the extension of the inflammation to the finer bronchi. There is unquenchable thirst for large quantities of water, which he retains. The eyes fairly stare and glisten with excitability; the child is wild in expression and manifests in his countenance great fear—fearful of those about him, even those in whom he usually has great confidence; impossible to console, so intense is the fear implanted in him. He is exceedingly hot, with dry skin; one cheek is red, while the other shows pallor. There is perspiration on the side of the head which rests on the pillow, and if the child is turned over, the side uppermost becomes dry and hot, and the side resting on the pillow begins to break out into a moist perspiration.

The child calling for *Belladonna* in broncho-pneumonia presents characteristics that are very noticeable. Again we have a rugged, vigorous child suddenly overcome, presenting an intense fever. There is nothing half-way about *Belladonna;* it is active, vigorous and pronounced. The fever is intensely hot; the skin is hot and almost burns your hand as you touch it, utterly out of proportion to the actual temperature. The face is intensely red. In fact, redness of the skin is one of the marked peculiarities of *Belladonna*. This redness increases and finally becomes a mottling of the face, some parts showing dusky and others retaining the bright red. The pupils are widely dilated. There is great excitability in these *Belladonna* patients, jumping and twitching, particularly from sudden noises or jars. The child lies perfectly

quiet, usually on the right side, and will give a sudden jump because of the slightest touch to his bed or a heavy step rousing him suddenly, showing the sensitiveness to jars rather than motion. The child wants water and drinks ravenously. The mouth appears dry and the tongue is bright red. There is intense throbbing all through the body and you can feel the heart-beats by placing your hand on the child's head. The cough is dry and hard, and evidently painful, because he will begin to cry before he coughs, knowing that the cough is coming.

Just a word in regard to *Ferrum phosphoricum*. It is often said that this remedy stands just half-way between *Aconite* and *Belladonna*. The excitement and agitation of *Aconite* are absent, and much of the delirium of *Belladonna* is likewise wanting. It is more apt to be indicated in the anæmic, pale child whose face becomes suddenly flushed because of the febrile condition, and the little patient usually manifests considerable thirst. In recognizing this station mid-way between the two remedies, *Aconite* and *Belladonna*, we have found it exceedingly useful, especially in the care of children.

A remedy that is often overlooked in broncho-pneumonia conditions is *Gelsemium*. It is called for in the active stage, but unlike *Aconite* and *Belladonna,* it takes several days to develop the full indications: the drowsiness and desire to lie perfectly quiet, the dislike of being disturbed; with an intense fever, but absence of thirst; the red face, and engorged condition of the chest. This remedy is called for more particularly because of its general constitutional symptomatology than for the local manifestations in the chest.

Another remedy having this early manifestation in the course of the disease, and always in active, sturdy children, is *Sanguinaria canadensis*. The inflammation has extended from an acrid nasal discharge to a scraping through the nose and throat to the larynx and the finer bronchi, with all of the discharges excoriating. This course is always an extension from above downward into the chest. There is an exceedingly croupy cough at first, causing the child to cry out because of the pain experienced in the throat; a little later the cough becomes persistent, dry and hacking, aggravated markedly by lying down. There is marked

dyspnœa and an asthmatic wheeze to the respiration. The cheeks are hectic with an intensely red spot over each malar bone, while the rest of the face is pale. This is one of the leading remedies that we can use with such beneficial results in broncho-pneumonia following whooping-cough, where the patient has suffered from exposure.

One remedy standing out prominently, with objective characteristics ever before us is *Ipecacuanha,* with its persistent nausea. This shows itself by waves of pallor over the face, increasing until there is actual gagging and vomiting. The fever of *Ipecac* is not excessively high, but the patient is always thirsty, and quenching the thirst always causes nausea, and with the waves of nausea there is profuse perspiration. With the paleness of the face and the pinched look, the orifices of the body are red. The tongue is very clear, in marked contrast to *Ant. tart.* Also in distinction from *Ant. tart.* are the coarse rales all through the chest, which give a wheezing, whistling sound, and the respiration can be heard usually all over the room. The *Ipecac* condition is early in developing and is of a spasmodic type, unlike the profound prostration that is present with *Antimonium,* which manifests itself practically at the "end of the rope." The *Ipecac* condition has come on very rapidly, and the child appears dangerously ill, as is manifest by an extension of the irritation in the respiratory tract, from above downward, especially in such conditions as complicate whooping-cough and measles. It is a particularly valuable remedy in childhood, straightening up many broncho-pneumonias promptly and completely.

The next patient is one who has been ill for several days with a nasal discharge, gradually increasing irritation through the nose and throat to the larynx, causing a dry, harsh, rasping cough. The child will begin to cry before the cough, because he knows he must cough and that it will cause pain. It is a decidedly painful, rasping cough, causing pain all over, as is manifest by the attempts, even on the part of very young children, to suppress it. This is very different from the onslaught of *Belladonna* or *Aconite,* for while this child has been exposed to the cold as were the *Aconite* and *Belladonna* patients, almost invariably the patient is two or three days getting sick, gradually becoming

worse, the trouble going from the nose and throat and larynx to the chest. The child is apparently languid and tired, and lies perfectly still, preferably on the right side. The child does not want to be moved in any way and motion is resented, and any motion or attempt to move the patient causes a decided irritability. The child picks at his lips until they become sore. There is intense redness of the face, which becomes a dark, dusky color. There is thirst for large quantities of water. The child is made much worse by a warm room or too many bed-clothes, and will become very irritable and restless in a close room; but if the window is opened, the patient almost immediately will go into a quiet sleep. Of course we find in this state all the physical signs of a broncho-pneumonia, crepitant rales over sections of the lungs, especially the right lung. The local conditions are always present, but it is on the general conditions that we prescribe *Bryonia.*

A remedy that is often overlooked, and yet is of inestimable value when indicated, is represented by a child who has been ill some days, is emaciated, and the appearance of the countenance is peculiar in that the veins of the face and forehead stand out blue and the lips are always blue. This is preeminently a venous stasis condition. Being such, the whole makeup of the child is pale and blue. There is coldness of the hands and feet and legs. The little nose is cold, and there is even a coldness to the breath as it strikes the hand. There is a cold clammy perspiration, especially about the head. With all these indications, there is air hunger in spite of the contraindication of being so cold; yet the little patient is more comfortable with plenty of air. The cough is spasmodic, that goes on to a gagging, and the little one throws up. The chest is full of rattling mucus that wells up and chokes him to the point of gagging. This state calls loudly for *Carbo vegetabilis.* Unless its curative action in dynamic form is soon administered the little life will soon go out, but with the administration of *Carbo veg.* in a potency, reconstruction is soon established, which goes on to a cure. This is one of the best remedies that we have in such straightened conditions in the latter part of broncho-pneumonia following whooping-cough.

Another remedy which may be called for during the latter

part of broncho-pneumonia states in these desperately sick children has another marked facial expression. We note pallor, yet the cheeks are flushed; and a peculiar wrinkling of the forehead, which in an adult we would translate as an expression of concentration. The alæ nasi are very markedly dilated with every respiration. While the nostrils are widely dilated, there is no sooty appearance. The tongue is coated brown with red tip and margins. Respiration is very rapid and the temperature high. There is much mucus present in the chest, but more extensively in the right chest. These children exhibit great thirst. There is considerable abdominal distension. All of the symptoms are decidedly aggravated between four and eight p. m. These conditions are found in cases that do not resolve readily, and they are very apt to drag on for some time. In these conditions where *Lycopodium* is thus indicated it usually makes a complete cure without the need of another remedy to follow.

In the latter stages of these broncho-pneumonias we often find a condition where the expression of the face again tells the story. There are dark circles about the eyes, which are sunken. There is extreme pallor all over the countenance. The little nose is pinched; the nostrils are so wide open that they give the appearance of sooty or dirty masses in the nostrils, and the alæ nasi dilate with every respiration. The tongue is coated white. Here we find the coarse rattling of mucus in the chest, almost overshadowing the finer crepitant rales. The child lies absolutely languid and exhausted, with a cold perspiration, especially about the head and neck. There is great oppression manifest in a closed room and from too many clothes. The temperature is of a low type, rising one or possibly two degrees. There is great prostration in these *Antimonium tart.* states, and exceeding irritability when disturbed. There is quite apt to be a constant moaning, which goes into a real cry if the child is moved or disturbed.

I have mentioned only a few of the leading remedies which may be called for in broncho-pneumonia, and in the indications for these I have confined myself to the objective symptoms; for it is on these only that we can base our prescriptions for these

little patients accurately, yet with surety and confidence, because they are not easily misinterpreted.

When one devotes some time to a careful analytical review of the medical literature on broncho-pneumonia, one realizes that any remedy which has been proven may be called for; yet the great majority of cases call for but a few remedies. It is important that in studying these remedies, we must be able to interpret the seemingly objective symptoms of infants in the light of their subjective counterparts. The range of remedies useful in acute manifestations is comparatively small, yet if these are mastered thoroughly, that terrific mortality that is the common toll among these little patients, will be very greatly reduced, and it will be a very rare exception that one is lost.

DERBY, CONN.

DISCUSSION.

DR. GEORGE ROYAL: I want to say that I enjoyed the paper immensely, and I got two or three points from it. I have one or two criticisms, if you will permit me, Dr. Roberts, and that is the nomenclature. I have never known a case of broncho-pneumonia that ever called for *Tartar emetic* or *Ammonium carb.* I will tell you how I get at that from my viewpoint in the nomenclature. The first thing I do when I get hold of a patient is to determine what tissue is involved. If it is the bronchial tubes, what may we have happen in those bronchial tubes? First, an infiltration, and if it is permitted, it goes on into an inflammation, then there comes an exudate. I have never known a case of broncho-pneumonia, strictly diagnosed, that had consolidation. There is where I get my different condition. In the solidification is where the *Lycopodium* would come in to help clear up *Phosphorus.* When your resolution comes rapidly, then your tubes fill up, and you have two remedies then. You want to absorb that, then comes your *Tartar emetic.* You can hear the rales all through the lungs as though you were blowing soap bubbles through, and that is really what you are doing. With *Ipecac* your mucus is adherent to the bronchial tubes and you are getting a whistling, like a corncob whistle.

He gave me a good illustration of *Gelsemium* that I never had before. I want to thank him for that. I have never yet found *Tartar emetic* beneficial unless there was perspiration. I have never found a case where *Ammonium carb.* would help it if it wasn't warm, but you have the same pathological condition. There is your differential between the two, I would say.

DR. ROBERTS: Just a word. I think Dr. Royal possibly misunderstands my meaning of broncho-pneumonia. He says there is no consolidation; it is an extension of bronchitis into the tubes. Broncho-pneumonia is an extension of bronchitis into the alveolar process of the lung, not in the bronchi as I understand my pathology. Therefore, you can get *Antimonium tart.* indications because consolidation has taken place in the finer bronchi and from the finer bronchi has gone into the alveolar process.

I have never used *Ammonium carb.* in children in broncho-pneumonia. As for *Phosphorus,* I don't think you ever see a *Phosphorus* case in a child. I am talking about babies only, not adults.

DR. IRVING: The last remark of Dr. Roberts made it impossible for me to sit still. One of the worst cases I ever had was a case that no other remedy touched. I was comparatively young in the profession then and I called in an older man. He suggested the remedy. Of course, being a younger man, I had to submit, and I let it go for forty-eight hours. The child had a temperature above 106 and it hadn't budged from that. I stood at the foot of the bed, saw the dark circles increasing under the eyes, and decided that *Phosphorus* was the remedy, and the only remedy.

When I went in there the next morning, as I did with a good deal of fear, that temperature having stood at 106, and above, for three days, the mother met me at the door. I said, "How is the baby?"

She said, "I think she is better, but oh, that cough. She has coughed every minute since you left yesterday."

The whole condition had loosened up and it was coming up so fast that it kept the child coughing to bring it up. I took the temperature and found it normal, and it never budged from normal again under *Phosphorus*.

DR. ROBERTS: I would like to say just one word. I had my first case of *Phosphorus* in a baby this last winter, with pneumonia. It was not the broncho-pneumonia; it was the croupous pneumonia straight which you evidently had. In croupous pneumonia you will find *Phosphorus* very frequently indicated, and I presume very frequently in babies, but I have never run across one before this winter, a very similar case to the one you referred to. That is the only time I have ever had to use *Phosphorus* in a baby, but it was lobar pneumonia, and not broncho-pneumonia.

DR. WOODBURY: May I add a word? Some years ago I reported the case of a child. I know it was definitely a broncho-pneumonia. It responded in just the same way to *Phosphorus*. It was when I was practicing in Honolulu. It is somewhere in the Transactions. I know it was not croupous pneumonia, but broncho-pneumonia.

Practice teaches us that a single one of these smallest doses will, perhaps, in some very light cases of disease, especially in small children and delicate and very susceptible adults, be sufficient to do all that medicine so far can do; that, however, in other cases, indeed in most cases of continued as well as too far progressed, often by previous drugging complicated, as also in grave acute diseases, plainly such a minimum dose of a remedy, even in our highly dynamized potency, is insufficient to produce all the curative effects which we can possibly expect to be produced by this same remedy; for here it is undoubtedly necessary to give several of such small doses, so that the life-force may be pathogenetically changed to that degree, and the curative reaction so increased that it may be enabled to eradicate all of the original disease, which the well-selected homœopathic remedy has the power to eradicate and completely obliterate the same through its counteraction. The best-selected remedy in so small a dose, given once only, would give in some cases some relief, but not by far enough.—SAMUEL HAHNEMANN, 1833.

THE POTENCY QUESTION

A. PULFORD, M. D.

The potency question will never be solved, at least not by the present generation. Not that it should not be solved, but we are too obstinate to let it be solved. We are too self-satisfied and secure in our own beliefs and knowledge.

Those who believe that the low potencies only may cure, have our sympathy, for the time was when we held tenaciously to the same belief. We ridiculed the high potency "moonshiners and bottle-washed potency men" as the last word in lunacy. These crude drug and low-potency men have had many apparently miraculous and immediate results. Our own father was one of them. But they are satisfied to be "put" and to stay "put". Compared to allœopathy they are indeed wonderful for what they know, but they do not go ahead and explore and develop. They are like the members of the various churches, satisfied to belong to any church that was good enough for their mother. But unfortunately this "good enough" stand for the medical man curtails and obstructs his mental progress and initiative, as if there were nothing more to learn concerning that particular subject. This would be all right if it concerned only themselves, but it concerns their patrons even more.

Our highly esteemed friend (we mean it), Dr. George Royal, disagrees with us radically on the potency question, which is his right even though he be wrong. He has had at least three more years' experience than we as a prescriber and infinitely more experience as a teacher of materia medica, for we have had none. For all this we acclaim and honor him and "doff our cap" for that much, but we think that we have it "all over" Dr. Royal for although we have had only 30 years' exclusive experience with his method we have had besides 15 years of testing out the higher potencies and using *them* exclusively, effecting pre-eminently more rapid, more satisfactory and more permanent results in every way, our cases being in no way different from those with which he comes in contact. No one can be a perfect judge and render a just and intelligent decision on any subject or case who has

not listened to, and weighed carefully the evidence of both sides and become thoroughly conversant with them. It is quite evident that those who denounce the higher potencies in favor of the lower have never thoroughly tested out the case intelligently.

Another most highly esteemed friend of ours, Dr. Daniel E. S. Coleman, is credited with the statement, in a discussion on a paper by Dr. Garth Boericke, (J. A. I. H., July 29th, p. 635): "Potency plays no part in the selection of the remedy, etc.". If not, why not? If so, why potentize drugs? If after all the data is collected to indicate the remedy why not give the crude drug if the selection of the potency is of no moment? And again, if potency "cuts no figure" why do either Dr. Royal or Dr. Coleman prescribe high, medium and low potencies? Surely the potency is not a matter of personal whim. If so it is an expensive one. Keeping these different potencies and claiming that they are not calculated in the selection seems to me like making a positive statement and refuting it in the same breath.

We do not wish any one to agree with our statement without testing its truth for that would be inconsistent. We were once convinced against our will, but we are not of the same opinion still. Like the late Dr. James B. Bell, conviction against our will made all the deeper impression. There is nothing so convincing as to try to prove the other fellow a fool only to land up against a stone wall, neatly butt our brains out, thereby proving to ourselves that we were the fools instead.

Bell failed to prove the high potency men fools. Hering failed to prove homœopathy a falsity and a delusion; not as much of a delusion as the medical intelligence of the late Dr. Oliver Wendell Holmes or that of our valued and valuable enemy, Dr. Morris Fishbein. How foolish both Hering and Bell must have felt, after their false though honest accusations, to find that the advocates of high potencies and homœopathy rang true.

If the ultimate result is to be perfect the selection of the potency is indeed as important as any other element in the formulation of the prescription. It is true that we can get results with any remedy in any potency and in many cases with crude drugs and low potencies sometimes much quicker than with the higher potencies. This must be done many times because of the lack of

the true remedy and the incomplete unfolding of homœopathy, but are such results curative? Could the wrong remedy cure even in low potency? Are not such results merely palliation (temporary suspension) or physiological (suppressive)? Can a cured condition return? Can a returnable condition be anything more than a temporary suspension? And, lastly, is it not a sign of unintelligence not to prove this contention to our own minds either one way or the other?

To contend, as some of our allœopathic brethren and some "highly modern so-called homœopaths" do, that failure with a case upon which years of effort have been misspent, but which then responds readily to the high potency under the care of a real homœopath, means that that case was about to get well anyhow, or that it was a case of mistaken diagnosis, is the perfection of asininity on the one hand and an admission of ignorance on the other. If the mere change to homœopathy, of what our allœopathic brethren contend to be a very serious case while under their care, converts it into a simple benignity, then what better recommendation could homœopathy have for its universal acceptance, and what more reasonable excuse could the patrons of allœopathy have for turning to homœopathy, and lastly, why should homœopathy not be the dominating system of therapeutics?

Homœopathy is the *only* known system of medical healing today. Just what excuse is there for its being otherwise? And by the way, just who are responsible for the life of homœopathy as it exists today if not the single remedy, high potency men and women of our school? Was it a single remedy high potency man who made a complete failure and lost a golden opportunity for homœopathy in Washington during the Harding administration? We wot not. Will it be any better during the Hoover administration? How much have those who believe that the potency cuts no figure in the selection of the remedy contributed to the sum total of accurate homœopathic knowledge?

Let us ask, of those who contend that low potencies and crude drugs are the all essential and that potency is of no moment in the selection of the remedy, whether all drugs act alike and with the same rapidity and ultimate result in the sluggish,

the temperate and the highly sensitive temperaments? Is it true that the selection of the degree of potency to accord with different temperaments is not essential? Is it true that the same crude drug or low potency will act alike, even if the same symptoms indicate it, in the sluggish, the temperate and the hypersensitive, the acute, the subacute and the chronic?

When homœopathy is fully completed we shall find that the potency is of the utmost importance in the selection; the indicated remedy will always be findable and the results prompt, continuous and final. Men will come upon the scene with keen observing powers who will accurately test out this matter systematically and furnish the practitioners of homœopathy with a reliable guide. When that time comes our present makeshift of prescribing will seem quite crude though it may be condoned at the present simply because we are compelled to do as we do for lack of known proven remedies, being compelled to do our work mostly without tools or with makeshift methods.

We have tested this out in two cases recently, one of which we will here report, and would like any one who claims potency has nothing to do with the selection of the indicated drug to explain intelligently why in both cases the wrong potency failed to act either way while the exact potency acted immediately and terminated the case effectually. Here is one of the cases:

A Mrs. B. was referred to us, having been a semi-invalid for some time and growing gradually worse under allœopathic treatment. Her symptoms were so clear that there could be no doubt whatever of the correct remedy. Here is what we found: A lady, robust and fleshy, 49 years old. *Mild, yielding, melancholy, tearful, changeable disposition.* Sighing. Pain around heart beginning under l. breast extending upward, sometimes to elbow. Vision growing dim. *Palpitation when lying on l. side.* Aggravation evening. Better in *cold, cold air*; after sleep sometimes. Itching of skin at night in bed. Tires from slight exertion. Stiffness and lameness after sitting, better rising and *walking slowly about.* Worse in *warm, close room* or *room full of people.* Aversion to and aggravation from *fatty food.* Little or no thirst. Constipation. Feet burn at night, must put them out of bed or find a cool place for them. Hands and inner organs tremble and especially after

fright. Here was a second good chance to prove whether or no the potency must be taken into consideration in the selection of the positively indicated drug. Here was a subacute condition bordering on the chronic. Here was a sensitive temperament. Before taking the lady's symptoms, merely from the very looks and action which indicated the remedy, we jotted it down together with the potency we would have given to see how near we came to it. However, as the truly indicated remedy was a foregone conclusion and that *a priori,* we decided to see whether or not the potency was a consideration in the selection of the drug. We therefore, gave the lady *Pulsatilla* 30x, four times daily for one week. At the expiration of that time she returned very much disappointed, there had been no change whatever. We waited five weeks so as to give the remedy time to either act or to wear off. At the end of five weeks we gave the lady a single dose of the 1M with prompt and continuous response, ending up by a rapid clearing up of the entire train of symptoms. She said: "I have not felt so well in years as I do right now". She can work harder, and walk fast; sight is better and stiffness gone.

TOLEDO, OHIO.

PROFUSE NOCTURNAL ENURESIS*

T. F. ALLEN, M. D.

A boy of five years was passing frequently large quantities of pale urine; every night, besides being taken up two or three times to urinate, he soaked two mattresses.

His stools are of normal consistence and regular, but gray, or mixed gray, in color. He is irritable and seems puffy under the eyes. He eats heartily and sleeps soundly. *Plantago* 200, (Jenichen).

Three doses seemed to restore a normal condition, his urine became natural in quantity, and he no longer wet his bed at night, his stools became natural in color, and he was no longer irritable.

*1893.

NOTES ON THE EUROPEAN TRIP OF THE AMERICAN HOMŒOPATHS

GEORGE ROYAL, M. D.

The medical or scientific part of the program is divided into two classes, the round table on the two boats going over and returning, and the joint meetings with the societies of the different nations visited. From a practical, helpful point of view the round table talks held from 10-11 and 11-12 each morning were excellent. On the Duchess of York the surgeons, led by C. A. Burrett, H. H. Wiggers, I. D. Metzger, A. W. Belting and Robert Hovey, stressed surgical technic and the importance of operating for all conditions from a simple acute appendicitis to cancer. They had but little to say about homœopathic remedies for preparatory treatments, shock or after treatment. During the discussion, however, many who were homœopathic physicians and surgeons—not specialists in surgery—repeated the effects of homœopathic drug therapy such as were given prominence by Dr. James W. Ward at Atlantic City in 1906.

Of the non-surgical members W. B. House's paper on *Neurology* and H. I. Klopp's on *Psychiatry* were good. Both emphasized the indicated homœopathic remedy. Dr. Klopp's statement that he very rarely used anything except the indicated remedy in the Allentown, Pennsylvania, Asylum brought a cheer of approval from his hearers. Prof. G. Morris Golden dealt more with the *new* in the various diseases, especially diabetes and heart condition. His diagnostic points were exceptionally good, giving the tissues involved and the manner of their involvement, thus helping in the selection of the indicated remedy. A large per cent of those present, however, took exception to the statement of the benefit of digitalization of patients suffering from heart disease, and to the frequency of the need of insulin for the treatment of diabetes. Several members stated that they had never found it necessary to use insulin, and several cited cases in which insulin had produced great and permanent injury. Dr. A. H. Gordon stated that he objected to digitalization and that he had never used insulin. Dr. George Royal made the same statement. Dr.

Golden's indication for the homœopathic remedies was clear cut and his auxiliary treatment very practical. Dr. E. Wallace MacAdam gave us a definite and extensive outline of his method of teaching homœopathic materia medica. He uses clinical methods for the most part. He gives a few remedies to the students—even freshmen—and has them treat patients. His method is much the same as Prof. Martin Deschere used in the chair of pediatrics in the middle eighties.

Dr. W. E. Allyn called attention to the new things in pediatrics, especially to the vitamins, oil and diet in general, giving the names of the drug houses who had the latest. He advocated the greatest care of the babes and infants. In the discussion many cases were cited by different physicians of the benefit derived from our constitutional remedies. Several also voiced the opinion that the child of today was receiving too much care, too much protection; that he was too dependent upon his parents and teachers, which rendered him unfit for the battles of life. This opinion was heartily approved. It is significant that the public press has taken the same view for nearly a year.

For six days the doctors and many of their friends enjoyed the round table on the Lapland. For some unknown reason the surgeon did not appear. Materia medica and internal medicine received much more attention here than upon the Duchess. The leaders on these two subjects, which are really one, were MacAdam on *The Common Cold*, also on the use of the repertory; George Royal on *Materia Medica*, holding an adjourned session Tuesday p. m.; A. H. Gordon on internal medicine, pleading for the homœopathic remedy and stating that forsaking it for the combinations put out by the pharmacies of all schools was the cause which brought homœopathy into disrepute; Claude A. Burrett on endocrinology brought out the fact that the use of the endocrines had been beneficial. Suggestion was brought out that they be proven. Hospitals by President-elect Griffith; diet by Dr. Diebel; obstetrics by Dr. Mercer; periodic examinations by Dr. Hennikoff; *The Doctor in the Court Room* by Attorney Denham, who was very ably assisted by Attorney Kirby and Judge David C. Meck of Ohio. The latter in his instruction to "the jury"—his audience—was very clear and emphatic as to what a

physician should and should not say on the witness stand; Dr. Patterson on physiotherapy and Dr. Caldwell on roentgenology brought out a discussion on the many agents which help the indicated remedy act more quickly, safely and permanently. In regard to the word "safely", many cases were cited which proved that many of the agents named were anything but safe in the hands of an *unskilled* operator. President Metzger on European homœopathy summed up the great benefits the contact with the homœopaths in England and on the continent had been to homœopathy in general and to the United States in particular. Everyone agreed with Dr. Metzger that the trip had been more profitable than any post-graduate course.

The two outstanding papers at London were those of Dr. Linn Boyd of New York, U. S. A., and of Dr. John Weir of London. The two papers were not comparable, and yet in the discussion on them in the afternoon of July 5th, several tried to compare them. Dr. Boyd's paper was a condensation of his paper read at Pittsburgh last year, and at Montreal this year at the meetings of the A. I. H. Dr. Weir's paper was from the standpoint of the high potency man, from the standpoint of the I. H. A. man. The discussion was participated in by Drs. Weir, Wheeler, Goldsbrough and others of London, and Drs. Burrett, Gordon, MacAdam, Royal and others from America. Much that was said was by way of more elaborate explanation of what had been said by the writers of the two papers. The result was well stated by Dr. Boyd in closing, that seen in the light of the explanations "there was but little difference after all".

The other men whose views and works made a deep impression upon the hearers were Dr. A. Nebel of Lausanne, who has done much research work on cancer; Dr. A. Bier, the famous surgeon who has studied homœopathy in the best possible way, i. e., by proving drugs upon himself; Dr. Richael Haehl, of Stuttgart, who has the largest collection of things belonging to and representing Hahnemann of anyone in the world—gave a magnificent moving picture of these objects and then opened his home to all for inspection of the same; and finally Dr. Pierre Schmidt of Geneva and Leon Vannier of Paris. These both spoke of their individual work. Dr. Vannier not only spoke of his work, but threw upon the screen a wonderful panorama of what he had done and still hoped to do.

The one thing especially noticeable about all the speakers in England and Europe was their enthusiasm and their loyalty to the teachings and principles of Hahnemann.

DES MOINES, IOWA.

That the idea of fitting likes to likes in the treatment of disease had occurred to men's minds prior to Hahnemann may be freely acknowledged. It may be found here and there in medical literature from Hippocrates downwards. But when examination is made into the nature of these similarities, they will be found, in most instances, something very different from those which homœopathy uses as its fulcra. That vomiting should be checked by an emetic, in an emetic dose (*vomitus vomitu*), was treatment by similars in the eyes of the father of medicine; and his successors wandered still farther from the mark. Their notions on the subject have been fully set before us by Drs. Dudgeon and Burnett. Signatures—the resemblance in form or colour of parts of plants to parts of the body; analogies yet more imaginary between the constituents of the macrocosm of the world and the microcosm of the organism; the use of preparations of the organs of animals for disorders of the same organs in man; the application of certain theoretical qualities of bodies—dryness, coldness, and so forth—to corresponding rather than opposite characters of disease—these were the similars of the mediæval physicians. A few later writers—Stahl, the Dane, Stoerck, de Haen—noticed the occasional or possible curative operation of measures which caused disorder similar to that of the patient; but there they left the matter. Hahnemann's distinction is that he grasped this kind of similarity as the only real and fruitful one; and seeing reason for suspecting it to be a general and not an exceptional basis of cure, tested and worked out his thought until he formulated it as a standing rule for the best medical practice.—HUGHES, 1881.

POINTERS*

The "free running salt" now widely advertised contains *Mag. carb.* and is therefore constipating.—E. UNDERHILL, JR.

Psorinum has periodic headaches, preceded by or associated with very putrid stool.—E. UNDERHILL, JR.

Cases of ill effects of the Schick test where no other remedy is clearly indicated often run to *Lac can.* Its relation to this condition is similar to that of *Thuja* through the results of vaccination.—H. A. ROBERTS.

Phyto. has been called the vegetable *Mercury* and should be remembered in connection with *Mercurius* in tonsillitis. Its keynotes are better by cold drinks, pain up to the ear on swallowing, tendency to bite the gums.—E. UNDERHILL, JR.

Medorrhinum is as frequently indicated as any remedy in pediatrics.—E. UNDERHILL, JR.

Insulin cases often respond to *Arsenicum.*—E. UNDERHILL, JR.

When the case changes every time you go and the symptoms imitate a different remedy at each visit think of *Tub.*—E. UNDERHILL, JR.

In regulating your patients' diets advise a small variety at any one meal but a large one in the course of a week.—E. UNDERHILL, JR.

In my experience *Psorinum* is often indicated after *Pyrogen.* —E. UNDERHILL, JR.

Hypericum applied locally will ease bunions where the nerves are pressed on.—G. STEVENS.

Never apply *Arnica* to broken skin, it may set up an inflammation resembling erysipelas.—G. STEVENS.

For sciatica with atrophy *Ol. jec., Plb., Kali phos.,* (for instance in infantile paralysis).—A. H. GRIMMER.

Calc. sulph. 10M is a splendid antidote for diphtheria antitoxin, especially in laryngeal cases.—A. H. GRIMMER.

Pain in coccyx after a fall may be *Hyper.* or it may be *Staph.* —G. B. STEARNS.

Chloroform has the symptom as if the gall-bladder would burst.—M. POWELL.

Cholestorenum has great power according to H. C. Allen over the pain of liver cancer.—W. YINGLING.

In kidney pain neglected remedies are *Lith. tart.* and *Ocim. can.* (right).—A. H. GRIMMER.

Polygonum persicaria and *Thlaspi bursa pastoris* have power in kidney stones.—A. H. GRIMMER.

When a remedy cannot be determined or those chosen fail in gall-stone colic *Hydras. tinc.* 5 drops q. 15 mi. will relieve—DR. KNOTT.

Asaf. relieves the excruciating pain of old ulcers if the symptoms agree.—G. B. STEARNS.

Mag. iod. has cardiac pain in arteriosclerosis.—G. B. STEARNS.

In intestinal obstruction with peristaltic colic think of *Stannum* rather than *Coloc.*—G. B. STEARNS.

Ecchi. will help restore secondary anæmias and given high helps the chronic effect of peritonitis even many years after.—A. H. GRIMMER.

Phos. is one of our best antidotes to radium. It is also useful after X-ray although *Fluoric acid* is better.—G. B. STEARNS.

Streptococcic infections such as septic endocarditis yield to such remedies as *Ars., Phos.* and *Rhus* and the snake poisons whereas the staphylococcic infections yield more to *Hep.* or *Sulph.* —G. B. STEARNS.

In bloody expectoration especially after abuse of *Phos., Tereb.* comes in.—G. B. STEARNS.

Aconitum Napellus—(In your next Acon. cold try a single dose of the CC or 1M instead of the tr., 1x, 2x or 3x). Restlessness and agonized tossing about are said to be essential to an *Acon.* case; all the headaches are accompanied by this distress clinically. Useless in pneumonia after exudation has taken place. Acute symptoms occurring during a chronic disease often call for *Acon.* The patients requiring *Acon.* in cardiac troubles must lie on the back. The *Acon.* fever is sthenic and rarely remits. Is valuable in the chilly as well as in the febrile stage preceding the development of many eruptions and lesions, but when the preliminary storm has passed and the lesion has become established, the picture changes from *Acon.* to some other remedy. Elephants are said to eat *Acon.* with impunity. When the *simillimum* it will cure cases of great chronicity, *e. g.*, cases of indurated glands. Tension, both mental and physical, characterize *Acon.* It has been

said that as perspiration takes place *Acon.* should be discontinued. The *Acon.* patient comes down quickly and recovers quickly. Complaints from the extreme cold of winter or the extreme heat of summer; or the lung and brain complaints of winter and the bowel inflammations and the stomach disorders of summer. The pains are knife-like, cutting, stabbing, stinging with screaming. When the fear remains after fright, compare with *Opium.* The symptoms of *Acon.* show distinctly on the face, and on the face mostly, like *Antimonium tart.* One cheek red, the other pale, with anxiety and chilliness always indicates *Acon.* One of the most comforting remedies for toothache; put a drop on cotton and put it in the hollow tooth. Nothing tastes bitter enough. One of our best remedies for retention of urine in the new-born; from shock; or in children from cold with crying and restlessness; in retention, of the mother, after labor, also *Causticum.* The convulsions arrested by *Acon.* do not rest on a chronic constitutional base, but from shock or fright and are of recent origin, as in the puerperal state. The neuralgias cured result from cold, are of recent origin and are accompanied by numbness and tingling. Acute glossitis with dry mouth; (with salivation, *Mercurius*). The febrile pulse of *Acon.* is hard, full and rapid. Acts promptly in neuralgia, especially of the upper limbs, with numbness as if the blood did not circulate in them freely, from suddenly checked perspiration. Again, the *Acon.* fever is sthenic in type and while the evening aggravation is decided it is for the most part not remittent and is of no use in malarial or septic poisoning.—A. PULFORD.

Not very rarely, however, the life-force rebels rather than to allow several doses of *Sulphur,* given at intervals . . ., quietly to act upon itself, though the same might be ever so useful for the chronis evil, and shows this antagonism by producing, during the treatment of the invalid, a few though mild *Sulphur symptoms.* Then it is sometimes advisable to give a dose of *Nux vom. X degrees,* and allow this to act for eight to twelve days, so that nature may be induced to allow the *Sulphur* in continued doses to act again quietly and with the greatest possible benefit. In suitable cases, *Puls. X degrees* may be preferred.—SAMUEL HAHNEMANN, 1833.

COMMUNICATIONS*

To the Editor of *The Homœopathic Recorder*:

The article appearing in your latest edition (June, 1929) entitled *The Homœopathic Labyrinth* by Dr. Pulford, is an extremely timely one. The need of condensing and compiling the maze of homœopathic data, now so heterogeneous and scattered is never so apparent to anyone as it is to one like myself, recently graduated. That need began to dawn on me when last year I sat down to work out a case for the Kent prize, which was so kindly awarded me. Since then I have worked out innumerable cases, for the most part with excellent results but in all cases with a maximum of effort.

My present library includes Hale's *Diseases of the Heart,* Jahr's *Forty Years* (excellent), Raue's *Children's Diseases* (fair), Royal, Nash, Neatby and Stoneham, *Twelve Tissue Remedies,* Farrington, Cowperthwaithe, Douglass on the skin, Smith on operations, Bartlett, Bach and Wheeler, Allen on consumption, Doughty, Holden and Rademacher, as well as Boericke's *Hand Book of Materia Medica.* With all these I am often nonplussed as they contradict both frankly and tacitly, till I am often forced to use my own immature judgment. I feel the need of a trustworthy and condensed library, systematic in composition, definite and deliberate. If there is anything I can do to assist in bringing about the existence of such a book I shall do that thing.

Dr. Boericke visited me just before he left to see you, and he suggested that I write to you articles for publication, dealing with my present cases which he considered of sufficient merit. He also suggested that I try to give the leaders in homœopathy, as represented by your contributors, the reactions I experienced as a new therapist, a fledgling, on tackling the job of utilizing the single remedy on the basis of the Hahnemann law.

Though your contributors are often given to belittling Philadelphia Hahnemann, as well as its teaching staff, and do not agree with many of the opinions of G. Boericke, I might say that he is at present engaged in the condensing of the present Kent repertory, a standard book which has much to do with cooling the ardor of many earnest novitiates in that college. This does not mean that Kent is not an excellent book for the advanced artist. Therefore it certainly should be mentioned in your publication that there is begun a new text book for use in Hahnemann, dealing with the introduction of the new student to homœopathy; an exceedingly ticklish business, as I have found that to place the young freshman under the tutelage of such advanced men as Stearns of New York is folly and suicide to our school. Also mention should be made of the soon to be undertaken task of Dr. Boericke to produce an elementary working repertory of a popular size and price. Thus while those busy physicians, who fill your pages and yet say they have no time to commit to book form their wealth of valuable information, the men of Hahnemann, that despised institution, its teachers and graduates, are at least engaged in that task which the esoterics only too well realize is needed. Dr. Boericke needs cooperation from your clientele. If denied that, he must need rely on others, such as I, who can give only a mediocre assistance.—W. W. YOUNG, M. D., CODYS, QUEENS CO., N. B.

To the Editor of *The Homœopathic Recorder*:

The questionnaire of Dr. Pesado in the July *Recorder* is thought provoking and should stimulate discussion. The questions, put as they are, focus the mind sharply on the purport of the various sections in the *Organon.*

While it is impossible to discuss the questionnaire in its entirety it may not be amiss to briefly consider the thought contained in the first clause in ques-

*The Editors assume no responsibility for the opinions expressed in this department.

tion 2, in the second part of question 7, and question 8. Though separated in the several questions it is nevertheless the same thought, and of such importance, it seems to me, that it ought to be considered somewhat.

The first clause in question 2 reads: "What should be understood by the word healing"? The second part of question 7 reads: "Outside of exciting causes and symptoms, is there something else on which the physician should base his opinion for the purpose of curing the diseases of a dynamic order"? Question 8 reads: "When all perceptible symptoms have disappeared, how can we consider the individual who has consulted us? As healthy or sick"? The purport is clearly the same in the three questions, and equally clearly, aims to support the thesis that the symptom equation is the only one with which the physician need concern himself.

That this thesis is very generally upheld by the profession is shown in the reports of cures in which therapeutic literature abounds. The gist of every report is a recital of the symptoms complained of by the patient and discovered by the physician, the remedy or remedies prescribed, the disappearance of the symptoms and the inescapable conclusion (on the premise that the symptoms constituted the disease) that a cure was wrought. That this is what the word healing stands for in the minds of those reporting cases, is made clear in the reports.

Question 7 must be taken as aiming to support the same idea. The word "should" can be interpreted as meaning one thing only, namely, as obliging the physician if "something else" is found besides "exciting causes and the symptoms" to reject these and "base his opinion for the purpose of curing diseases of a dynamic order" on this "something else". The implication clearly is that since exciting causes and the symptoms cannot reasonably be rejected that this "something else" must be. The word "should" denies him the privilege of making use of both. This is a fallacy which what is implied in question 8 is aimed to support.

The great mass of humanity cannot be said to be either "healthy or sick". Did we recognize unequal morphological states in the organism, with their attendant predispositions and susceptibilities, to constitute the first stage of every morbid process, then we should understand how it is that a person may be in a state which cannot be said to be either "healthy or sick". For example, a person with a long, narrow and flat thorax may be entirely free from signs of tuberculosis, but we know that he is strongly predisposed to this disease. We know that no great provocation is necessary to set the morbid process going, and because of this we are not justified in pronouncing him an absolutely healthy person. The same is true of the person who has a similar conformation of the abdomen. He may be entirely free from signs of gastroptosis, but since his strong predisposition to this condition may put him in dire straits before the end of a year we cannot pronounce him as a really healthy person either.

The argument may be advanced that by removing exciting causes they may be kept in health. This sounds plausible until we call to mind the fact that what are exciting causes of disease in one instance are stimulators of health in another. This is a fact which no combination of morbid symptoms can explain away.

How a person feels is a doubtful criterion of health, as observation has proved many times. Health is not a matter of sensation. Health is dependent on and determined by the morphological state, that is, the state of the constitution. There must be balance in the anatomical and functional correlations. When this exists then there is naturally a sense of well being. The morphological fact is the criterion since it is the fundamental fact. It is on this that we base our diagnosis of health or sickness, and the predispositions and susceptibilities.

We cannot longer limit ourselves to this one-sided study of morbid processes and reasonably hope to succeed in developing a real science of medicine. This is what we have done, and in this very likely lies the explanation for the almost infinite number of conflicting theories and irrational conjectures with which medical literature is so richly supplied, likewise the explanation for the endless string of therapeutic wrecks which line the therapeutic highway. No science can be built up of partial facts.

In section 3 of the *Organon* Hahnemann makes very clear that the true physician must take note of other things besides symptoms. Every obstacle must be removed in order that the cure may be permanent. That structural inharmonies constitute some of the greatest obstacles to sound health cannot be difficult to understand by any observing and thinking person. Only when there is balance in the structure can harmony in the functions be established and established on a sound basis. This is the basis of health, and on this basis alone can we affirm that a person is either healthy or sick.—PHILIP RICE, M. D., NEW YORK CITY.

Hahnemann was sitting at Leipzig, with his midnight lamp before him, translating Cullen's *Materia Medica,* which was then a standard work. He came to *Cinchona officinalis,* and found Cullen say that this bark possessed specific febrifugal action, because it was both the most aromatic and bitter substance known. Hahnemann laid down his quill and exclaimed, "Preposterous!" There are more substances, more barks, possessing more both bitter and aromatic properties, and *Cinchona* is not a specific for ague. He argued while it does cure some cases it does not cure other cases. There must be a way to find out under what conditions the bark cured and did not cure. It was at this moment that this good and benevolent man had an "inspiration." He concluded to take the drug himself, and see whether light could not be brought into the prevailing darkness. Bright and early in the morning, Hahnemann went to the "Apothecke zum Goldenen Loewen" on the market-place at Leipzig, and then and there selected some fresh *Cinchona* bark, and obtained some vials and alcohol. He prepared a tincture, took it, and behold, the symptoms he observed on himself showed a marked similarity to cases of ague cured by him by the same drug, and it was then that a new light broke upon him; that light was this: a drug will cure such ailment as its sick-making power will produce a similarity to.—LIPPE.

EDITORIAL

PATHOLOGICAL PRESCRIBING

Few things are more stimulating than to have our own pet prejudices successfully attacked. One of the fundamental principles which is drilled into every good Kentian homœopathic student, is that one must not prescribe pathologically. For the allœopathic convert to adopt this point of view is one of the most difficult obstacles to the acquiring of homœopathy. By dint of much drilling it finally becomes ingrained. We realize that it is the patient and his individual reaction to the so-called disease who must be prescribed for. We realize that pathology is an ultimate, an exteriorization, a protective out throwing, or excrescence, or discharge, on the part of the organism. Our tendency is, then, to throw pathology overboard and to disregard both symptoms and organic facts which we class under that head. If we do not take great care we find that we are not succeeding as we should, that we are giving remedies on functional symptoms only, which remedies do not have it in their power to produce, and so to cure the given pathology. We may stop a hæmorrhage from a fibroid uterus with a remedy which has not the ability to produce fibroids in its nature. This will be suppression. We may relieve pain and fever in a case of pleuritic exudate with a light weight remedy, but we will not cause resorption of this exudate by any such superficial treatment. So, little by little, our own experience, as well as that of many master prescribers, will bring it home to us that *pathology is to be considered in prescribing*, not as a sole basis, but as an important factor in the totality of the symptoms. We come to see that the pathology also reveals the patient. A tendency to polypi is a valuable symptom. We must know our pathology in all cases, even those which have abundant non-pathological symptoms; for diagnostic purposes, to satisfy the patient, to govern our prognosis, and especially to determine our choice of potency and remedy. Where there is marked organic change a safe rule is to give the lower potencies, although often in a vital person a high potency, if the true *simillimum*, will cause great amelioration of the patient and drive the

disease out faster into or through the pathology. This may alarm or inconvenience the patient but the true homœopath will understand and will explain it to the patient and his family. It will influence the choice of our remedy in that it will make us give a drug big enough to cope with the situation; it will teach us when the case is incurable; and warn us away from giving too high a potency thereby causing a severe aggravation from which the economy cannot rally; it will show us in incurable and precarious cases of chronic disease, or even in such acute ones as early tuberculosis, when we must eschew the true *simillimum* and give a palliative remedy or a less deep acting remedy as a preparative for the true *simillimum*. In cases, and there are not so many, when the alert homœopath cannot find subjective symptoms or modalities he must resort to prescribing on pathology.

Often pathology also is a general, for Kent himself tells us that a condition appearing in three or more particulars ranks as a general. Such symptoms as excessive discharges which Dr. Boger classes in his *General Analysis* under moistness, may also lead us to the true inner nature of the patient.

There is another type of pathology which Dr. G. B. Stearns classes as objective symptoms—in other words pathology visible to the eye. This may not mean organic tissue change which is unalterable, and includes such rewarding details as redness of the orifices, fissures, herpes, eruptions, skin discolorations, warts, moles, peculiarities of hair, nails, etc. In children especially these objective symptoms are often our best guide.

It behooves us, therefore, even the strictest Hahnemannians among us, to give the pathological symptom his due!—E. W.

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THE LAST THREE WEEKS OF THE SUMMER SCHOOL

The eighth annual session of the Post-Graduate School of the American Foundation for Homœopathy completed its most successful year on August 12, 1929. A report of the work for the first three weeks was given in the August *Recorder* by Dr. Dayton T. Pulford. The last three weeks were even more successful

than the first three, if such a thing is possible. The instructors during the last three weeks were Drs. A. H. Grimmer, Eugene Underhill, Jr., and H. A. Roberts, who each gave one full week; Dr. James Krichbaum, who was present for two weeks; Dr. F. E. Gladwin and Dr. Elizabeth Wright for the whole period. Dr. Grace Stevens was with us for three days.

Philosophy was strongly emphasized by lecture, question hours, and practise in prescribing for cases seen in the clinics or brought in by different students from their own private records. Dangerous pitfalls were stressed, which should save many serious errors and make for the greater success of homœopathy as the students go forth to apply these principles in regular practice. Lucky students! if they but listen to the advice so willingly given. Many homœopaths have learned from sad experience that the homœopathic remedy can be just as dangerous as it can be beneficial, if the principles for using its tremendous power are misused. If one is to use a powerful tool one must know how to use it intelligently. Many prayers of thanksgiving should be offered for instruction in these pitfalls, for it should prevent the student from becoming a participant not in a "Comedy of Errors" but a "Tragedy of Errors".

Over thirty of the more commonly used remedies were presented during the hours devoted to materia medica study. The essential points of each, as actually verified from experience in treating sick patients, adds much to the personality of the drug picture when it is studied from the various text books.

Heart disease, pneumonia, erysipelas, rheumatic fever, rheumatism, cancer, headache, pain, and the remedies most commonly used in treating these conditions, together with their chief indications, were thoroughly discussed under clinical medicine. Drs. Underhill, Jr., Stevens and Roberts gave a good working resume of remedies frequently needed in hæmorrhage, injuries and emergencies, together with the relation of homœopathy to surgery, not only in avoiding unnecessary surgical procedures, but also as an adjunct to surgery.

Quite a number of visitors appeared at different times during the last three weeks. Dr. H. B. F. Jervis, veterinarian from

California, and Dr. R. H. Schneider, veterinarian from Boston, Mass., told of the wonders of homœopathy when used in the treatment of our dumb animals. (Note the value of objective symptoms.) Mr. G. H. Tafel of Philadelphia gave a most interesting and instructive lecture on the preparation and care of the different homœopathic potencies. Several other doctors from different parts of the country came in to see just what was being done at the summer school. Why not drop in yourself, at the next summer's session! The unbounded enthusiasm of both faculty and students will give an added zest to your belief in homœopathy, and it might be just possible that you might learn something new! All of the doctors, who were present as teachers, seemed to think that in the teaching and unfolding of ideas they had gained as well as dispensed knowledge.

In the presidential address delivered at the Montreal meeting of the I. H. A., Dr. Wilson spoke of how little the true meaning and wonderful results of homœopathy was known to the world at large, and the great need for this knowledge to be advertised throughout the world. The work of this Post-Graduate Summer School should also be better known. Send a student! Don't you know an old school man who would like to see the light! Are you, yourself, having too many failures with your homœopathy? Come to the summer school and find out why!

As one looks back on this six weeks of intensive homœopathic instruction, one is amazed at the wealth of material crowded into so short a time. The students are going out with a very complete understanding of the true homœopathic philosophy, a familiarity with over thirty of the more commonly used remedies and an excellent groundwork knowledge of the more common medical and surgical conditions met in general practice. Last, but far from least, is the assurance of the deep friendly interest of those who gave so freely of their time and experience to make this concentrated period of study the great success it has been!—

E. LYLE.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

45. Concerning the article on page 327 of the *Recorder* for May, 1929, I would be glad to know which are *the* guiding symptoms, in whose rubrics the *simillimum* must appear, if it is to be the remedy for the case. In my copy of Kent's *Repertory Agar.* does not appear at all under aggravation in daytime, nor in forenoon. I am sure it would be a great help to beginners if the experts would kindly tell us what they took as the most important guiding symptoms in their clinical cases.—A. H. MARSHALL.

46. How can you tell that a patient is sensitive to the action of remedies?—E. LYLE.

47. When is it justifiable to prescribe for single symptoms or groups of symptoms in homœopathy?—E. WRIGHT.

48. In line with Dr. Marshall's question above, will some of the experienced homœopathic prescribers please send in cases to be published in this column so that we, the beginners, can work them out? With the case will they send their analysis and the remedy selected to be printed the following month? This will be of infinite value, a continuation of the Post-Graduate School during the whole year.—E. LYLE.

49. If symptoms disappear in the wrong direction what do you do then?—F. KAVCIC.

50. What is the difference between a remedy aggravation and a disease aggravation?—J. D'ALESSIO.

Question 33 of Carriwitchets is "Is there any homœopathic remedy for the tendency to be bitten by mosquitoes?" Will this suggest anything? In September, 1926, a patient, woman, aged 72 years, made this statement: "I cannot go into the garden without being found and bitten by spiders." She showed me a series of bites on the side of her neck which she had received the day before. Further symptoms were cramping in urethra, difficult urination, dribbling of urine, painful urination, pain in right groin extending up to liver, following a bite. I prescribed for her *Latrodectus mactans* 30x. After that she took up her residence in another town. When I saw your question I wrote and this is the answer, written by her daughter: "In regard to the medicine for spiders. She took one dose and has never had any more trouble that way. We do not know whether the spiders have bitten her or not—at least there have been no signs—and she was troubled so much before, always." This report received August 14, 1929, three years after.—SARAH PETTIT ROBERTS, M. D.

Anent *Cratægus oxycantha* mentioned in July *Homœopathic Recorder,* page 505, you will find reports of the remedy in *Homœopathic Recorder,* XI, 556; XII, 199; XIII, 228, 434; XIV, 88, 409; XV, 461, 417; XVI, 516; XVII, 66, 84, 221; XVIII, 223; XX, 158; XXII, 402; XXIII, 220, 573; XXIV, 123, 131; XXVI, 60. Also in *New, Old and Forgotten Remedies* and *Clarke's Dictionary.*

I introduced *Pulex irritans* about 1893. The flea bite was a rank poison to my wife, the effect being as bad as a bee sting. I prepared the tincture and had Dr. Swan potentize it. It entirely relieved my wife so that the fleas gave her no more trouble, and have not since. The mosquito has not troubled her since then. You will find report of *Pulex irr.* in the *Homœopathic Physician,* XII, 207; also *Transactions* of the I. H. A. for 1919, page 93. This last is an article from Drs. Milton Powel and John Hutchinson, being reports of cure from the flea bites and mosquito bites.

You will find word of *Culex musc.* in the *Homœopathic Physician,* IX, 61; *Medical Advance,* XXVI, 6, 8; XXXV, 304. Dr. Kent mentions *Culex.* Blowing the nose causes vertigo, *Culex.*

Ledum promptly relieves the bee sting. I have verified this a number of times. A bee man kept a vial of *Ledum* 1x or 2x which I prepared for him. He said it always relieved. It will also act on other insect stings. *Ledum* is a near specific for effect of a nail (or other) puncture in the bottom of the foot and has prevented tetanus a number of times in my hands. I use it in potency internally.—W. A. YINGLING, M. D.

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Treatment of Asthma: Dr. Blunt has cured more cases of asthma with *Nat. mur.* than with all other remedies put together. He considered it a specific for more than half of his cases. He thinks that "this wonderful remedy is not as well understood as it ought to be. Even Kent does not do full justice to it". In Kent's *Repertory* under the rubric Respiration Asthmatic there are 142 remedies mentioned including *Nat. mur.* in the second degree, but in the succeeding three columns of sub-rubrics it is not mentioned once. It is not found under aggravation at night nor during the small hours of the morning, nor in wet weather; under Respiration Difficult it is not found under lying impossible, sitting upright ameliorates, walking against the wind difficult. Strange to say the author has found most of these symptoms pretty constant in every asthma case cured by *Nat. mur.* He has used *Kali carb., Nat. sulph., Ars., Lyc., Puls., Thuja* and *Sulph.* in some cases. Since he has found *Nat. mur.* so frequently called for he begins by inquiring in every asthma case about:

1. Warm or stuffy room aggravates.
2. Open air ameliorates in general.
3. Aversion to consolation (not sympathy).
4. Lachrymation walking against the wind.
5. Respiration difficult walking against wind.
6. Asthma worse, or comes on during small hours of the morning.

Symptoms 5 and 6 are his own observations. If 1, 2, 3 are present, and either 4 or 5, or both, 6 settles the choice for *Nat. mur.* Further symptoms will confirm. Even 1, 2, 3 and 6 are sufficient for remedy selection.

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Drug Pathology, Principle of Drug Action, and Drug Therapeutics, Pharmacology: This is an extensive piece of research made in the "attempt to put the materia medica upon a sound, rational and demonstrable basis; to give a laboratory course to the student whereby he could demonstrate for himself at first hand the facts that homœopathic remedies are active and elect for their action certain tissues of the body; to determine the pharmacological and pathological actions of those remedies (homœopathic) which are not studied by the ordinary pharmacologists; to demonstrate by scientific methods the truth or falsity of the homœopathic doctrine of the treatment of disease". It includes careful chemical, pharmacological, bacteriological studies on many animals. There is a series of micro-photographs of pathological slides showing changes in the different animal tissues produced by the remedies used. This is an extremely interesting bit of research.

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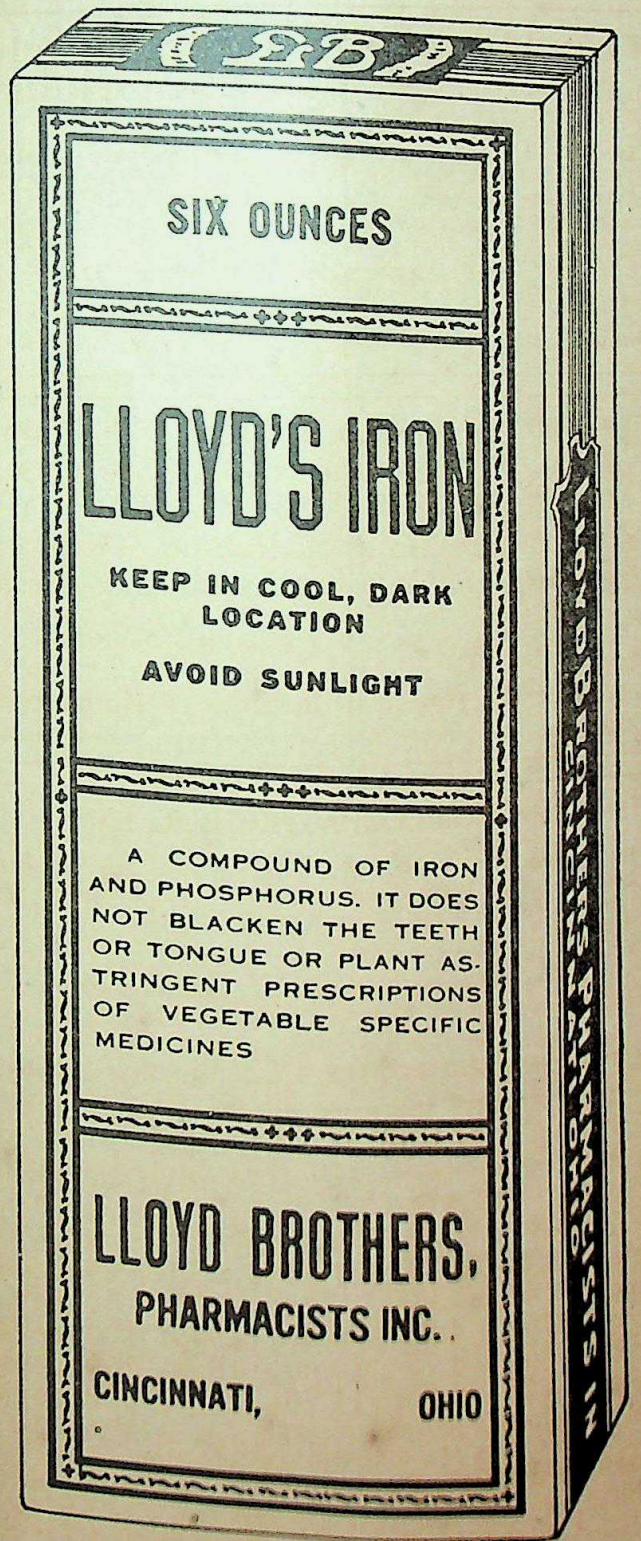

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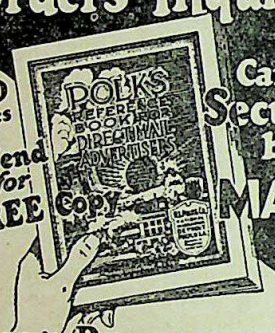

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GUY BECKLEY STEARNS, M. D., FOR THE FOUNDATION FOR HOMŒOPATHIC RESEARCH

When Hahnemann discovered that curative action remains in drugs diluted to the 30th potency and higher, he realized that he had come upon an unrecognized quality in matter. Physical science gave him no hint as to this quality, so he wisely designated it "a spirit-like force" and left the matter of a proper name to posterity. Science has expanded in many directions since Hahnemann's time but it has not yet comprehended the quality of matter which remains in high potencies.

It is desirable to bring the problem of potency into the field of science. Whether this can be done or not depends on what is meant by "science". Among high authorities, science is defined as including only things which may be measured, thus embracing only a small part of human experience. This definition throws out of the field of science anything depending on vital reaction for its demonstration. Some make the definition broader and include all verified knowledge as belonging in the field of science. It is undeniable that potency exists in high dilutions and it is not necessary to fit the fact into any particular concept of science; nor, indeed, is it necessary to fit it into any accepted concept of matter. The quality known as "potency" must be studied in relation to the laws governing itself and in connection with whatever facts can be observed.

The only method by which the nature of potentized substance can be learned is direct experimenting. Thus far, living things are the only mechanisms that experimental evidence has shown to register the effects of high potencies.

The sub-division, solution and agitation which enter into the

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making of a potency of a drug bring the study of potency into the field of physics and chemistry. Since the effects of potency have been observed only on living things, its study belongs equally in the field of biology. Effects from high potencies on human beings have been the common observation of homœopathic physicians for more than a century. Since no two people are exactly alike, the effects of a drug are different on each individual. A potentized drug causes marked effects only on individuals with special susceptibility to it. This has made it difficult to apply statistical methods of observation, which puts the common knowledge of their action outside the accepted field of science.

SUMMARY OF SOME FORMER EXPERIMENTS

In order to meet this difficulty, the Foundation for Homœopathic Research has conducted experiments with guinea-pigs, using a group sufficiently large to make a statistical method practicable. For the same purpose, experiments were made with fruit flies. Both of these experiments have been reported previously and both gave evidence of the presence of some active agent in high potencies, but gave no hint as to its nature. They revealed only that which previous experience had indicated, namely, that profound physiological changes are caused by potentised substances.

Investigation of the claims of Abrams has led to the discovery of the presence of something tangible in connection with potencies.

This tangible something appears to have been recognized by several observers in the past. Reichenbach, in 1857, described certain emanations radiating from objects such as magnets, crystals, etc., as well as from human bodies, which caused, in sensitive persons, reactions which could be observed and recorded. He called this "odic force". French observers have reported effects of certain metals on hysterical individuals and Dr. J. Luys was able to produce convulsions, hallucinations, alterations of the pulse, etc., by bringing tubes containing medicines near to, but without contact with, hypnotised individuals.

Dr. Baylies of Brooklyn observed that he could detect effects of some remedies when the vial containing them was held in his hand. Fincke entered into experiments with him and was able to cause symptoms of certain remedies in sensitive persons when the individual held a vial of the remedy.

The work of William Boyd of Glasgow, and of the Foundation for Homœopathic Research, has verified the presence in potencies of an energy which is manifested at a distance. Coils and condensers similar to those used in radio appear to be brought in resonance with this energy, or at least with some phase of it. The same kind of reactions that are caused in the human body by this energy, can be caused by changes in position of the body in relation to the points of the compass. This work has been referred to in previous reports and papers.

This energy can be brought sufficiently under control to lead to the selection of suitable constitutional remedies. It is this fact that has encouraged the Foundation for Homœopathic Research to enter into this new field of research.

RECENT DISCOVERIES

Through a fortuitous suggestion, it was discovered that certain substances, and probably all, are affected in a manner that can be demonstrated by their position in relation to the points of the compass.

This can be demonstrated by means of a piece of board of suitable dimensions, or a book, or any longitudinal object. A pine board a foot square is one of the most suitable objects for demonstrating it. A string should be looped loosely around the edges of the board, so that it can be suspended with the sides perpendicular and the grain horizontal. The board should be suspended by the string and held by the experimenter in front of him, with one end pointing away from him; with a rubber hammer, he should rapidly tap the centre of the board, and, at the same time, slowly turn around, always keeping the board in the same relative position to his body and tapping with the same intensity on the same spot on the board. When the board is in the north-south direction, there will be a slight increase in pitch of the note caused by tapping. The effect is so delicate that close attention must be paid to observe it. After one has acquired the necessary

delicacy of hearing and touch to observe it, he can usually find the north-south direction in any locality.

In so far as we are aware, this phenomenon is new to science.

If, while the experimenter is tapping, a second person will start from twelve or more feet to the north and walk very slowly toward the board, there will be, when he is nine or ten feet away, a distinct change in the percussion note. This effect appears to be due to some kind of wave and the point at which the change occurs appears to measure the length of the wave, because the change occurs only when the person is exactly at that point, for even leaning forward or backward is enough to nullify the effect. Let us call this the nodal point. This change occurs when the individual is at the distance of the nodal point, even though he be in another room with a wall between. Furthermore, if the individual recedes from the board, the same phenomenon occurs when he reaches a second point at about twice the distance away.

Now, if the second person will stand at the nodal point and if the tapping on the board be continued, and if another individual bring a vial of any drug or a living plant toward him, when the approaching person gets within a certain number of feet of the one at the nodal point, there is a change in the percussion note. The distance at which this occurs varies with each drug or plant.

Musicians have analysed these changes of sound, and say that when the board is north south, there is apparently a higher pitch due to an overtone and that, when the second individual stands at the nodal point, a second overtone is added to the first. Both overtones are apparently abolished when a drug is brought within the distance at which the individual standing on the nodal point is affected by that drug.

John Hillhouse has devised a mechanism whereby a board can be made to vibrate and its vibrations be transformed into electrical energy which can be demonstrated on a milliamperemeter. When the mechanism is turned in the north south direction, the milliamperemeter needle oscillates and turns to a new position, thus demonstrating the orientation effect. When a person comes on the nodal point, the needle oscillates and comes

to a new position and there is an oscillation of the needle when different drugs are brought within certain distances of him.

SIGNIFICANCE OF THE PHENOMENA WITH THE BOARD

In previous reports, it has been assumed that the orientation effect observed in human beings is peculiar to living things. The phenomena associated with the board (and other substances) which have just been described, indicate that the effect is probably common to all matter. This raises the question: what causes a difference in the state of matter which lies in the north south direction? One of the suppositions has been that it is a result of some influence of the magnetic earth currents. However, evidence seems to indicate that the effect arises not when the board is in the *magnetic* north south line, but corresponds more nearly to the *geographical* north south. This accords with the observation of T. Proctor Hall that certain reflexes of the body have a maximum intensity when an individual stands sideways to the *geographical* rather than to the *magnetic* north south.

It is significant that the effects are best observed through the medium of sound. Sound is one of the branches of science whose study does not necessarily have to do with electrical or magnetic concepts and, since the phenomena have escaped the attention of workers in orthodox science, it is indicated that research concerning the phenomena should be carried into the byways, as well as along conventional lines. For since all that we see about us is supposed to be a manifestation of electricity—and as electricity is the fundamental science in physics—the phenomena with which we are dealing may require some altogether new concepts.

There are various directional factors in connection with the earth which should be considered. Because of the rotation of the earth on its axis, the surface of the earth at the equator is moving at the rate of nineteen miles a second. This creates an enormous centrifugal force which would throw everything on the surface of the earth into space were there not a greater force, due to the attraction of the earth's mass, that holds everything on the earth. There is another directional force due to the movement of the earth in its orbit around the sun. The effect of this momentum is

imparted to everything on the earth. There is still another directional force due to the movement of the entire solar system, which is falling through space at a tremendous speed toward some remote point of attraction. The whole sidereal system is also supposed to be revolving in an orbit of its own.

The earth, with all that is on it, is subject to those four directional forces. As a result, the actual path of movement of an object at any point on the earth is a complex spiral in space.

If any part of the orientation phenomena is due to this movement, it may be because of what is known as the Fitzgerald effect, namely, that a body shortens in the direction of its movement relative to its speed. If the speed is increased to that of light, a body's length becomes zero and its material is then represented only by energy.

It may be that some explanation of the orientation phenomena fits in with accepted physical laws. It may, on the other hand, be due to some primary form of energy which has escaped observation simply because it does not conform to the laws governing electro-magnetic phenomena. It can, however, be stated that there exists some form of energy of a directional nature which produces in matter an effect that can be demonstrated when matter is thrown into vibration, and this appears to be true whether the matter is in the living or in the inanimate state. In some way, there is relative to the above the effect of an individual on a pine board when at "the nodal point". It has been suggested that this latter effect may be due to capacity. If it were due to capacity effect, the change of note would be one of gradual intensity as the individual approaches the board, instead of a sudden one. The changes caused by bringing potencies of different drugs toward an individual could hardly be due to capacity, for the differences between the effects of different drugs are too great to be caused by the insignificant differences in the size of the vials and of their contents. It seems rather that there radiates from living persons, living plants and drugs, even though the last be diluted to an infinite degree, a form of energy which affects both living beings and inanimate matter in a manner that can be detected by putting them in a state of vibration, in exactly the same manner as they are affected by orientation.

From the standpoint of accepted physical concepts, it is conceivable that living beings, plants and drugs radiate some form of energy characteristic of themselves, but accepted concepts do not account for energy characteristic of the original substance in a dilution, say of the 200th potency. This brings the investigation of high potencies into the field of energy that involves the above described phenomena. Since the fact of potency is not explainable by accepted concepts, the problem must be approached *de novo*.

Let us examine some of the factors relating to matter in its different states. In the liquid and solid state of matter, some form of attraction binds its molecules in groups, e. g., when water is in the form of ice, its molecules are made up of three molecules of H_2O. When in the liquid state, of two molecules of H_2O. When in the state of gas, of single molecules of H_2O. Although grossly the three states have widely different characteristics, certain qualities are common to more than one of the states.

A common characteristic of liquids and gases is that the molecules of both are diffused uniformly through a containing vessel, although diffusion of gas is very much more rapid than is diffusion of liquid. Diffusion takes place to a slight degree in solids, for even two metals, when placed together for a period of years, will be found slightly intermingled at the surface of contact.

A common characteristic of liquids and solids is that there is but a slight difference in the volume of a substance in the two states. A characteristic of liquid is that it can bring substances into solution. A substance that is dissolved is diffused through the solvent in the same way that gas particles are diffused in their containing vessels. Temperature and pressure determine both the amount of gas that will occupy a given space and the amount of substance that can be held in solution in a given volume of solvent. Osmotic pressure in its relation to density of solution corresponds mathematically to the pressure of gases in relation to their density. Thus, in density, diffusibility, and pressure, a substance in solution has characteristics similar to those of a gas. Just as gas can be rarefied and its properties can be modified by means of a vacuum, so a substance in solution can be di-

luted and its properties can be modified by increasing the proportion of solvent.

A perfect vacuum, i. e., a space in which not even an atom of matter exists, never has been and probably never can be produced on this earth. Even in interstellar space, there is supposed to be an atom of gas in every cubic inch. A solution can be carried to any degree of attenuation, even to a point comparable to a perfect vacuum.

There is, however, an element that renders attenuation by dilution different from attenuation of a gas by means of a vacuum. The diffusion of gases is apparently due to a repulsive action inherent in their molecules, which causes them to fly as far as possible away from one another. The molecules of a soluble substance in the form of a dry crystal cling together so that the substance retains its form but, when it is placed in a solvent, the attraction of the molecules of the solvent neutralizes the state of cohesion among the molecules of the crystal, thus adding a pulling apart effect to the dispersive characteristic inherent in a substance when it becomes liquid.

It may well be that the secret of the nature of high potencies lies in the attraction of the solvent for the molecules of the substance in solution. As a solution is made more dilute, complete dissociation occurs. As the dilution proceeds further, a time comes when no chemical or physical test (that is to say, tests based on electro-magnetic concepts) reveals any of the original substance in the solution and yet by means of biological tests, qualities can be detected that characterize the substance.

When a potency is made on the centesimal scale, each subsequent dilution increases one hundred times the proportionate attraction of the molecules of the solvent for the remaining molecules of the dissolved substance, and it is logical to expect the expansive pull to extend to the electron proton combination of the atom itself. An atom is mostly empty space, but the empty space is just as much a part of the atom as are the electrons and protons, for it is the field of attractive force which holds the protons and electrons in their relation to one another. Any force that acts on the atom must act on the electrons, the protons and the field of attractive force as a unit. Now the component parts

of an atom are considered to be positive and negative electric charges with an electric field between, and the mechanism of dilution is an electro-magnetic phenomenon. The process of making a potency simply creates an enormous leverage for one electric force on another.

When atoms combine, a great deal of energy is released. This is utilized in running all the machinery of the world and in heating and lighting our houses and represents only a fraction of the energy locked up in inter-atomic attraction. We obtain a faint idea of the extent of this kind of energy from the amount of damage that can be done by the explosion of a few grains of T. N. T., but this is as the impact of a falling dust speck on a mountain range when compared with the energy within the atom. It has been computed that there is enough intra-atomic energy in a gramme of material, if it could be translated into horse-power, to run a forty million horse-power electric plant forty million years, night and day, without stopping.

When making a potency, as the succession of dilutions proceeds, some of the storehouse of energy within the substance being diluted expands into the solution, not in the form of horse-power energy, but in a form that modifies vital processes much as they are modified by enzymes.

Let us leave our dilution for a moment and see what happens to gases when highly rarefied. The interior of stars like our sun is supposed to be composed of gas. The temperature within the sun reaches the imcomprehensible height of forty million degrees. Compare this with the few hundred degrees required to boil water. The heat of the flame, when transmitted to the lower layer of water, causes the molecules to fly apart and to assume the gaseous state. They rush up through the body of water, imparting to it some of their heat, until the whole mass is bubbling and being transformed from the water into the gas estate. The forty million degrees of heat within the sun not only keep the atoms of the sun material in the gaseous state but also create waves of radiant energy similar to the x-ray that tears off the electrons from the gas atoms; so that

the interior of the sun is filled with free electrons, radiant energy and mutilated atoms.

When an atom loses electrons it is called an ion and when in this state it frantically draws to itself any free electron that comes its way. Within the sun, this losing and grabbing of electrons takes place thousands of times a second for each atom. It is only for the minutest duration of time that an atom is clothed with its complete complement of electrons and it is never in any but the gaseous state. Gradually in the course of eons, radiation from the centre reaches the surface of the sun and flows out into space. Two of the elements—calcium and sodium—have atomic weight such that when they have lost a certain number of electrons, their weight is slightly less than that of a ray of light, so a certain number of emasculated sodium and calcium atoms are swept into space. Inter-stellar space therefore is supposed to contain at approximately every cubic inch an ionised atom of soda or calcium, as well as energy in the form of radiation. Thus inter-stellar space, which is the highest vacuum known, contains gas in the highest form of rarefication. However, the end product is different to the end product of a high dilution, for the tremendous heat within a star disrupts the atom and leaves its constituent parts, the oppositely charged electrical particles, frantically striving to join in stable combinations. As the temperature lowers to a certain point, simple elements form and as the temperature continues to fall, step by step, more complicated atoms appear until the temperature is reduced to the point where the full number of possible elements is formed. At the same time the atoms having more electrons than are necessary for an exact positive negative balance join atoms having a corresponding deficiency of electrons, thus forming more or less stable chemical compounds. In a potency made by successive dilutions at ordinary temperature, there is probably no violent stripping of electrons from the atom. There is, instead, a gradually increasing outside pull being applied, which causes the molecule to expand as a whole into the volume of the solution. Associated with both inter-stellar activity and the process of potentization, there is release of energy. In

intra-stellar activity, this energy is a short wave radiation similar to the x-ray.

In high dilutions, there is a radiation that appears to be in some way related to vital phenomena. The experiment with the pine board indicates that there is a non-electro-magnetic directional energy. It is reasonable to deduce that potency in high dilutions, and perhaps these other non-magnetic forms of energy, represent a fourth state of matter—or perhaps it is better to say the primordial or first state. The gaseous state, which is the most common form of material in the universe, is a condensation of matter in the first state and represents the second. The liquid state represents the next degree of condensation and the solid state, which is the rarest state of all, is the fourth. Let us keep in mind that matter, as we know it, is the rarest, or shall we say the *scarcest*, thing in the universe and that, if matter were so expanded as to be diffused evenly throughout space, it would not make any appreciable difference in the density of space.

Probably there is an unity of concept which explains all manifestations of energy and of matter. The study of Hahnemann's "spirit-like force" leads toward that unity. The result of the experimental data described in this paper makes it a little more tangible, regardless of whether or not the theoretical discussion is germane. Some day the mathematical genius of an Einstein will reduce the "spirit-like force" to a mathematical concept.

NEW YORK, N. Y.

Since it is an established fact that a true homœopathic specific may either produce an exacerbation of the symptoms, or a curative sleep, and we are unable to determine the normal dose which will under all circumstances occasion those results, we therefore advise the beginning practitioner not to pledge himself to any dose in particular but to use the whole scale of potencies to the best of his judgment.—HARTMANN'S *Acute Diseases*, 1846.

PRESIDENTIAL ADDRESS*

W. W. WILSON, M. D.

Fifty years ago a band of homœopathic physicians, harassed by the kind of homœopathy sponsored by the American Institute of Homœopathy, drew themselves together into an association for the promulgation of the pure art and called themselves the International Hahnemannian Association.

Since that time the little band has been augmented, taking into its fold, so far as possible, those who are willing to work for a sound ideal and prove its tenets as truths.

Years have passed and little or no improvement has been seen in the work of the old society, but with some new blood that has come in recently, there is hope that true standards may prevail.

Our own Association has plodded along, keeping its ideals high and acting as the buttress to an art whose truths cannot be put down.

You have honored me more than I deserve by making me your president for this, the fiftieth session of the International Hahnemannian Association. There are others who have been members longer than I who have given of their time and talents to make for the success of the Association whom you might better have honored, for they are the more deserving.

We have had presidents' addresses read to us and lengthy papers too, telling of the failure of homœopathy and of how, as a body, we were going to the dogs. The trouble is not with the truths but with those who make failures in their promulgation. Failure to properly grasp the truth, the getting of an insecure or erroneous foundation is what is at the bottom of the conditions we find today.

We read of a renaissance of homœopathy in Europe and other foreign lands. That must be because of the more intelligent grasp that their peoples have gotten on the fundamentals. Few of us received our foundation in our alma mater. Had it not been for the grounding given me by my preceptor, I'm sure I might be floundering in the depths of mongrelism as are many of our present day men.

*Read before the I. H. A., June, 1929.

If we could feel sure of the full co-operation of the faculties of our schools, we would have taken a long step toward the true teaching of our ideals. I well remember the ridicule and contempt with which the teaching of our materia medica men was treated by the teachers in other chairs. This was passed on to the young student and, of course, if he had no one to whom he might anchor, he acquired nothing of the ideals of homœopathy and when he graduated and was thrown upon himself in practice, he soon fell into the easier and more lucrative ways of the "regular" school.

Do we get enough advertising? Our papers are full of this new germ of disease that has been isolated and that new serum that has been discovered; and with the discovery of the new germ, the step to the specific serum is so sure and easy. We know that the specific serum is unattainable but the public does not. Who has ever read in the papers that the mortality rate in the "flu" epidemic of 1918, under pure homœopathy, was only five-tenths of one per cent or that Dr. Roberts, in his service during the war, never lost a case of anything that came to him for treatment? Why are we loath to have things known? Why are we so shy and modest?

We all regret, I'm sure, that our colleague, Dr. Royal S. Copeland, does not use some of his great privilege to extend homœopathy. Is he afraid of his skin?

The Homœopathic Society of Montclair and vicinity (mostly women who are treated homœopathically) acquired a piece of property a few years ago and proceeded to convert the place into a hospital. They went before the public of the town and collected funds to help the cause along but we were told that the whole matter must be done on the quiet. Why? Is homœopathy something to be ashamed of?

Why cannot the public be told of the low mortality rate of pneumonia and typhoid fever, under homœopathic treatment? Why cannot they be told that few, if any, cases of "grippe" or "flu," treated homœopathically, ever develop sinus or mastoid troubles? Why can we not radio broadcast the benefits of homœopathic treatment?

I was told by the ex-president of the American Institute of

Homœopathy, Dr. Belting, that when the Prince of Wales reached the side of his father, King George, in his recent illness, he had his personal physician, a homœopath, prescribe for him. The king's physicians had found his blood full of streptococci. The first examination of the king's blood, after the homœopathic prescription, showed an entire absence of streptococci. Dr. Belting said that Dr. Linn Boyd, of New York City, had been told what remedy had been prescribed.

Who else knows of these facts? The papers have never told. What power keeps these facts from the public and why does not our national organization put a check to such high-handed work? Let us advertise and advertise broadly.

Times have changed and the new generation is freer. Now our women and girls smoke and we are told that they drink freely. Time was when our modest females did no such things, at least publicly. Modesty is not measured by such acts and from the old standpoint, we would say there is no modesty. However, some of us think that the present action is but a swing of the pendulum in a way new to us. We should remember that morals are dependent on peoples and times. What is strictly moral with us is immoral with other people and *vice versa*.

I once heard Robert J. Burdett, of the *Detroit Free Press*, lecture on the *Rise and Fall of a Moustache*, in which he made a remark that has always stuck. He said it was but natural that the child should know more than his father. "Take Columbus for example—what if he had not known more than his parent—where would we be—sitting on a fence beside the Dismal Swamp, quite likely, awaiting the coming of someone to discover us."

Recently things have happened in the city of New York that have given us much food for thought. Our good friend Mary Ware Dennett has been charged and convicted of sending obscene matter through the mails. To know Mary Ware Dennett is to know how absurd is such a charge, but ignorance has prevailed and she stands before us convicted. Mrs. Dennett presented me with a copy of her little monograph when we were on the Lapland cruise and a better, purer, more scientific and understandable presentation of the subject *"Sex Side of Life"* never has been written. Many doctors and scientific people, both men and women, have attempted such writing, but all have failed and it fell to the lot of a lay woman to present the subject in the most modest, womanly and understandable way, without sidestepping a single point.

I should like to recommend that the International Hahnemannian Association go on record as upholding Mrs. Dennett's brochure and that it contribute, either from its treasury or as individual members, to the Mary Ware Dennett Defense Fund, and that our secretary be instructed to communicate with Mrs. Dennett and make her cognizant of our action.

The Mary Ware Dennett verdict shows the dense ignorance of society in matters regarding sex and the effect of prudery. As a counteraction to these conditions I would recommend that the International Hahnemannian Association go on record as favoring the teaching of sex matters to students in colleges and to students in teachers' colleges, and also the teaching of the adolescent child by those prepared for such work. We see that children are taught to grow the best corn, raise the best hog or calf, but there is no one to teach the adolescent how to become the best parent and rear a healthy child.

Again, though in the same vein—a birth-control clinic of New York City was raided during the past winter. The women patients present were subjected to indignities and the case records were confiscated. Some of them have never been returned. Our friend, Mary Ware Dennett, being a mother and an advanced woman, has worked for years with that strong pioneer, Margaret Sanger, for the teaching of birth control.

As physicians we see the deplorable conditions arising from the large family. How the older children are forced to help care for younger ones and how they are forced to earn their own living to the detriment of proper education. We likewise see the mother aging before her time and deprived of the privilege of independent development.

I would recommend that the International Hahnemannian Association go on record as being in favor of birth control and its teaching, as a means of bettering mankind through the birth of the especially wanted and strong child.

Summing up these, my recommendations, let us advertise, and advertise strongly; let us back up our good friend and patron, Mary Ware Dennett, in her work of sex education; let us advocate the teaching of sex matters in their truest form by teachers especially prepared for such teaching, and let us go on record as standing in favor of birth control with all of its advantages to the human race.

And now I wish to extend my sincere thanks to Drs. Grace Stevens, K. A. McLaren, Dayton T. Pulford, Margaret Burgess-Webster, and H. A. Neiswander for their acceptance of the chairmanships of the various bureaus, and for the excellent program they have prepared for us; to the members who have contributed the fine papers; to our secretary for his great forbearance; and to the membership at large for the honor conferred on me in making me the president of the fiftieth annual session of the International Hahnemannian Association.

MONTCLAIR, N. J.

Hahnemann taught the efficacy of small doses. He showed that when drugs are prescribed according to the homœopathic law, it is indispensably necessary that the doses be small, and that *infinitesimal* doses are more efficacious than large ones.

Nothing has brought more opprobrium upon Hahnemann from the allœopathists, nor more ridicule upon his followers than this question of the dose. And many homœopathists yielding to this clamor and shrinking from this ridicule, make a merit of disclaiming any fellowship with Hahnemann on this point and loudly proclaim their willingness, in the matter of large doses to "go as far as he that goes the farthest".

We have thus the spectacle of a large body of professed homœopathists denying their master in the three fundamental points of his system—the indication, the remedy and the dose! And all this, as much through lack of moral courage to brave the obloquy which attaches to the strict Hahnemannian, as from honest difference of opinion.—CARROLL DUNHAM, 1864.

DIGITALIS IN REFERENCE TO ITS ACTION ON THE HEART IN THE HIGHER POTENCIES*

H. R. EDWARDS, M. D.

The chief use of this remedy by many seems to be in all and any kind of heart disturbances. Many drop doses are given, increasing the dose to the secondary toxic symptoms. It is my endeavor to show today that *Digitalis* can substantiate this claim to first choice in the realm of heart therapy, especially in cases of broken compensation; and that in high potencies it is a real tonic to the heart.

Hahnemann says in a note to *Digitalis*: "It is the most ordinary and certain characteristic property of *Digitalis* to depress the pulse in its primary action. This depression is then permanently followed by a much smaller and more frequent pulse, which shows how great a mistake is committed by physicians of the allœopathic school who imagine that they can permanently retard the pulse by digitalis."

Digitalis, while universally recognized by many as the most dependable heart tonic, is at the same time often abused. Its therapeutic uses are based upon its effects in strengthening the action of the heart, prolonging the diastole and increasing blood pressure.

Valvular diseases of the heart are not always an indication for its use. When a valvular lesion is accompanied by broken compensation and dilatation then *Digitalis*, if the symptoms agree, is the remedy most surely indicated from a physiological and dynamic point of view.

The homœopathic indications for *Digitalis* are a slow pulse which may alternate with a very quick pulse. At times an irregular and intermittent pulse can be detected. With these are observed the general characteristics of blueness, vertigo, sensation as if heart would stop beating if they moved about much. Irregularity of respiration which is difficult and performed to the accompaniment of frequent sighing. Weakness and sudden sinking of strength. On going to sleep the breath seems to disappear and they waken with a gasp to catch it. There is also palpitation, fluttering, pain beneath sternum, desire for air and

*Read at I. H. A., Bureau of Clinical Medicine, June 1929.

a feeling at night that he must arise and walk about. These are a few of the marked symptoms of *Digitalis*.

Following are a few cases which were under *Digitalis* in increasing doses, when I first saw them, that have been permanently benefited by the use of this remedy in potency:

CASE 1. Howard M., 31 years., clerk. Had to give up work; heart enlarged; strong irregular beat, again slow and soft; pronounced murmur; dyspnœa so marked at times that he has to hold on to something for support. Is taking digitalin, 5 drops, to control the beat, and 1/60 of a grain of strychnine to tone up. May 2nd. Discontinued the digitalin and the strychnine and gave *Cratægus* for a few days, May 11th, then *Digitalis* 30th, three powders three hours apart. Heart very irregular. May 23rd. Heart not nearly so irregular. Murmur not so marked. *Sac. lac.* June 8th. Feeling heart a little more. Rhythm much better. Not so labored or irregular. *Digitalis* 30th, three powders, three hours apart. *Sac. lac.* July 13th. Heart rapid, irregular. Dyspnœa and pain. Has been back to work. *Strophanthus* 3x four. November 2nd. Has been better. Now aggravated. *Strophanthus* repeated. January 28th. Has been feeling better, but heart is now rapid. Again slow and irregular by turns and intermits. Some cyanosis and dyspnœa. *Digitalis* 200th. April 3rd. Has been much better. Now symptoms aggravated. Murmur still quite marked, but says he is feeling fine and no trouble doing his work. *Digitalis* 10M with instructions to report if he felt badly again.

CASE 2. E. M., 39 years, steamfitter. Has not worked for two months. Too weak and short of breath. Pain in heart region with numbness and cramping in upper and lower limbs. Pulse 120, small and thready. Very weak. Afraid to go out on street. Waving sensation. Vertigo. Better walking slowly. Has been taking large doses of *Digitalis*. Frequently takes deep breaths. Sleeps poorly on account of dyspnœa. August 30th. Prescribed alkaline breakfast. *Nux vom.* 30th. Septmber 4th. Has taken nothing but water. Feels weak but "cleaner", pulse 88. Nausea in morning. *Sac. lac.* and continue with same diet. September 11th. Complains of cold, damp feet even in bed. Numbness in left arm from elbow down to tips of fingers. Cannot walk now. Better sitting. Fears will lose breath. Sensation of fear felt in solar plexus. Aggravated when out on street, better indoors. *Sac. lac.* September 18th. Feeling better and stronger. *Sac. lac.* September 26th. Not so well. Feeling weak. Heart irregular. *Nux vom.* 30th and vegetable diet. October 11th. Feeling better. Dry cough. Tires easily. Dyspnœa at times. *Sac. lac.* October 16th. Heart paining again. Slow, irregular, intermittent about every seventh beat. Tired and discouraged. *Digitalis* 200th. Three powders, one every three hours. *Sac. lac.* October 26th. Much better generally. Pains around heart better, More cheerful. *Sac. lac.* November 2nd. Pain around heart. General aggravation about an hour after waking. Sleeping better. Breathing aggravated. *Sac. lac.* November 6th. Heart pounding away. Irregular. Intermittent. Pulse full, bounding. Rate 130. Cannot focus well on objects. Eyes feel out of focus. *Sac. lac.* November 9th. Feeling much better. Thinking of work again. Slight numbness of fingers especially the middle. *Sac. lac.* November 13th. Slight pain in heart region. Soreness and sinking sensation in abdomen. Numbness of fingers annoying. Tried to work today a little. *Ammonium mur.* 6x. November 16th. Numbness better, chiefly now in tips of fingers. Heart much better. More regular. Pulse 100. In mornings takes deep breaths involuntarily. Does not notice having to do this in afternoons. Tired in morning on awakening which is relieved after being up and moving around. *Sac. lac.* November 22nd. Numbness very slight or not at all. Heart better. *Sac. lac.* December 10th. Has been better. Not feeling so well. *Digitalis* 10M. December 14th. Has the flu. *Baptisia* 1x. December 20th. Feeling much better generally. Heart hardly noticeable. Working again full time and quite hard. January 26th. Feeling fine. Examination shows rhythm good. Pulse full, and bounding. Rate 76. Little or seldom any pain. Sighs only occasionally. Numbness entirely gone. March 12th. Has been very well. Working every day. Has gained in weight until last week when pains came off and on. Some dyspnœa especially in morning. Numbness slightly noticeable again. *Digitalis* 10M, one dose. April 15th. Feeling fine. Heart and rhythm good. Pulse full. Rate 80. No numbness. Sleeping and eating normally. Works a full day without fatigue.

CASE 3. T. S., 43 years, electrician. Has been in bed six weeks with heart trouble. Very weak. Respiration labored. Talks in a whisper. Pulse rate 36-40. Has taken much digitalis and

strychnine. May 19th, 1923. *Cactus grand.* 1x, 5 drops every four hours. May 24th. Feeling better. Pulse 48. Continued *Cactus.* June 2nd. Heart seems better. Irregular with marked regurgitation. *Cratægus* 1x. Two drops every four hours. June 20th. Has been taking *Cratægus* and is at standstill. *Digitalis* 30th. June 30th. Feeling better and sitting up. *Sac. lac.* July 25th. Beginning to walk around and feeling stronger. *Digitalis* 200th. August 20th. Improvement continuing. *Digitalis* 200th. October 18th. Not quite so well. Heart bothering him again. *Digitalis* 200th. December 6th. Feeling fine. Heart action smooth and regular. Murmur very slight. March 22nd, 1924. Has felt well all winter. Cannot hear a murmur. Back to work. June 4th. Fell over piece of iron piping, bruised ribs, none broken, badly shaken up. *Arnica* solution and *Digitalis* 200th. November 15th. Heart action good. Slight murmur. *Digitalis* 200th. July 8th, 1927. Has been feeling fine. Has not missed a day's work. Has not needed medical attention since. Only slight murmur. Rhythm good. Pulse 72. Pain in left knee. Aggravated when he goes to bed. Pain shoots up and down leg. Fourteen years ago had a bad attack of rheumatism, since that time has occasionally experienced a twinge. Pain now is similar to the attack of fourteen years ago only not so severe. Is afraid that it will return. *Digitalis* 10M. October 27th. Heart is fine. Beat is even and full. Pulse rate 72, and not a murmur nor a miss can I hear. Knee much better, in fact all clear. Examination of urine negative. April 27, 1929. Heart sounds fine. No murmur. Rhythm good. Pulse 72 to the minute. Has nothing to complain of and came in for examination only.

It will be noted that the preceding cases had been taking massive doses of digitalis and that after discontinuance of this same many secondary symptoms disappeared, giving place to the return of the original condition and symptoms which still called for *Digitalis,* but in potentized form. Gradual and sure relief then followed, resulting, eventually, in what I feel may be justifiably classed as cure.

MONTREAL.

DISCUSSION.

DR. GRIMMER: Mr. Chairman, I think this is the most wonderful paper we have had so far, for several reasons. First of all, it gives us courage. Remedies that are not crude are capable of curing the worst cases. There has been a misconception afoot to the effect that our potencies are very good in these little functional diseases, but where you have organic trouble, you must go to the crude drug. The doctor has shown the fallacy of that point of view. There is one little point that he didn't mention that I would like to bring in here about *Digitalis* in potency. It is the very best antidote to the pernicious coal tars that are flooding humanity today, even more pernicious than the crude doses of *Digitalis* are the painful effects of the coal tars, aspirin, luminal, and a number of others. They are about the same. *Digitalis* will antidote them better than any other one known remedy.

It is also an answer to one of the points that Dr. Brown brought up in some of his pneumonia cases. In the prolonged cases that have gone on and that are apparently doing well but with the least bit of heart weakening, a single dose of *Digitalis* will save a lot of those cases.

DR. HEINBACH: I want to report two cases of the type that he has mentioned being digitalized so profusely that they can hardly live any more. Just within the last month a new patient came to me, first with his daughter, and incidentally he remarked that he had heart trouble and had been obliged to take Digitalis for over a year and he wasn't able to work, so on and so forth. I listened to his heart a little bit. I said, "Suppose you stop that Digitalis for a week and then come back and I will see what I can do for you". "Oh, the doctor says I must take Digitalis or I will die". I said, "You will die sure if you don't quit it". He left the office. Whether he was going to stop the Digitalis or not, I didn't know, but in a week he came back and he didn't puff a bit. He came walking into my office feeling pretty happy. I said, "What can I do for you"? He said, "I stopped the Digitalis as you told me and now I am here to consult you". I said, "Don't you feel better"? "Sure I do, much better" I looked him over and gave him a little *Cactus* and he came back in four days. He said, "Why doctor, you have no idea how I feel now".

I had another case, a man 76 years of age, with almost the same story. The doctor gave him that same advice, "You must take Digitalis or you will die". He could hardly walk up the stairs, where I had my office then. He came puffing up as if he had been mowing hay for twenty-four hours. After listening to his heart, I said, "You have got to stop that Digitalis". "Oh, I can't stop that, I can't stop that". The doctor had quite a reputation and he thought he must keep up that Digitalis. "I can't do anything for you if you don't stop", I said. I looked him over carefully and gave him *Anaicardium.* He came back in a week and didn't puff a bit when he came up the stairs.

DR. KRICHBAUM: Mr. Chairman, I would like to inquire of the essayist, and also any others who have had experience with *Digitalis,* whether they have gotten many cases that indicated or required *Digitalis,* or have gotten any results from *Digitalis* in anyone who formerly had not been digitalized. My personal experience has only been that it is useful after they have had considerable digitalis in crude form.

DR. FARRINGTON: I have had several cases of *Digitalis* in which the symptoms were very clear and it is undoubtedly true that *Digitalis* is homœopathic in certain cases. Perhaps not as often as one might think, but we have to remember that the case that leads to a remedy is especially sensitive to it, and for that reason will be all the more deeply affected by crude doses. When the crude doses are stopped, you cannot always relieve the patient by a high potency of the same remedy. You may at the time have to give an antidote before you get back to the potency; nevertheless, I don't see why *Digitalis* could not be homœopathic to any kind of a case where the symptoms are present, just as well as *Arsenicum, Strophanthin,* or *Strophanthus,* or any of

the remedies that are considered as heart remedies. Dr. Edwards has given us an excellent paper. There is one thing that I admire and that is his forbearance, his ability to give his remedy and wait and allow its action to run out before he repeats it again.

I think in that series of cases he reported, the prime one is the one where the rheumatism was brought back after fourteen years. We know when a thing like that occurs that we are going to cure the case, and whether there is a murmur or not, we are likely to improve the heart to such an extent that even a keen diagnostician cannot find that there has been organic trouble there.

DR. WRIGHT: Mr. Chairman, I was very much impressed to see each time after he gave a single dose of high potency it seemed to have a marked amelioration which lasted longer than the other time, and I don't quite understand why he threw in those doses of *Strophanthus*. I would like to hear on what basis he switched to the *Strophanthus*.

DR. WOODBURY: That is a particular point because we are told that Digitalis is the remedy for the rheumatic heart. It goes to show that in these cases they only palliate rheumatic hearts when they digitalize them in cases of fibrillation. What they should do is to get under the case after our method and bring back the old rheumatic symptoms, if it is possible. Oftentimes it can't be done, owing to suppressive measures.

DR. KAUCIC: I had one case of *Digitalis* in my life and it was not a heart case. It does not need to be a heart case for *Digitalis*. I have given *Digitalis* and it acted promptly.

Another thing, I cannot understand why there is so much repeating. If you give a high potency, you should not repeat, because you spoil everything with the second dose you give. If you have given today a dose of *Digitalis*, then tomorrow you have a wonderful condition in your patient. The third or fourth day you think you must repeat your dose. If you do, you spoil everything. You have the primary condition again and you cannot go on. I think this was also the fault with Dr. Plumb Brown in his pneumonia cases. I noticed that some potencies were repeated, and that is always dangerous. If the remedy is a good remedy, you must not repeat. You can repeat perhaps two or three months later, but not before that.

DR. ALLEN: Mr. Chairman, I have a motto on the wall of my office that I look at many times a day, which says, "A man who never made a mistake never did anything. Let your mistakes be not your stumbling blocks but your stepping stones".

CHAIRMAN MCLAREN: Will you close the discussion, Dr. Edwards?

DR. EDWARDS: In reading over my cases again, I often wondered why I did give *Strophanthus*, but I will tell you why I gave it. Somebody had been talking to me about the wonderful action of *Strophanthus*, and I thought I would try it, so I gave it gently. I only gave it in 3x, but it helped.

In speaking of antidotes, I thought probably you might question why I gave *Nux* to that fellow. He just was a *Nux* type, a steamfitter.

Dr. Farrington, I can't tell you how good I felt when that pain in the knee came back fourteen years afterward. It just put pep right into me again.

I would like to close the discussion by asking a question. I was called in not long ago to see a young girl who had had hæmorrhages. She had had five hæmorrhages. I was there when she had one. I would say it would have filled one of those tumblers. She was taking a remedy—I don't know whether it was Digitalis or not—for heart trouble. I could find very little murmur. I can't find any cavity in the lung. I don't know what the trouble is, but she has had five hæmorrhages. I know this, that *Picricum acidum* has cured the hæmorrhages and she is up and around now and I don't know what the trouble is. If anybody can help me out of that case, I would be very glad.

THE PROBLEM OF SUPPRESSION*

ELIZABETH WRIGHT, M. D.

A patient said to me recently, "Where can I find literature showing the dangers of suppression? My daughter wants to put ointment on her baby's scalp eczema and won't believe me when I tell her it is perilous to do so". This made me search the literature which I found very meagre. Therefore this attempt to state the problem, the discussion of which in this body should be of real importance.

First, let us define the term; by suppression is meant that a disease manifestation is caused to disappear before the disease itself is cured.

The subject of suppression seems one of the most important from the homœopathic point of view, but one of the least familiar to the ordinary medical mind. In regular medicine we are continually meeting with examples of suppression, indeed, from our point of view, all of usual medicine which is not unconscious homœopathy is suppressive. There are various types of suppression.

1. Suppressions accidental or natural and not due to medication of any kind such as, suppression of strong emotion due to the unnatural exigencies of our collective living. These are more or less conscious suppressions, although the seriousness of their results is not usually known and the individual takes great pride and credit in thrusting down these emotions.

There is a second kind of accidental suppression which comes from great mental shocks such as mortification or grief.

A third type of natural suppression is in the physical realm such as where the menses are checked by injudicious bathing, or the lochia stopped after labor by catching cold, or milk suppressed, or perspiration suddenly inhibited by chilling.

Then there is also a type of suppression of one disease by another, which is so frequently spoken of in the *Organon*. This may take the form of an acute disease being held in abeyance by another acute one until the "cure" of the second; or it may be an acute disease suspending a chronic until the acute course is run. The reverse of this, where a chronic disease holding

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sway, gives a partial or full measure of immunity against acute disease, could really be classed as suppression although it is more usually thought of as immunity.

2. A second type of suppression most frequent in regular medicine nowadays is suppressions by local applications. This enters into many fields. For instance coryzas and sinus troubles are suppressed by local applications of argyrol, iodine and other substances, leucorrhœal and gonorrhœal discharges by injection of mercurochrome, protargol and permanganate; eruptions, from such acute ones as scabies and impetigo, through to the chronic ones, such as eczema and psoriasis, by zinc or sulphur preparations, ammoniated mercury and many others. The rashes due to the exanthems, which may also be classed under natural suppressions in some instances, may be driven in by the unwise use of cold packs. Other secretions, such as foot-sweat are often suppressed by foot powder; conjunctival pus by silver salts; ulcers by various local dressings, and warts by trichloracetic acid or electrical means. We have further the local suppression of many conditions by the different lamps, violet ray therapy, etc.

Hæmorrhages are suppressed by local astringents, such as tannic acid, or by local coagulants such as thromboplastin, or by x-ray. (They may also be suppressed by general medication such as calcium lactate and gelatin). This brings up the question as to whether a homœopathic drug, such as *Ceanothus americanus*, should be classed as suppressive or curative.

3. Now we come to conditions suppressed by current internal medication; for instance, malaria, which, if not of the quinine type, is simply suppressed by the massive routine quinine dosage often resulting in recurrent neuralgia; acute rheumatic fever where the patient is overpowered with salicylates leading to suppression of joint symptoms and the inroads of the disease on the heart; epilepsy and choreas are often driven to cover by saturation with sedatives; and heart disease masked by digitalis.

4. Disease is all too frequently suppressed by surgery: The removal of growths, benign or malign, polypi, tonsils, appendices, varicosities, hæmorrhoids, fistulæ and bone hypertrophies such as turbinates. The trouble here is that modern medicine seeks to remove pathology rather than cure the underlying

causes, not realizing that the ultimates of disease are benign attempts at exteriorization, at protective localizations.

5. Most insidious of all are the suppressions by vaccine injections which are now so prevalent that a child may take seven or eight different kinds in a year. I know a family of seven children of a well-known allœopathic physician who were given in one year cold vaccines, diphtheria, scarlet fever, whooping-cough, typhoid, paratyphoid and smallpox, and two of the seven were also given hay fever pollen, inoculations.

6. There is the whole question of the suppressions of syphilis by arsenical and mercurial treatment which many doctors, even of the regular school, feel tends to develop later grave nervous tertiaries as well as saddling the patients with drug results.

7. There is another aspect of suppression, that of the suppression of individual symptoms, and this may be done quite as effectively by the use of homœopathic remedies as by old school drugs. Never forget that to palliate a curable case is suppression. It will involve you in continual change of remedies, a sort of "puss in the corner" with the symptoms. It will mask the true fundamental picture of the disease and complicate it to the point where it will be incurable. The degree to which this is done by the general run of homœopathic practitioners is not realized and is appalling.

I need not go into the bad results of these different kinds of suppression, you have all seen them. They include asthma, convulsions, paralyses, insanity, tuberculosis and deep diseases of the vital organs. Last year Dr. Stearns gave a paper on *Prodromal Symptoms and Their Importance in Prescribing*. This paper of mine should be entitled *Prodromal or Prior Suppressions, Their Importance in Prescribing*. In every case we must *"cherchez"* not *"la femme"* but *"la suppression"*. Shall we prescribe for the symptoms before the suppression took place? Shall we use the form of suppression as a symptom in our totality? Shall we prescribe mainly for the present post-suppressive syndrome? We must remember that suppression in any of its forms drives diseases in, masks symptoms, makes protean changes in the form of the disease and blocks the natural exit of the disease. Always leave the golden bridge of your pathological ultimates, as by that

route, only, can the disease return to cure. Disease is the Minotaur in the Labyrinth. Theseus, the symptom, must find his way back and out of the Labyrinth. Do not cut his cord!

BOSTON, MASS.

DISCUSSION.

DR. BOERICKE: I am always under two fires when I hear one of Dr. Wright's papers. I am so enthralled listening to the musical cadence of her glowing phrases that I sometimes lose the entire scientific aspect of the paper, but Dr. Wright's papers are so well expressed and so scholarly and such a pleasure to listen to that I have to read them to really enjoy them.

With that as a preliminary, I want to say that there are two types of suppression that we do come in contact with quite often. I don't know whether you are familiar with probably the greatest old school authority on lues. Dr. Stokes made the statement not long ago that the cardiovascular type of lues has increased a hundred per cent since the introduction of arsenic, and I have seen many types of eczema, suppressed by local ointment, cropping out in the form of asthma, and *vice versa,* the asthma suppressed and the eczema appearing. Suggestive medication along those lines has brought the case back. I am well acquainted with that. This is something that the regular medical man taught in our school does not altogether believe. You simply have to make it as a statement and trust you will be able to demonstrate it as we have been able to do on many occasions.

This is an excellent paper. The preliminary statements well define the various types of suppression. I think it is the finest paper I have heard in a long time. (Applause)

DR. FARR: I was very much interested in Dr. Wright's paper, from this standpoint: If you have been following the recent literature for the past five or six years, you find that we are getting a new force into our therapy which is of our newer psychology. I was very glad to hear Dr. Wright speak of the suppression called mental and physical, because the psycho-analysts are finding that so-called incurable diseases which have been treated by medicines and by various forms of therapy are nothing more nor less than suppressions. I think that helps to establish homœopathy on the basic principle that, as we have held that chronic diseases are many times due to suppression, so our psychoanalytical friends are finding that mental suppressions are having their way also.

DR. MCLAREN: Just a word about suppression. For a hundred or more years the old school has come to the conclusion that in children, asthma and eczema are the same disease, and that the asthma is another manifestation of the eczema. In other words, they are caused by the same condition, and they are just two manifestations.

We, as homœopathists, have looked upon it as the eczema being the manifestation of the disease and the asthma being the suppression. If you don't give any remedy at all to some of these cases, and if you don't let the family use any remedy or any application, you will sometimes find the eczema and the asthma both together in the same child at the same time. At other times you will find the child with the asthma and at still other times you will find it with the eczema. I don't mean that you can't put on an ointment and suppress the eczema and then develop asthma, but I don't think that it is fair to say that every case of asthma, where there has been eczema history, is due to suppression. It is just another manifestation, although I admit that you can suppress it.

I don't think that we should look upon all of these cases of suppression as being something that naturally follows an evil method of treatment. A woman came to me about two weeks ago who had an asthma lasting for about three years. I gave her a remedy. She called me up two nights ago and said, "I can't take that remedy, doctor, the expectoration has dried up". I told her to stop taking it, that I would have to study the case again. I wasn't intending to suppress it. Evidently I didn't hit the nail on the head, and it was suppressed. I wouldn't call that an aggravation; I would call it merely a suppression, a homœopathic suppression.

Ordinarily speaking, eczema and asthma in my own experience are the same disease very frequently and not suppressions at all.

DR. UNDERHILL, JR.: I might go further and say that both may be the result of either suppressed sycosis or inherited sycosis; also that there are many cases of eczema that break out in children of undoubtedly tuberculous parents. Apparently there is a relationship between tuberculosis and eczema.

DR. GREEN: We talk about the new psychology and we talk about a homœopathic prescription being both spiritual, mental, and physical in its action, and then come to the subject of suppression of individual symptoms with the homœopathic remedy. I like to think of it on the plane of the homœopathic potency altering the vibration wave of the patient's vitality. If we think of it on that basis, we can see what a blocking thing it is to alter that wave length from one disorder to another disorder rather than from disorder to order or cure. (Applause)

DR. KRICHBAUM: I agree with Dr. Boericke, that every time Dr. Wright speaks, the Lord gets out His dictionary. I also agree with her that there is a lot of suppression. If this body could dictate to all of its clientele their mode of living, what they should eat and what exercises they should take, you would cure a hundred per cent of them. I occasionally cure people, but we are up against the proposition of haste, haste in travel, haste in getting well. I had a man in a few days ago and he said, "Doctor, I was drunk last night; I ate too much dinner; I am sick; I want relief, and I don't want preaching, because I would like to get well, and I will get drunk again some other day".

We have to fix conditions. If Dr. Wright can tell us how to get away from this suppression, how to stop people from doing it, God will close up His dictionary and we will cure all of them.

DR. UNDERHILL, JR.: Supplementing the remarks the doctor just made, it is true that there is no use in our prescribing for a patient and expecting to cure him if the causes which produced the condition still persist. We must endeavor to have our patients mend their ways. Disease, of course, is all the result of causes previously set in motion, and those causes must be stopped if we hope to cure our patients. The remedy comes in as an intelligent intervention. Why allow the cause to persist?

DR. ROYAL: I want to go beyond the food to the utensil used in cooking the food. In my library I have a book on aluminum. I wonder how many have read it? I wish we could get our wives and housekeepers and cooks to profit by it. The utensils look pretty and are light, and it is impossible to get the housekeepers to put them up on the shelf. So we want to study, then, our individual and everything that is back of him. We can correct in a great measure the evil effects of aluminum by our different potencies of the drug.

DR. ALFRED PULFORD: There is no more rapid acting remedy than the remedy that is dicated remedy. There is no slower acting remedy than the remedy that is not indicated, and I want to say to you that wherever a physiological remedy will act, the homœopathic potency, if it is indicated, will act also.

DR. WOODBURY: Just one word. I feel that Dr. Wright is a master of philosophy. I feel that Dr. McLaren, when he says that eczema and asthma are more or less analogous conditions, is correct. It seems to me, if the patient is a child who has eczema and when treated homœopathically develops asthma,

it is a sign that it hasn't been cured in the primary stage or in the first manifestation, but if it is treated with suppressive measures and goes into the second stage, it is suppression, whereas the first is simply not cure.

DR. MCLAREN: I had those cases that had no medicine at all come to my office, and found both existing when they came in. When I first saw the cases, they had both eczema and asthma at the same time and had never had any medicine.

DR. SENSEMAN: For a number of reasons I agree with Dr. Underhill in his statement that asthma is very likely of sycotic origin. Eczema is of tuberculous origin, and, of course, under such circumstances we can have both of those manifestations present at the same time.

DR. BOERICKE: Mr. Chairman, a very excellent series of authoritative papers on asthma, if you want to look it up, is in *The British Medical Journal*, running through the spring issues. In those articles, asthma is taken up and analyzed thoroughly in a modern way. Their conclusions are that no one type is absolute; some are sensitive, some neurotic, and some are due to infections.

DR. WRIGHT: I would like to say in answer to Dr. Farr that we can often help these mental suppressions of emotions with our homœopathic remedies.

I want to repeat the three questions which were in my paper, because I want information from this assembly on them: "Shall we prescribe for the symptoms before the suppression took place? Shall we use the form of suppression as a symptom in our totality? Shall we prescribe mainly for the present post-suppressive symptoms"? May I ask some of you who are older and wiser than I to give me your opinion on those points?

DR. WOODBURY: Dr. Farrington would prescribe for what you call the youngest symptom. That would naturally pick the case up where it is.

DR. BOERICKE: If you have a history of diathesis, by all means utilize that. For instance, there are cases of asthma developing in children of gonorrhœal character. My father had cases where he treated gonorrhœal conditions in parents and I have found that the children will develop asthma. If you are lucky enough to have a break like that, you ought to use it. So my answer to that is yes.

DR. ROYAL: If your asthma is purely neurotic, get the remedies that have the best affinity for the tissue which it is affecting.

SECRETARY ROBERTS: Mr. Chairman, I believe, in the suppression of serous cavities, for instance, it is possible usually to go back to the original symptomatology that was present before the suppression took place. In some of the deeper ones, like the asthmatic conditions, it is hard to get this, although it is possible sometimes to get the symptomatology that preceded and led up to it. If you have it over two or three generations you can get most of the symptomatology that will bring out the remedy, and when the remedy is brought out properly in that way, the suppression is relieved entirely.

DR. KRIEHBAUM: I have been in the habit, Mr. Chairman, of getting the case the best I could. Personally, I don't believe it is possible to lay down a rule and follow it up in a suppressed disease. You may have had a condition suppressed ten years ago; in the meantime, the mode of living, the pathology, and everything else, has changed, and to go back ten years and prescribe only for what existed ten years ago would be erroneous, in my opinion.

DR. UNDERHILL: I should say prescribe on the present remedy picture if there is one that can be brought out clearly and distinctly enough. Failing in that, then search for the constitutional state that existed prior to the suppression and prescribe for that.

DR. HAYES: Sometimes we have to prescribe on those symptoms which have been present more or less during the whole lifetime, which go away back.

REDEVELOPING SUPPRESSED DISCHARGES AND ERUPTIONS BY HOMŒOPATHY*

ELIZABETH WRIGHT, M. D.

The one sure way to know that the remedy which you have chosen for a case was, indeed, the *simillimum* is to observe old symptoms recurring in the reverse order of their appearance. To have your remedy work from within outward, with amelioration of the mental state and the patient's general sense of well being, is gratifying but it is not enough. Many more or less similar remedies may induce amelioration in this direction. To have improvement following your dose go from above downward in addition to from within outward is more reassuring, but for full satisfaction you must see the distressing symptoms disappearing, the most recent first, and the recurrence of old ailments in the reverse order of their coming. Even though all three of these laws of cure of Hering's be demonstrated you can still not claim to have given the perfect *simillimum* unless one single dose suffices to produce a gradual and steady improvement approaching nearer and nearer to complete cure, as a line approaches infinity. Some of our best prescribers claim that one dose of the perfect *simillimum* should, as they put it, unlock the door and permit the vital force to progress to complete recovery without further aid. This is the ideal and, in some instances, feasible. In many cases, however, inherited ill health and infringement of spiritual and physical laws throughout the past life of the patient may make this impossible and necessitate repetition of the dose after a long interval on a higher potency plane, or even one or more changes of remedy as the case is unraveled.

Granted that the physician has the skill to find the perfect *simillimum* and that such a remedy as really fits the case in hand has been proved and is therefore accessible to the practitioner, what are the factors which may prevent the complete cure? Can the vital force be weakened so that it cannot fully respond even to the perfect opportunity? Or is, as some claim, the dynamis always equally vital and ready to leap to the task of cure as soon as the way is cleared by the remedy? Or is it possible so to sap the vitality by the wrong thinking and hy-

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giene of years, if not of generations, that the channel is clogged? A second important factor in the equation of recovery is surely the pathological one, the degree to which the tissues are maimed, whether by disease, drugging or surgery. Other factors interfering with true cure are the failure of the patient to regulate his thought and life and the unwise interference of the physician after the first correct prescription.

For any or all of the above reasons cases which follow can not be claimed to be true cures, but they are given to illustrate the return of old suppressed symptoms or the throwing out by the body of disease products in the course of the action of the homœopathic remedy.

CASE 1. Mrs. F., age 63, chief complaint, frequent colds. Main symptoms: proud, self-contained, melancholic temperament, warm-blooded, abnormally fond of sweets, gouty family, sporadically painful joints without modalities, very irritable recently, especially in the late afternoon, went gray as a girl of twenty, recurrent right-sided quinsy, good appetite but can only eat a little at a time, bilious attacks every few weeks with irritability, only relief is from hot drinks. Physical examination and laboratory work practically negative. Prescription: *Lycopodium* 2c one dose and 4 *S. l.*, one every night and morning.

A fortnight later patient returned feeling much more vigorous and showed me a dry scaly eruption on both forearms and on the right palm which came out on the third day after the dose. She admitted to having had such a right-sided palmar eruption years before which had been "cured" with zinc ointment. I warned her against local applications, explained my joy at the eruption returning and gave *Placebo*. The rash cleared in another ten days. Two months later (this was mid-winter) the patient reported no colds for the first time in years at that season, no bilious attacks, joint pains more frequent now in the lower extremities rather than hands. General condition less vigorous for the past week or two. Prescription: *Lycopodium* 1M. To my great interest a rash similar to that following the first dose though less severe, reappeared five days after the repetition of the remedy. This cleared in two or three weeks. This was over two years ago, during which time the patient has had *Lycopodium* 10M,

one dose, followed three months later by *Lycopodium* 50M and five months later by *Sulphur* 10M, because of the appearance of burning soles and palms at night and faintness at 11 a. m., with entire disappearance of the late afternoon aggravation. Following the *Sulphur* she has needed no medication for over a year until an acute coryza a month ago. She has had no further eruptions, joint trouble or appreciable symptoms of any kind.

CASE 2. Miss B., age 54, chief complaint, eruption on neck, face and scalp of right side, burning not itching, shooting pains, screams if touched. This eruption, vesicular at first, was a week old with slightly enlarged right cervical glands. Diagnosis: cervical herpes zoster. Prescription: *Ran. bulb.* 1M and *Placebo*, one every two hours. One week later patient reported relief within about three hours. I then took her chronic case. She was a pallid, repressed, sentimental little woman with dark hair and eyes, mildly chilly, brooding temperament, very averse to consolation, history of severe headaches over the right eye extending to the occiput and nape all her life which would come on in the late forenoon, worse before menses which had been early and scanty, liked to be alone, right-sided complaints always, always headachy before thunder storms, timid about robbers, dislikes salt strongly, history of spots of eczema on the right hand years ago with cracks in the skin of the knuckles, consciousness of beating of the heart worse lying down, with sensation as though the heart turned over, frequent panicky sensations in the pit of stomach, light headed in the morning. Physical examination showed poor nutrition above the waist, good below, occasional extra systoles, blood pressure 168 over 90, otherwise negative. Prescription: *Natrum mur.* 1M and *Placebo*. Returned one month later feeling much better; only one slight throbbing headache since dose, heart no longer skipping. Marked eczema of right palm which she said had returned a week after the dose and eczematous patch below the right clavicle. *Placebo*. Eczema remained out four months and cleared spontaneously; blood pressure on several occasions between 130 and 138 over 80. Severe headache ten months after first dose of *Natrum mur.*, throbbing, right-sided at 11 a. m. occasioned *Natrum mur.* 1M and *Placebo*. This was five months ago, no symptoms since.

CASE 3. Mrs. Y., age 48, chief complaint: utter indifference to, and disgust with husband and children increasing during past two years, knows it is groundless but cannot help it, has been suicidal, depression worse before menses, accompanied with swearing which she cannot keep from doing, says she has lost her sense of humor. Two children living, four miscarriages at third month; terrible headaches as often as twice a week, right frontal, better from motion and pressure, especially from walking in the air; psoriasis of the scalp and face for eight years (has been partially removed with local ointments); red tip of nose, ten years' duration; menses early, scanty, dark, used to be membranous, pain as if everything inside her were being pushed out, relief when flow comes, terrible depression ten days before period, unbearable odor at end of period; attacks of shivering, psychic, uncontrolable; lowest ebb from four to five p. m.; warm-blooded; early waking; does not crave sweets; history of kidney pain several years ago, severe backache, worse before thunder storms; foot-sweat in childhood, which stiffened her stockings, odor bad, "relieved" by foot powders. Patient was narrow flat build. Physical examination, showed old cervical lacerations, hæmorrhoids, slight facial psoriasis, bad teeth. Prescription, *Sepia* 200 and *Placebo*. (*Lycopodium*, *Lachesis* and *Sulphur* also repertorized high). One week later patient returned jubilant saying that her family sent me a vote of thanks. Her husband later told me that in that one week family peace was restored, as it had not been in several years. Psoriasis quite red and angry looking, patient declared she was feeling much better mentally and more vigorous physically but now had a foul green lumpy leucorrhœa. Questioning brought out that she had had such a discharge at eighteen which had been stopped by douches, and again two or three years ago after her last miscarriage when it had been checked by local painting and douching, since which time her mental symptoms had come on. I explained the danger of suppressing it and gave *Placebo*. Six weeks later patient said she had had but one headache of any severity since beginning treatment, and her period had been much more normal without the desire to swear, although the odor was worse. As the general mental state was again somewhat depressed I gave *Sepia* 1M and *Placebo*. This was in December, 1928. By January the leucorrhœa had changed to a slight yellow, odorless discharge, periods still early but otherwise normal. Since that time I have seen the patient regularly once a fortnight and she has been steadily better. She has had one attack of kidney pain, like one years ago and a mild attack of the flu, but there has been no further medication of any kind except *Placebo*. Her psoriasis has practically cleared on the face, come out and cleared again on the forearms and there are now a few patches on the abdomen. The childhood foot-sweat has not returned but I am waiting for it.

These cases are samples of what the single remedy, even in the hands of a beginner, will do towards ridding the patient of disease, by reproducing suppressed eruptions and discharges.

BOSTON, MASS.

DISCUSSION.

DR. GRIMMER: The Book says, "A little child shall lead them". I think the "little child" has shown us veterans the way. We know these things are true; we have experienced them all, and yet we all slip; it is just such things as these that keep us from slipping. Fine, Dr. Wright!

DR. HEINBACH: We don't have the backbone to stand by it.

DR. GRIMMER: Not the backbone. It is just we think we can find a shorter cut. We are rushed and don't take the time to do it.

DR. ALLEN: I want to warn the husbands here not to go home and give their wives *Sepia*. I learned a few years ago that *Sepia* was a wonderful remedy for a flat wart. Mrs. Allen has a large flat wart on her cheek. She had been wanting me to fulgurate it. I avoided that. About a month ago I gave her *Sepia*, 1M. The wart was some smaller, but she had a violent psoriasis on her feet. I am in trouble.

DR. FARRINGTON: Mr. Chairman, it seems to me that we ought to have at least one paper like this at every one of our meetings. It is the kind of a paper that does not appeal to the majority of homœopaths because they feel that this matter of suppression and the matter of bringing out an eruption on the skin is the bunk; nevertheless, we know that it is an absolute fact and that in some cases a cure cannot be established as permanent until the old symptoms return. This is especially true of asthmatic conditions. Long ago I stopped asking patients who appeared in the office complaining of asthma, "Did you ever have the itch?" I say, "When did you have the itch"?

Many years ago I treated a little girl of six years who had caught cold and was wheezing and rattling. She sat up in bed like some old woman with asthma. I went through my usual formula: "When did this child have an eruption?" Her mother said, "Well, when she was two years old, and strange to say, she has had these attacks since then". I said, "She will never be well until that eruption comes back. I will give her a remedy now that will help this, and then you can bring her in later". I gave her *Ipecac.* which immediately relieved the acute attack, but I did not see the little girl until two or three months afterwards when she had another attack. I repeated the *Ipecac.*

In four or five days' time a slight eruption appeared over the face and chest. The child never had another attack.

DR. BOGER: When there is an eruption all over the body which the patient can't endure, then you will find out whether you are a prescriber or whether you are not. If you are homœopathic enough to resist doing anything until it runs itself out, then you are an artist. That holds not only in regard to eruption on the body, but also in regard to bad leucorrhœas that we establish in women. For that woman to wait until the leucorrhœa drains out those tubes and reduces the hypertrophy it requires a good deal of patience, sometimes on your part, as well as the patient's, and I will counsel that when you come to that point, possibly a pretty low potency may help you out. I have seen *Ignatia* 7 to 8, for instance, do some wonderful work where it had been given high previously.

It is more a question of mental and physical endurance, endurance all the way around, attachment to your physician and confidence in him. You all have to meet these situations and buck up to them and stay with them. You have got to keep them out of the hands of a man who will spread a salve, or something else on and finish the job in a few months or the patient will be finished.

DR. ROYAL: I am very glad I came in in time to hear this paper. I had been out in the hall there a little while talking with my good friend Boger and Dr. Chase. He has taken occasion to rap me for a good many years because I use pathological symptoms to help me out. Dr. Wright never said anything about the pathological symptoms by that name, but she told about a peculiar kind of a rash and a peculiar appearance and changes in tissue which to me means pathology. So while she didn't say anything about pathology, it was full of it to me. Thank you, Dr. Wright.

I want to illustrate again the disappearance of discharge and the evil effects. Ten or fifteen years ago, on a warm day like this, a girl came into my private office and handed me a paper with a name on it. Following her was a woman with a heavy veil over her face, and behind her a man, her husband. I asked what I could do for her. The husband took up the thread there. He said, "We came up here because we heard that you are a homœopathic physician and that you didn't believe in local applications. Our physician has always been an old school physician. I am a pharmacist myself, so that I know what has been given. In my drug store at Newton, thirty miles away, I keep some homœopathic remedies. I don't want you to tell me what you give."

He had a little idea of suggestion. He had no faith in them, and he didn't want to put his unbelief into his wife's mind. So I said, as I usually do, "What may I do for you"? to the woman. She drew up her veil. Her face was so covered with an elevation that I never saw its like. I could hardly call it an eruption. Her physician, an old school physician, had called it lupus, an aggravation of what she had had for some twenty years. She was a sight to see. Then I began to say, "Tell me all about it". In the first place, I took her family history and I found that this lupus had developed soon after she was born. They called it a birthmark, but her physician said it was lupus. About nine months before, as I remember, she had been up the lake for her vacation. She enjoyed bathing. She thought she was through menstruating, but she was not. At any rate, she was going to risk it, and she went in bathing. The water was cold. She never had menstruated since. About six weeks after these blotches began to come. She went to her physician and he put on some ointment that would put them away for a while, and then they would return. Finally, his local applications didn't do any good and they spread. The next symptom is what attracted my attention the most and probably led to my remedy. She kept coughing, coughing, coughing. I got my mirror and had her open her mouth and on the vocal cords I think there were half a dozen little papillæ that if they had been on the hand you would have called warts, but they were in her throat and they kept her coughing and coughing. You know what the remedy was, of course. I didn't tell the man. It isn't necessary to tell you. I gave her one dose of *Thuja* 1M.

Now for the results. I can't get these results in a week or two or three, and sometimes not in a month. I haven't the ability, somehow. But about six weeks afterwards, she began to menstruate, the first she had menstruated in some seven or eight months. Next, these things in the throat disappeared, and then afterwards the face began to clear up. They wrote about it, and came up several times. After that, all disappeared. There was no repetition.

She came up one day and said, "Now, doctor, these are all gone. Here is my old scar that is left, but Frank (her husband) says it isn't as large as it was". I said, "All right, here is some medicine". I gave her *Placebo*. I said, "I think that will pass away". In about four or five months she came up again. She said, "I have no trouble with my cough and my menses are regular, but I wish I could get rid of that scar". I gave her the second dose of *Thuja* and I guess it took six months, but it nearly all disappeared.

Hahnemann declared the pathology of his day to be an unsafe basis of medical treatment, and proved that therapeutics could *never* be *based* on pathology; for the reason that pathology is a science of hypothesis respecting the nature and processes of morbid action and must always be speculative and uncertain. Homœopathists were at once charged with ignoring or neglecting pathology, and many of their numbers have been so intimidated by this hue and cry as to resort to pathological science as a source of indications for treatment, which would be absolutely incompatible with true homœopathic practice. For, a therapeutics based on pathological indications must, of necessity, be a system of broad generalizations, while to the true homœopathic practice the strictest individualization is an indispensable condition.—CARROLL DUNHAM, 1864.

The character of the disease which we are called upon to treat is likewise an important consideration in the selection of the dose. Erethism and torpor cannot possibly be treated with the same dose. In a state of erethism the vital functions are carried on with great rapidity, and require for their regulation the higher potencies; in torpor, on the contrary, the vitality is very much depressed, and requires to be roused into reaction by larger and stronger doses. Inflammatory and spasmodic affections soon show a favorable reaction after the use of high potencies.—HARTMANN'S ACUTE DISEASES, 1846.

PLUMBUM

C. M. BOGER, M. D.

REGION

Cord and Nerves { *Muscles.* / *Abdomen*: Left. / Alimentary Tract.

Kidneys.

Bloodvessels. Blood.

Right side.

WORSE

Exertion. Motion. Company.

Grasping smooth objects.

Night. Night air.

BETTER

Hard pressure. *Rubbing.*

GENERALITIES: Slow, insidious processes, advancing irregularly; in single parts; with many variable, but violent side symptoms (*Cimic.*).—RETRACTION; of abdomen, *at navel*, anus, testes, etc.—*Stiff, rigid or violently* CONTRACTED PARTS; abdomen is drawn into lumps; one foot is arched upward, like a cat's back, etc.—Distortions.—CONSTRICTIVE PAINS and *spasms of internal organs*: hernial ring, vagina, etc.—PARALYSIS, mental or physical; *local*; preceded by pains, cramps, spasms, mental phenomena, etc.—*Pains in trunk and limbs.—Shooting, lightning pains,* that extort cries.—Violent, nightly, drawing tearing in limbs or wandering bone pains.—Boring.—*Burnings.*—Spasmodic, shaking, jerking of limbs.—Epilepsy, with marked aura.—Apoplexy.—General or local *emaciation*; < upper or affected parts (*Calc. c.*); then swelling.—Dropsical swellings.—Anasarca.—Chlorosis—Sclerosis.—Gout.—WEAK AND DEBILITATED; *with heavy, inert or trembling limbs.*—FAINTNESS; in crowds; lies down exhausted from slight efforts; with general pulsation.—*Dry,* hair, stool, hands, skin, etc.—Rubbing shifts the pain to other parts, for a while (*Cocain.*).—Sensitive to open air.

MIND: *Slow, weak senses and memory.*—Befuddled.—Word hunting.—Taciturn.—Stupidity, then falls down unconscious.—Dull and gloomy.—Dejected, with *silent melancholy.*—Dispirited.—Ennui; averse to work.—Satiety of life: Physical labor exhausts the mind.—Delirium; wild; with disordered perceptions; nocturnal; alternating with colic or pains in limbs.—Irrational talking.—Mania.—Insanity.—*Timid, anxious and restless, with sighing.*—Fears assassins.

VERTIGO: Drunken, < stooping or looking up.

HEAD: *Sense of a ball rising from throat into brain.*—Heat ascends into, with throbbing and congestion.—Sticking.—Tearing in forehead and temples.—*Heavy,* < *occiput* and forehead.—

HAIR: Falling, even of eyebrows, mustache, etc.; very dry.

EYES: Pain; on pressure; *balls feel too large.*—Red; congested; inflamed, also iris.—Distorted—*Lids*; contracted; spasmodically closed; tearing in, with sleepiness; *paralyzed.*—Heavy, on motion. Contracted pupils.—Yellow sclerotic and inside of mouth.—VISION; foggy, must wipe eyes; *lost.*—Myopia.—Eye, with kidney symptoms.

EARS: Boring.—Sticking.—Tearing.—Sensitive to noise.—Hearing suddenly diminishes.—Deafness.

NOSE: Cold.—Pustules in the reddened angles.—Erysipelas.—Stopped.—Runs water, while eating.—Fluent coryza, of watery mucus.—Fetor before.—Anosmia.—Hawks tough mucus down from.

FACE: Imploring look.—*Sallow; pale; yellow; deathly.*—Turgid.—Unilateral swelling.—Confused expression.—Oiliness.—Tearing in maxillæ.—Boring in lower jaw.—Peeling lips.—Lockjaw.—Swelled submaxillary glands.

TEETH: Tearing, jerking ache, < cold.—Grinding of.—Soften and turn black.—Foul; hollow; crumbling; loose; falling out.—*Lower*;—Pale, swelled gums.—Hard, painful nodes in gums.

MOUTH: *Dry.*—FOUL BREATH.—*Saliva,* copious; sweetish; with dry throat; sticky, on waking; frothy.—Bloodspitting.—Aphthæ, and dirty ulcers in.—Bluish, black spots in.

TONGUE: Swelled; inflamed; heavy.—Tremulous.—Difficult speech.—Paralysis of.—Dry, brown, fissured.—Green or *yellow coat* on.

TASTE: *Sweetish* or bitter; sulfurous; sour, deep in throat.

TONSILS: Inflamed; covered with small, painful abscesses.—Indurated.—Left to right.

THROAT: Sore, *as if swelled or a foreign body in.*—As of a ball *rising in.*—Burning, long after eating.—CONSTRICTION; spasmodic; with urging to swallow.—Drawing, as if torn loose, on swallowing.—Dysphagia.—Creeping in.—Paralysis.

THIRST: Violent, for cold water.

APPETITE: *Hunger*; after meals; for bread and baked foods.—*Anorexia*; with great thirst.

ERUCTATIONS: Tasting of ingesta; *sweetish.—Gulps up sweetish or sour water.—Empty*; often *violent* and painful.—Hiccough.

NAUSEA: *Recurrent*; with loathing; with empty *retching*.

VOMITING: *Continuous, violent,* of yellow, *greenish black material* or *ingesta*; with violent colic.—At night.—Periodically.—Of bile, blood or *a fæcal odor*.

STOMACH: *Violent pains*; and in back or from epigastrium to back.—Heavy *pressure*.—Constrictive *cramp*.—A ball ascends from epigastrium to throat.—Sticking, cutting and burning.—*Amel.*: Eructations. Gastritis.

HYPOCHONDRIÆ: Pressure sticking in liver.—*Kidney* and splenic diseases.—Pain from liver to l. side and back (*Lept.*); it feels pulled back by a string.

ABDOMEN: Pinching, cutting, sticking or violently constrictive *colicky pains*; < ABOUT NAVEL, which is or feels strongly RETRACTED (*Pul., Stan., Ver-a., Zin.*); with hard *contraction of the hypogastrium*, often into irregular elevations and depressions; occasionally at night, with despondency, cold sweat or deathly faintness; < *least touch*; > *hard pressure* and rubbing.—COLIC; *excessive*; accompanies many symptoms.—*Pains radiate from navel* or to all over body (*Dio.*); *bore* or as if forced through a narrow place.—Hernia at navel.—Torn loose or falling down feeling in upper or sides of.—Pulsation, burning or coldness of lower.—Bruised pain in walls of, < motion.—Tense, hard, *nodular* or knotted.—Inflamed viscera.—Distended transverse colon.—*Flatulence*; continuous generation and retention of, with audible rumbling and rattling; abortive urging of, in rectum or copious discharge of hot, burning or *very foul flatus*.

STOOL: Continuous ineffectual urging to.—Granular (*Pho.*), tough, *nodular*; of *hard, black balls, like sheep dung; scanty*; difficult, passed with an urging cramp.—STUBBORN CONSTIPATION *or colics.*—*Yellow,* very foul, *bloody,* painful or *persistent diarrhœa.*

ANUS: *Feels drawn up* (*Kali-bi., Nat-p.*).—*Painfully constricted.*—Pains into thighs (*Alum., Rhus-t.*). Prolapsus recti.—Fissure.

URINE: *Retained.—Scanty and dark*, evacuated by drops.—*Difficult,* dribbling urination.—Passed with agonizing pains along ureters (*Ver-v.*).—Tenesmus.—Frequent, profuse.—Watery, reddish, fiery, turbid or thick.—Albuminous.—Bloody.

MALE ORGANS: Inflamed and swelled.—Choking *constriction in testes*; with jerking in spermatic cords.—Sore scrotum.—Sexual *excitement with many erections and pollutions.*—Insufficient seminal discharge during coition.—Urethral hæmorrhage.

FEMALE ORGANS: Menses cease as colic comes on; wants to stretch, then and during pregnancy.—Vaginismus.—Menses of dark clots, alternating with fluid blood or serum.

LARYNX: *Rough, with hoarse voice.*—Aphonia.—Constricted.

RESPIRATION: *Difficult*; anxious; oppressed; panting; short; heavy.—Worse, motion or ascending.

COUGH: Dry, convulsive; < lying on back.—*Expectorates blood*: copiously of pus or clear, tough or yellow-green lumps of mucus; after hæmoptysis.

CHEST: SPASMODIC TIGHTNESS OF.—Periodically recurring oppression of.—Suffocative catarrh.—Pressure on, < deep breathing or laughing—*Stitches in, and sides of,* with obstructed breathing.—Ebullition in, with *anxiety about heart* and perceptible palpitation.

HEART: Rushes of blood to, < rapid walking; with anguish and cold sweat; stitches in.

BACK: Tearing sticking in interscapular and lumbar spine.—Curvature.—Tension from neck into ear on motion.—Bearing down in small of.—*Amel.*: Bending back or forward.

EXTREMITIES: Paralytically weak, < right side.—*Jerking, trembling or numb.*—Cold hands and feet.—*Agg.*: Night.

UPPER: Convulsive motions of arms and hands, with pains in joints thereof.—Drawing—*tearing in upper arms* and fingers.—Weakness and painful lameness of arms and hands.—Ganglion on dorsæ of hands.—Fingers move with difficulty.—Swelled red spots on fingers.

LOWER: Drawing in hip joints on lying.—*Painfully lame feeling; hip, knee* and joints of feet; < ascending steps.—Sticking tearing in thighs and knees.—*Neuralgic pains in muscular parts of thighs.*—Asleep feeling in legs and feet, with difficulty in placing them on floor.—*Paralysis of lower legs and feet.*—Cramp in calves; in soles.—Swelled feet.—Foul foot-sweat.—Distorted toes.

SKIN: *Sensitive;* and *dry (Nat-m.)*; *to air.*—Leaden blue or *yellowish.*—Dark brown spots on body.—Denuded spots.—Slight wounds inflame and suppurate.—Ulcers; burning, gray; dry.—*Ganglion.*—Gangrene.

SLEEP: *Sleepiness; great by day*; drops to sleep while talking; stupid.—Falls asleep late.—*Nightly wakefulness*; with cramps in hypogastrium.—Starts on dropping to s.—Talking on falling to s.—Dreams; many and erotic; with erections.—Takes odd positions during.

PULSE: Wiry.

FEVER: Predominantly *chilly and cold*; especially, limbs; with thirst; with red face; < exertion.—Heat; with sleepiness.—Sweat; comes and goes on going to bed; cold < during stool; absence of.

Complementary: *Rhus-t.* Related: *Op.*

PARKERSBURG, W. VA.

In treating a case, the homœopathic physician employs remedies which not only correspond to the troublesome symptom, but to the whole group. In palliating acute pain or incurable affections, the homœopathic physician ought constantly to act in accordance with that rule. He will accomplish that palliation by frequently repeating the suitable remedies, for instance: *Belladonna, Chamom., Ignat., Ipec.*, etc., violent spasmodic diseases; *Carbo anim., Staphys., Thuja, Secale corn., Puls., Bell.*, etc., in cancer of the womb. There are many more examples, all of which show that the principle *"similia similibus"*, if employed as the rule in the palliative treatment, accomplishes the object of that treatment much better than the empirical practice of the old school. We invite our opponents to try our law of cure as a palliative means in organic malformations, and to compare the results thus obtained with the results obtained by their ordinary means.—HARTMANN'S *Acute Diseases*, 1846.

PREVENTIVE MEDICINE IN ITS RELATION TO CHILDREN*

EUGENE UNDERHILL, JR., M. D.

Where does the Hahnemannian homœopathist stand in the matter of protecting children against the ravages of epidemic and other diseases? Shall he attack disease in general or certain selected maladies in particular? Can children be rendered immune to disease in general or only to a few in particular?

In his lecture on *Baryta carb.* Kent says: "The homœopathic physician does well when he trots the little Johnnies and the little Susies on his knee and takes a good fair observation of their ability and of what they lack, and understands how to build up what is lacking. * * * * Let us not deprive our little ones of any thing they need".

Probably no perfect child is born into the world. Everyone starts life with handicaps of one kind or another. Perfect children presuppose perfect parents, a wholly virtuous ancestry, and an ideal environment—a well nigh impossible combination. The human race has yet far to go to reach so glorious a state. Everyone then has defects—spiritual, mental and physical. A defect in one plane of life must of necessity be reflected in the other planes. For every physical defect or lack there is the corresponding mental and spiritual warping or deficiency. To deny this we must deny the fundamental unity of life, the all pervading dynamis or vital force of Hahnemann, and throw the mental symptoms of both patients and remedies into the discard.

Now if there are handicaps or warpings of mind and body, there must sooner or later be some expression or manifestation of them, and such is the case for we have only to recall the "inferiority complex", the tuberculous diathesis, the neurotic constitution, the sycotic taint—these and many other abnormalities and disease manifestations like the poor are always with us.

Disease susceptibility is of all kinds and of all degrees. Everyone is susceptible to something. No one is susceptible to everything. Immunity is of every possible shade and gradation both as to disease in general and to any given disease in par-

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ticular. Now the earlier we can start to correct defects and remedy deficiencies the less disease of all kinds will there be.

Encourage wholesome living and environmental conditions. Let us turn our patients more and more away from the artificial to the natural. Let them get back to simplicity and closer to the heart of nature.

The sooner both present and prospective parents are placed under careful homœopathic treatment and are made to realize the need for clean sane living, the more healthy and the more immune to disease will their children be. No use to expect health when the simple laws of health are so flagrantly violated. No need to center all attention on the end results on the physical plane when the causes in the more fundamental planes of life are totally disregarded.

"Whatsoever a man soweth that shall he also reap". This is one of the laws of nature like the law of similars. It is the law of action and reaction—cause and effect, impersonal, inescapable in its operation. Disease of all kinds is the result of causes previously set in motion. Causes which without intelligent intervention will inevitably work out to their full and complete effects.

In so far as possible let each child have the benefit of antipsoric or constitutional homœopathic treatment. When the mother tells us some thing about her child that is characteristic of a certain remedy and a little questioning brings out the remedy in bold relief, what are we going to do—especially when father is the patient and the child isn't really sick at all. To withhold the remedy would be a crime. Give it and keep a record of it. Father and mother need not know anything about it. Let them think it is *Sac. lac.* if you wish—that is unimportant. If you have found the *simillimum* by all means give it for it is beyond all money and all price.

Now having given that child the correct homœopathic remedy and having followed it up as may be necessary, just what have we really done? Order has replaced disorder in the child's constitution. Better health, more normal growth, more wholesome thought and action are the result and as a by-product thrown in for good measure, as it were, there will come increased resistance against disease. Not against any one disease or infection only but in a very real sense an increased immunity against all disease—smallpox and other epidemic diseases not excepted.

Pneumonia rarely occurs in a patient be he old or young who has been for some time under good homœopathic treatment. Pneumonia has diphtheria backed off the map as a cause of death. But how likely will our little patient be to contract diphtheria—extremely unlikely—the chance is exceedingly remote.

So much for immunizing children by the constitutional homœopathic remedy, and I consider this the very highest and best position to take on the question of immunity; although I do not condemn the judicious and cautious use of *Belladonna* as a prophylactic against scarlet fever after known or suspected exposure, nor the use of other homœopathic remedies known to prevent or modify the acute infectious diseases. But what do we hear? The sirens are singing and many are being led away from homœopathy and from their own common sense by the old siren songs now set to jazz, and the dear public is dancing—nothing to do but dance.

Conspicuous among the preventive measures adopted by modern medical science are the following:

Vaccination against smallpox.

The Schick test and toxin antitoxin.

The tuberculin testing of cows.

Tetanus antitoxin.

Finally a host of serums, vaccines, tests and retests of every kind and description, advertised and sold to the public for its protection and paid for—much of it dearly bought.

First the physicians of the country are both instructed and advised in regard to the pow wow serum—then the public is told of its magic powers and of the great advance made by "modern scientific medicine". The phrase "modern scientific medicine" is the magic wand. The public, always gullible, swallows the bait—hook, line and sinker, like the proverbial poor fish, and lo and behold one by one the witchcraft, the black magic, and the pow wow serums become compulsory in the name of science and for the protection of humanity.

Every fake healer, every greaser, every charlatan has raved

about protecting the public. The old game goes on, they have merely brewed a new and more dangerous witches' broth which now they jab with needles into the victims, who willy nilly are made to dance to the music of the sorcerers.

But what of the children, the rising generation, the hope of the nation? They must be protected. Indeed they must, but how and against what? Merely by injecting a poison into their bodies to protect them against an intangible something they probably wouldn't get anyway. See how perfectly simple it all is. You poison them to protect them against the jinx. Now if you want the jinx to get action and to throw fear into people you must keep him in the background most of the time—in the shadows of some dense dark forest. He feeds mostly on reputation. If he were seen as frequently as the dog, the cat or the measles he would be a jinx no longer.

Now let me call attention to three kinds of jinx: First, the small-pox jinx. Small-pox has had a great and terrible past and like some people it lives on the reputation of past performance, especially when that past is properly advertised.

Disease comes in cycles or waves, great cycles and smaller cycles within the great. Cyclic activity and cyclic law operate throughout nature. Cycles of day and night, of seasons. Cycles of business prosperity, of business depression. Disease cycles are no exception to this law of nature.

Small-pox of course thrives under unhygienic and unsanitary surroundings. Improved sanitation and isolation of patients have their place therefore in preventing the spread of this and other diseases.

The present incidence of small-pox is low and many cases so pronounced are really not small-pox but sometimes syphilis, and a variety of skin lesions that only too frequently are wrongly diagnosed, especially among negroes. Small-pox, therefore, makes a fitting jinx with which to scare the public.

Now by wearing a suitable scar on the arm or leg, we have in effect an amulet where-with-all to charm away small-pox. The advantage of this form of amulet over a rabbit's foot is merely that you can't forget to take it with you wherever you go, and are therefore *always* protected.

Allow me to venture the prophecy that in a hundred years, more or less, this scar, this mark of the beast, will become a curiosity, and vaccination will take its proper place in the discard of obsolete practices.

Second, the diphtheria jinx. Many cases of tonsillitis are diagnosed as diphtheria—some intentionally, some unintentionally so diagnosed. The apparent incidence of diphtheria is greater by far than the actual incidence of the disease. How many cases of real diphtheria has each physician here present actually seen in his own practice? I venture to say few indeed over a period of years. Diphtheria is therefore uncommon enough to make a jinx of and they have done it. It is not like measles. It is hard to scare people with the word measles. Any how it is always best to try to prevent something people don't get very often—less danger of the farce being uncovered, and its worthlessness patently demonstrated.

It is now becoming a sort of rite or festival once each year to test, retest and immunize the children against diphtheria—to deliberately introduce into their delicate organism a mixture of noxious dope, the ultimate effects of which can only be a matter of speculation. At best the results of any routine medical procedure are of three grades, namely, good, bad and indifferent. The good thus being outclassed two to one. Why introduce a known poison into every child? Action and reaction, cause and effect, operate unerringly whether we like it or not.

Many are maimed or murdered by this barbaric experiment on the youth of the land. A few die of anaphalatic shock. A few succumb to meningitis. Some develop infantile paralysis. Others drift into tuberculosis or into profound nutritional disorders. Some become nervous wrecks. Some escape altogether. Some have had diphtheria even after they were immunized and couldn't possibly get it.

When one of the little children gets profoundly sick a month or so after the immunization epidemic and the mother says, "Doctor, do you think the diphtheria test could have caused this"? the doctor laughs—this being the regular and recognized prescription when this question is asked. Any fool can laugh, and

the placebo works on the mother, but unfortunately not on the child.

Third, the jinx of bovine tuberculosis. "One-fourth of all children dying under 16 years of age die of bovine tuberculosis". This statement is quoted *verbatim* and is used by boards of health to scare through ordinances compelling the exclusion from the town or city of all milk except that from tuberculin tested cows, or from cows whose owners have signed up for the test. It is a peculiar "scientific" fact, as facts go, that signing up for the test protects the milk supply until such time as the tester can do the testing. Failure to sign up renders the milk unfit for human consumption. This, of course, is entirely within the realm of scientific psychology.

Now who ever signed a death certificate in his life carrying the diagnosis of bovine tuberculosis? Search has been made all over the United States for the death certificate of those 25% under 16 years of age who died of bovine tuberculosis—not one such has been found. There are none to be found. Bovine tuberculosis is not a recognized cause of death. It has not been admitted as such to the international list of the causes of death and if you die of something that is not on the accredited list you are going to be out of luck when it comes to your death certificate.

What does it all mean? Simply this—boards of health, health officers, and state bureaus of animal industry have all been lying—lying to put over a gigantic fraud and farce.

The tuberculin test is ruining the dairy industry and infecting the milk supply—the most important food for the growing child.

The other serums and vaccines are also having their day but their day too will have an end.

PHILADELPHIA, PA.

DISCUSSION.

DR. MCLAREN: I believe Dr. Royal said that if a person has the courage of his convictions, he ought to get up and tell about it. Dr. Underhill has courage; he is not afraid to tell about it. I haven't so much, but I am going to tell about it.

Up to three or four years ago in Toronto we would have at least from seven to eight cases of diphtheria a year to treat. Starting three years ago, they commenced to use the diphtheria toxin antitoxin for immunizing the child against diphtheria. The first year they used it, I had two cases of diphtheria that had been immunized, but they occurred within four weeks of the last immunization, and, therefore, as the toxin was not supposed to give them immunization until six weeks, it was hardly fair to say that the immunization had been ineffective, although it made me skeptical. The next year I had two cases of diphtheria to treat. Neither one had been immunized. This year I have had only one case of diphtheria in a boy of 19 who had never been immunized. To drop in three years from an average of eight cases every year to six cases of diphtheria altogether in three years is somewhat of a proof that the immunization has been of some service to the community.

In addition to that, I will say that I have not observed any bad effects in any of the children that have been immunized. I haven't heard any mothers report any bad effects, and practically 90 per cent of the school children in Toronto were immunized during those three years.

I am not greatly in favor of any of those measures, but I think if there is any virtue in them, that we should give them a reasonable amount of consideration anyway without condemning them right off the bat the way Dr. Underhill has done in his paper.

DR. ROBERTS: Madam Chairman, on the question of immunization against diphtheria, I want to report just one case that happened last year. I was called in counsel in New Haven to see a child. This is the history: A perfectly healthy, rugged child at six months was vaccinated against small-pox and was made very violently ill at the time and at one year was inoculated with diphtheria toxin antitoxin. It was so bad, the next morning the mother noticed the child was feverish. Its temperature was 105. There was a bleb on one of the labia, very red and angry. She called a physician who called me in counsel and inside of twenty-four hours there was one of the most beautiful cases of erysipelas extending from the waist down. The doctor asked me what was the remedy. I said, "There is just one remedy, but it won't do any good. You have produced a condition of the blood that makes it impossible for that remedy or any other remedy to take effect in this case, I believe, because anaphylaxis has been produced and any remedy action is impossible". The child died in two days of erysipelas.

Another thing on bovine tuberculosis. I am in a very peculiar position because the city in which I live has passed an ordinance without my consent, or without my suggestion or opinion, commanding all cattle to be immunized against tuberculosis. One of the farmers is testing the legality of that law. I doubt very much if he wins out, but at the same time I hope he does, because it is absolutely and teetotally ruining the dairy industry in our section. Many and many a farmer has been ruined absolutely financially by the bovine tuberculosis. It would have been much better had they passed a law that the milk be pasteurized.

DR. SENSEMAN: I had a case similar to that of Dr. Roberts in a child six months old, to whom had been administered the antitoxin itself. I didn't get the case until two or three weeks after this administration. When the child came to my hands, there was no fever, but there was great swelling of the legs from the knees down with peculiar appearing red blotches. The mother told me that there had been far more extensive blotching over the extremities. It has been so long since I thought of the case that I haven't got it quite clear, but I remember the main points in regard to it. It came on within twenty-four or at least forty-eight hours after the use of the antitoxin. The child did not have diphtheria; the antitoxin had just been administered. I gave some remedy; I can't recall what, but there was very prompt and complete recovery.

DR. IRVING: Diphtheria has come pretty close to me several times. I was born and raised on a farm 20 miles north of Pittsburgh and diphtheria invaded that section of the country. That was many years before I began to

study medicine. Every family that it went into lost half of their children. My own mother lay at the point of death for a month. She didn't set her foot outside the house for six months at least. One of my father's brothers happened to be an old school physician and he was just as busy as all the others, and none of them could do anything for those cases of diphtheria. That, however, doesn't prove anything. One of my own children died with it. The child died while I was in medical college. Professor Berger of Cleveland, Ohio, took care of it, saw it every day and sometimes twice a day, and yet he was helpless. So it is a subject that comes pretty close to me, but we should be broad enough, as homœopathic physicians to realize that there are other things that are doing away with these malignant epidemics of diphtheria, typhoid, yellow fever, and so on. Why did the French fail to build the canal across connecting the two oceans? It was because of the sanitary conditions.

When I was a boy, we had an epidemic of small-pox in Pittsburgh. They stopped the people from crossing the city from one side to the other. No such epidemic as that has been known in recent years, and yet vaccination had been in force for a century or more. I think sanitation has done more to do away with all these epidemics than all the serums that have been invented and perpetrated on humanity.

DR. UNDERHILL, JR.: In the first place, I might say that I had diphtheria when I was seven years old and didn't have diphtheria antitoxin, and I am still alive. What happened here this afternoon in regard to the discussion is just what I thought would happen. After I started on the second part of the paper, everybody forgot about the first part. I wrote the last half before I wrote the first part, because that was spontaneous. Then I wrote the first part and tried to hook them together. So possibly there was the missing link.

There are two or three things I want to take up. The doctor over here spoke of the drop in the number of cases of diphtheria. He, I think, only referred to his own practice, which I am perfectly willing to accept.

DR. MCLAREN: That goes for all of Toronto.

DR. UNDERHILL: That is entirely possible. I believe diphtheria, tuberculosis, typhoid, malaria, and many diseases have been on the decreasing cycle for many, many years, and some of those decreasing cycles, for instance in tuberculosis, antedated all modern work in preventive medicine in respect to those diseases.

The insidious effects of the diphtheria toxin antitoxin and the antitoxin itself I want to take up. Many times you don't notice any marked reaction following the injection perhaps for a month. I had three cases in which the mother of the patient suspected of her own accord the diphtheria test as being possibly responsible. One was a boy about ten years of age, who began to develop paralytic symptoms about one month after the Schick test and the toxin antitoxin routine had been fully carried out. The mother was opposed to the test being given, but the boy said, "I am not going to be a piker, mother; the other boys are having it done and I am going to".

He had it done. He began to lose his appetite and some weight. Within a month paralytic symptoms began to develop, and the mother asked the doctor if that could possibly be due to the diphtheria test. The doctor laughed and then I was called in on the case. The patient went from bad to worse. I called a consultant. We were unable to do anything. I called Dr. Thatcher of Philadelphia, and he was of the opinion that the diphtheria immunization caused the death of the child.

DR. MCLAREN: What was the diagnosis?

DR. UNDERHILL: It was a condition resembling infantile paralysis. Progressive paralytic symptoms started in, and in a few weeks' time the patient was absolutely helpless.

DR. MCLAREN: I wanted to ask if that child had any symptoms of temperature, or did it follow the course of an acute disease?

DR. UNDERHILL: It followed the course of an acute condition.

DR. MCLAREN: Why couldn't it be a case of strictly infantile paralysis?

DR. UNDERHILL: It may possibly not have been due to the toxin antitoxin, but it looks suspicious. I had another case where meningitis developed in a month's time following the immunization of the child.

DR. MCLAREN: For instance, when you were talking about the incidence of diphtheria, you said many of these cases of diphtheria were not probably due to diphtheria at all, but you immediately went on to quote two cases of diphtheria occurring after inoculation.

DR. UNDERHILL: I am on one side of the fence and you are on the other. We will admit that.

DR. MCLAREN: No, I am not on the other. I am a good homœopath, but if the other fellow brings over anything that is any good, I want to know about it.

DR. UNDERHILL: Surely, but did you think this was a homœopathic proposition?

DR. MCLAREN: I didn't say homœopathic. I said if the other fellow brought over anything that was any good, I wanted to know about it and give him credit for it.

DR. UNDERHILL: So do I. Father and I have followed up all this immunization business for years. We are subscribing to clipping bureaus not only of the lay press but of the medical press. We are collecting an enormous amount of data. We can pin the clippings right down to the date and name of the journal, and feed these things right down the public's neck. Some day we are coming out with facts that are astounding and they cannot be sidestepped. (Applause).

Let us then say it—emphatically, loud and frankly—that the determining symptoms appear in many respects to be insignificant and unimportant, and let us proclaim it to be a requisite condition, that in proving drugs and in examining patients, the insignificant symptoms are not to be neglected, but even to be noted and regarded with *especial* care.

It is true, that which we here say. This truth has its analogy in every department of science. And this truth has its necessary fundamental basis. . . .

And has not also the diagnosis of diseases its difficulties and its subtleties? Is the diagnosis of iritis always so dazzlingly obvious; the diagnosis of pneumonia always so rudely palpable; the distinction between diphtheritis and catarrh always so striking, as it seems to be in well developed cases?

There are, also in these cases, phenomena which appear insignificant and unimportant, but yet are so important that they *decide* the whole matter.—HOPPE, BASLE, 1864.

A CASE OF INFLUENZA*

JULIA M. GREEN, M. D.

Late Sunday afternoon, January 6th, I was called to the telephone to hear that New Orleans wanted me. I recognized the voice of the husband of one of my patients who has been devoted to pure homœopathy for twenty odd years. It was a distressed voice, asking me to come down there on the next train, as his wife was very ill with the influenza. I answered as any one of us would, perhaps, on first thought, that Washington was full of the flu, and that I was extremely busy and could not leave. Again the distressed voice, "But, doctor, my wife"! I promised to wire my answer in an hour or so. Not one of my flu patients was in a dangerous state; one other was dying of general tuberculosis, but his family had called me in only two days before, after having trusted Christian Science for nearly a year.

I called up these people; they told me to go. Then I called every one I had seen in three days; they all said go. So I started, with only two hours to make arrangements.

My patient is a small, delicate, high-strung woman of 68 years. The two had gone to New Orleans for the holidays, to visit a daughter who had great faith in her own physician there. Probably a flu germ struck my lady on the way down, for she was extremely tired when she started and showed the symptoms of a severe attack two days after her arrival, Dec. 22nd. She remembers a terrific headache, aching all over, chilliness and fever; she remembers seeing the doctor two or three times and protesting to him against his medicines. She told him she could not take strong drugs and felt that his prescriptions were making her worse. She was semi-conscious for two days, during which she kept calling for me, then totally unconscious.

The doctor called in his assistant and later a chest specialist. They moved her to a hospital after five days, and this is where I found her. She presented a pitiful sight, so restless that a nurse must stand by constantly to keep her in bed (she had fallen to the floor from the high bed during the preceding night with, luckily, only bruises as a consequence), her face swollen and purplish, so unnatural I hardly recognized her; pupils much contracted and

*Read at the I. H. A., Bureau of Clinical Medicine, June 1929.

irresponsive; nostrils sooty and alæ nasi dilating with each breath; respiration very irregular, sometimes ceasing for a short interval, sometimes deep sighing; lips extremely dry with skin exfoliating, skin leathery, dry all over; breath very offensive; urine frequent and involuntary; stools loose, involuntary and terribly offensive; temp. 100.5, pulse fairly good and regular. The eyelids would close as if too tired to stay open, then they would part again revealing the expressionless gaze. There was no response even to loud calling. The arms waved slowly back and forth; frequently the bedclothes would be pushed down and an attempt made to get out of bed. All nourishment had been refused, so a tube was inserted through the left nostril and down into the stomach. She had pulled this out twice so it was held in place by bands of adhesive plaster across her upper lip.

In the middle lobe of the right lung moist mucous rales could be heard anteriorly and a hard loose cough came occasionally.

I consulted the nurse's chart and found an erratic temperature between 100 and 101.8, a pulse rather steady and slow, respirations never more than 30 and generally 22 to 24. There had been a slight kidney involvement which had cleared up.

Then I looked for the treatment and, to my horror, found the following:

At first every 4 hours and later every 3 hours, a capsule containing codeine, aspirin and caffeine.

Every 4 hours, potassium bromide, grs. 30, digitalis and potassium citrate.

Whenever restless at night a hypodermic of atropine 1/50 and morphine 1/8.

Aspirin and codeine *p. r. n.* the last 4 or 5 days.

Two doses of Epsom salts and sal hepatica.

A drink of coca-cola occasionally.

I met the chest specialist and the assistant; they are fine types of men, rather young and progressive, not old-fashioned at all in their methods. I ventured to say to one of them, "These pupils are much contracted; this may be due to some drug she has taken"? "Undoubtedly," was the answer, "undoubtedly", and evidently he was satisfied.

The husband was anxious to take his wife back home imme-

diately. The doctors in charge had told him that would be a crime, with her so ill. Yet they gave a fairly good prognosis, saying the heart action was good, the pneumonia had not spread and the kidney complication had cleared up. How they could ignore the fact that she was sinking hourly under the drugging was beyond me.

The last doses of the strong drugs had been given at 6 a. m. At 10 a. m. on Jan. 8th I took charge and gave *Ant. tart.* 1M in one-quarter glass water, one teaspoon every 10 minutes for four doses.

At noon I consented to share the risk with the husband and start home with her that night. By 7 p. m. temperature 99.2 and pulse good, rales almost gone; respiration regular; could swallow naturally. In the ambulance on the way to the train and whenever lifted, she cried out in a high, weak voice at every jolt; also when the train jerked. She seemed to be sore all over.

The train trip was 36 hours but no changes; we had two trained nurses. The patient grew steadily quieter and maintained her strength. Temperature fell to 97.2 and took three days to swing back to normal. All pneumonia symptoms were gone on the 9th, when I gave one dose of *Opium* 10M hoping to reach the worst of the drugging, but probably she was too much under the influence of several drugs for this potency to act. The nurse who had had the care of her for more than a week, was astonished at the change on the morning of the 9th on the train. She said, "Well, I don't know what you have given this patient, but I'll tell the world she's lots better". I hadn't done much but free her from the drugging.

The next prescription was *Nux-v.* 2C because she was physically so irritable, sensitive to jar, noise, etc.; also I hoped for its action as an antidote.

She was carried to her bed at home as deeply unconscious as ever and watched carefully for three days for symptoms on which to prescribe.

On the 12th she semed more exhausted, apathetic, eyelids would draw together as from great weariness, she pushed away all food, wanted to be let alone; pulse was weaker and somewhat

irregular; she could indicate desire to urinate or for stool by sudden restlessness, that was all.

I gave a dose of *Phos. ac.* 10M. Next day she seemed somewhat more alive and on the 14th in the morning she recognized her husband for a fleeting moment only. Also she said in a high-pitched mechanical voice, "Where am I"? and then, "How did I get here"?

The next two days brought more response to words and stimuli but no real consciousness, also more weakness of muscles and heart action. A repetition of the *Phos. ac.* did nothing.

By the 17th she was manifestly losing the fight, for color was poor, pulse was thready and faltering; she pushed away all nourishment and was sinking down in bed. Then I resolved to try what had been in the back of my mind all along—to give *Opium* low in repeated doses. I gave it in 1M, in group doses, a teaspoon every 20 minutes for 4 times, then wait 4 hours and repeat. This was started early in the evening and kept up through the night.

Next morning her minister called about 9 o'clock. As he stood by her bed, her eyes opened and suddenly were full of recognition. "Why Dr. Dudley", she said, "how glad I am to see you". Then she spoke to her husband and pressed his hand. Pulse had grown steady and stronger during the night.

It took some days more to have a natural expression on her wooden-like face, to orient herself properly, to realize that she must take food to get well. Then we had her full co-operation and the fight was won.

She was out of bed in three weeks more but it took a long time to recover nervous strength and poise. Numbness and neuralgia of hands and right arm, and swelling of left ankle were late developments. Urinalysis showed nothing abnormal. Now she is out and about almost as usual.

She had *Opium* 10M Jan. 23, *Nux vom.* 2C the 26th and 28th, the 10M Feb. 2nd; then her old chronic remedy, *Psor.* 10M on Feb. 11th.

I wrote the daughter in New Orleans an account of the patient which she might show to the doctors there if she wished; have yet to learn if she did so.

It is hard to understand how they could be totally blinded to the killing effect of the drugs they gave to make her well. If she had died, it would have been another fatal case attributed to pneumonia following influenza, complicated by encephalitis.

WASHINGTON, D. C.

DISCUSSION.

CHAIRMAN MCLAREN: We thank Dr. Green for her most interesting paper. We would like discussion.

DR. OLDS: I would like to ask Dr. Green when the diarrhœa stopped in that case. I should also like to know something about the diet.

DR. ALLEN: The doctor's case reminds me of my practice. A lady was suffering from vomiting of pregnancy. She called in three of the old school men of the town, and they all failed. She had been given up. As a last resort, they thought they would try the young homœopath. He took stock of the remedies that were left. I think there were six different pills of various colors, and you can visualize it when I thought it was fifteen or sixteen different remedies. She had been vomiting for some five or six weeks, and she was very much emaciated. I could only think of *Nux vomica*. I gave her, I think, the 6x in half a glass of water and gave her a teaspoonful myself. In two minutes she turned over on her right side and relaxed. I remained there a few moments and told them I would be back in the afternoon. In about half an hour the husband came down to the office, took his coat off, and everything else that he could, and his eyes were very much dilated. He said, "You killed my wife and I have come back to kill you". I said, "I would rather you would not commit murder in my office. I will go down to your home". In going down, I asked him why he thought I had killed his wife. He said, "She cannot take morphine and her mother told me when I married her never to allow anybody to give her morphine. I didn't tell her. You have given her morphine and you have killed her". I got him pacified. We walked into the room and she was lying just as I had left her. I touched her on the shoulder and she turned over and said, "What are you doing here"? I said, "I have come back to resurrect you and prove to your husband that you are not dead". She had no trouble afterwards.

CHAIRMAN MCLAREN: If there are no further remarks, we will ask Dr. Green to close the discussion.

DR. GREEN: As I remember, the diarrhœa stopped about three days after we had her home, and after that there was obstinate constipation for I should say two weeks. Then the bowels gradually came around normally. We were obliged to use enemas for some time.

As to diet, I gave her orange juice and the food trophanine on the train, because it seemed to be the easiest way to feed her while traveling. She took it all right. This was kept up for two or three days after we reached home, and then gradually other liquid food was given to her. I don't remember just what it was. After we had her co-operation, it wasn't long before she began asking for food herself. Then she was given just about what she wanted.

The more homœopathic the remedy is to the disease, the smaller ought to be the dose.—HARTMANN, 1846.

HOW NOT TO DO IT*

MARGARET TYLER, M. D.

EDITORIAL NOTE—*In this presentation of the common errors of those who are untrained in the fundamental doctrines when they attempt to practice homœopathy, Dr. Tyler draws most vivid pictures of regrettable occurrences; but does not fail to point out how the clouds of regret may be prevented by successful work.*

Dr. Kent, Dr. Gibson Miller, and others, can tell you, from long years of successful work and experience, how to do it. I feel that I am equally well qualified, from some years of poor prescribing and much failure, to tell you how not to do it.

I used to get brilliant flashes of light and joy—when I hit the drug—and that was just often enough to keep up the enthusiasm of an optimist like myself; but, take it all around, it was failure; and, because it may help some of you, I will try to tell you why.

Homœopathy, as you and I know, would work, and did work. But I had not properly mastered it; my ideas were too crude, my methods too lawless and untrained, for it would work only fitfully for me. The power was there, right enough; for the illuminating flash testified to its presence; but I could not draw on it with confidence at all times, or make it work quietly and surely—as power will work for those who understand the forces they harness, and can recognize their laws and limitations, and the peculiarities of their manifestations.

In short, I had not learned my philosophy . . . . to tell you the truth, I did not know that there was any philosophy to learn. And, without its philosophy, one may use homœopathic medicines, even homœopathically, but one is no homœopath, and one will never get uniform nor satisfactory results. One will never even recognize the significance of the results one does get, nor know how to deal with them.

TO MASTER, THE FIRST THING IS TO OBEY

Remember that the one thing that power exacts is obedience. Electricity is a great power; no man has doubted its exis-

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tence; for the roar that has followed the flash since the dawn of time has proved too much for the stoutest skeptic. But, to utilize this power, man must court it in its own way, obediently, guiding it through its own channels, conforming to its idiosyncrasies one by one, as he makes its better acquaintance and discovers them. It is only by faithful obedience to the master-power that it may be bent to work for man, obediently, as his slave. So with homœopathy. There are no rough-and-ready methods. A child can stroke a cat's back and get sparks; but for a steady, useful current, to drive engines, or light a city, or girdle the earth, it requires rigid conformance to all the known laws.

No great power works without definite laws and limitations; and with these we have to reckon, or fail.

And in homœopathy, as in electricity, you have either something—or nothing! Both are giddily intangible—only to be recognized by results. And in both there are no half measures. All has to be in order with your method if the steady current of healing is to flow. A spark here and there—even devastating—is not business. It is convincing in its way, and may even hold a promise of better things if you can better your methods of dealing with it.

PRESCRIBING FOR THE DISEASE

For a homœopath, I suppose the often fatal first step is to label diseases, and then to label drugs to match.

To ticket *Rhus* and *Bryonia* "rheumatic remedies", and practically make your choice between them, and to fling it in the teeth of homœopathy when they fail to cure a case that required *Sulphur* or *Tuberculinum*, or—the dentist;

To regard *Sulphur* and *Graphites* as "skin medicines", and utterly fail in the cases (and they are not few) that demand *Pulsatilla*;

To set *Sepia* aside as "a remedy for women's complaints", and scorn the person who dares to give it to babies. Whereas, if you are to work your homœopathy for all it is worth, you will have to cure individual cases

Of tubercular dactylitis with *Sepia*, of all medicines!

Of goitre, even with a mass in the right lobe—not even the left—with *Sepia* (I showed such cases recently to the British Homœopathic Society);

Constipation with *Rhus*, or *Variolinum* (as did Dr. Burnett);

Or (as did one of our men recently) a nocturnal gastralgia accompanied by wasting with a single dose of *Syphillinum*.

If you are to do it, and to do it often, you just have to let the disease alone and go for the patient. You have to say, not "this is a case of rheumatism, and I might try *Rhus*, because *Rhus* is a very good medicine for rheumatism", but "this is a *Sepia* patient, and, whatever ails her, it is *Sepia* she needs, and no other medicine". My goodness! if I had known that from the beginning.

And, for your own sake, don't be too ready to say, "I tried homœopathy for such a case, and it failed". Remember, it was you who failed; and the very fact that you failed proves that, whatever it was, it was not homœopathy. The power was there all the time, only you failed to apply it. Say this to some one who knows, and he regards you pensively. You have merely betrayed your own limitations.

TOO FREQUENT REPETITION

Now, the second fatal stumbling-block is the cabalistic sign *t. d. s.—ter die sumendum* (which the knowing ones reserve for *Placebo*). I suppose that that has blighted more brilliant homœopaths in the bud than one can imagine. And next to that, in its self-stultifying mischief, comes the atrocious formula, of those who fondly imagine that they are doing high class homœopathy indeed, "once weekly". When I started on my career of failure and bad prescribing, I saw every one giving drugs *t. d. s.*—for chronic cases anyway; think of it! And, never having learned to prescribe, I fell headlong into the pit. In vain my mother protested—she had learned good homœopathy in the early days of better work.

"It is quite wrong", she said, "to give medicines like that, and for weeks at a time. It is not homœopathy at all. Directly there is improvement, you must stop; and only repeat later, if the symptoms return unchanged".

But *t. d. s.* was everywhere the rule, on which I proceeded to improve. For, knowing that potencies worked, I gave 30s and 200s thrice daily—or once or three times a week, as the spirit moved me; not divining that, if one must play the *t. d. s.* game, it is well to employ the drug in its highest state of *im*-potency—perhaps about the 3x, where you have not enough quantity for crude effects, or enough penetrating power for deep and lasting mischief. Men do get excellent results in some superficial cases, in this way.

Worse than all, I led others into the same error, inducing them to try the high potencies. I was always thrown back on myself to wonder why, when I had made a good prescription, the patient, after a few days' splendid betterment—*"Why, I thought I was cured for the first three days"*—relapsed and came back worse than ever, or with new tales of woe, for which a new prescription went down—with like result. Always better—and then worse, perhaps in a new way; but never, never, never cured!

Gentlemen, you can go on in this way for years, curing your patients till they die. They will forgive you the relapse each time for the good hope of the first three days. In fact, that will go down to your credit, and the rest to the credit of the disease. You can ring the changes with a regular sequence of amelioration; drug effect; new prescription—symptoms wiped out; new drug symptom; new drug to meet them—fresh amelioration; fresh mischief; and again another remedy of like symptoms which, like all its predecessors, ameliorates promptly, and then proceeds (if persisted in in this idiotic way) to set up its own train of symptoms, for which you again drearily prescribe—while homœopathy sinks lower and lower in your estimation, and the younger men wonder that you have lost all enthusiasm for its cause. Even in those days of little knowledge, I could often have done brilliant work had I used my mother's words, and adjured the patient: *"Directly you are better you have to leave off your medicine, and never touch it again, unless you are really worse"*.

I am afraid I spoiled several men's work by inducing them to try the higher and highest potencies. I know that I am giving myself away badly, but perhaps that is necessary. For, gentlemen, every evil that I have done in my ignorant flounderings after better things lives on in some corner of L. H. H., and I am always meeting my sins at odd moments and around unexpected corners—*hinc illæ lachrymæ*!

I have seen *Calc. carb.* CM prescribed thrice daily for a month by a man who was, as he expressed it, "giving the high dilutions a trial". And my evil suggestions as to giving *Tuberculinum* weekly, while one gave, say, *Silica* 30 *t. d. s.* (*Silica*, that deep-acting drug of 40-60 days' action!), are still haunting the place like evil spirits, to lay which it will take more of the holy waters of repentance and confession than I can manage this afternoon.

USE OF REPERTORY

But it was not all imagination and daring experiment. I did try to work out my cases, believing that when I failed it was because I had the wrong drug—which by no means follows. I did try to work out cases, with hours and hours of labor—generally in vain! For I had never been trained.

Till our first scholars came back from America, no one had ever taught me how to recognize the few symptoms of inestimable value in the equation. No one had ever shown me how to eliminate drugs and minimize labor *by starting with certain general symptoms well marked in the patient*. I had no faintest idea how to work economically as regards labor.

I would start by writing down that terrific list of drugs producing constipation—if the patient complained of that trouble; and so on through all his symptoms, important or unimportant, even mechanical, and probably altogether misleading, giving to each drug its value according to type, and never once considering (what is most important) *whether the type coincided in patient and drug;* then rounding up with an arithmetical calculation. Sometimes the drug came out; but the labor was hideous, monotonous, and not even remunerative in results.

I was not easily beaten; if there was anything in repertorizing, I was determined to master it, and more, to make it practical with a minimum of labor; for I went so far as to devise a card-trick system, every card a symptom, and all drugs that produced that symptom punched out. I deafened myself punching one thousand such cards. I have them still, a great cabinet full. But even this could not help, because the system was wrong.

When one knows how to repertorize, a choice from some 80 cards of "general" symptoms in a small portfolio is all that is needed to start a case—often to work it out in five minutes with a glance at the materia medica—had I known! But I have learned one thing from all this, and that I am competent to teach any one, viz., how not to do it.

Another way to insure failure, in some cases, is to start your repertorizing (by way of weeding out useless drugs and lightening labor) not with generals, but with some list of drugs that has the patient's ailment. Say it was my case of goitre, where *Sepia* cured —one dose of *Sepia*.

In my days of fruitless repertorizing, I should have begun work on a case like that by writing down all the drugs that have been found useful in goitre; then, as there was a mass in the right lobe, I should have eliminated all the drugs, by the help of another list, that did not affect the right side of the body, or neck. And I should have failed—absolutely and inevitably have failed; because *Sepia* is in no list of drugs known to affect the thyroid gland. And again, though *Sepia* is among the drugs that pick out one side of the body, it happens to choose the left side for its operations, in the general way; so, again, I should have inevitably missed it. She received *Sepia* because she looked, and was, a typical *Sepia* patient, with *Sepia* symptoms, and because I simply could not give her anything else—then; my absurd intention being to cure her first and then to tackle her goitre.

But if (and it is a large if) you cure your patient, the odds are that there will not be anything left to cure. Your business is to cure her; the rest is her affair. Make her normal, and she will have no further use for acquired abnormalities. Healthy nature makes short work with superfluous details; for she can waste, as well as develop. Given the irritant, and she will sprout "ultimates", and in vain you prune them away. Put her right, and she starts clearing them off and setting her house in order.

Be well assured that *nothing continues to exist without cause!* And learn a lesson from the tadpole's tail; it has taught me much. I used to think it dropped off! We have a great deal to learn about absorption!

HASTY PRESCRIBING

Another way not to do it is to be too ready with your prescription. If you take a lot of trouble with a case (when you know how), it will give you very little trouble afterwards. Conversely, if you take a very little trouble to begin with, it will give you endless trouble, many times repeated. You have fouled the clear waters with a wrong prescription, and how are you going to peer into the depths? You no longer have a true disease-picture to match. One bad prescription leads to several, perhaps to a hopeless mixing-up of the case. "Curses and chickens (and bad prescriptions) come home to roost". If you are not sure give a *Placebo* and wait. Hahnemann says, "A week's *Placebo* to start with, anyway"!

PRESCRIBING DURING AMELIORATION

And when you have worked it out, and actually found your drug, there are still several ways of how not to do it. One of the most catastrophous and heart-breaking is to repeat while amelioration holds. Two cases have bitten into my memory, though hardly understood at first; and yet I go on doing the same thing again and again, for it is the hardest lesson in the world to learn, to hold your hand and do nothing. One catches at the excuse of any little recurrence of symptoms to repeat, and often spoils the case—*pro tem.*, anyway.

A glaring instance, which in those early days I did not even understand, was a chronic typical *Aloes*-diarrhœa. (I have hunted in vain for the notes so speak from vivid memory only). He got *Aloes* CM (either one dose or two at a week's interval). He came back so much better, practically cured, that I hugged myself, and hugged homœopathy as a very wonderful thing. I had found his remedy right enough, and I would keep him on it for a bit, lest he should relapse! Of course, he came back less well. Then I gave it more often (it was the right remedy, for the first dose had been magic). I piled it on—homœopathy was a less wonderful thing (my homœopathy, that is, which ought to have been written in inverted commas); and presently he came no more.

That case has rankled ever since. I came to the conclusion,

at that time, that the first prescription was a comparatively easy matter; but what to do with patients when they came back better was beyond me! The very obvious *"do nothing"* was also beyond me for ages.

That is where the philosophy comes in. That is where, in homœopathy, we perish for lack of knowledge. That is where the young men, who have been trained score. They will never know so much about "how not to do it"; but they have been taught when not to do it! For there is one rule, and one only, that meets the case:

So long as amelioration holds, let it be; and only repeat, or reconsider the case, when you are sure that it is quite at an end.

Why, Wright has proved that recently, under the microscope, for *Tuberculinum*; though Hahnemann laid down the law more than a hundred years ago. And we who call ourselves his followers sneer at "the eternal Hahnemann", and do not even take the trouble to master his teachings.

Never repeat while amelioration holds. It will be from minutes to hours (Hahnemann says so) in acute cases, and from days to weeks or months, according to drug and case, in chronic diseases. But, unless you want to see your work always going back on you, unless you want to be one of those who have "tried homœopathy and failed", let your ameliorations severely alone, and keep your enthusiasm for scientific medicine.

The other sharp lesson was a case of heart failure in a woman of 29, mitral incompetence, etc., that I got permission to treat after admission to the L. H. H. Here I have the house physician's notes and measurements. She worked out *Arsenicum*, and I gave a dose of *Ars.* CM two days running (as she had been given a dose of *Spig.* low in the intervening night, and it might have interrupted). The effect was magical. Three days later (only four days after admission):

The heart had contracted, and was now only one inch, instead of two, to right of the sternal margin.

The liver had also contracted, and now, in the nipple line, measured 6 1-4 inches instead of 8 3-4 inches.

One hundred heart beats out of one hundred and forty-four now reached the wrist, instead of sixty-two out of one hundred and sixty.

She was sleeping quietly at night, instead of the suffocating spells when she dozed, and the frequent vomitings all night that had been a feature of the case.

She felt very much better. Every one was amazed at the improvement, and, in my joy and desire to hasten matters yet more, I gave her, a week later, another dose of *Ars.* CM. And that ended the case—in all senses! She grew worse. *Lyc.* was given, and failed to relieve. All her fearful restlessness returned; she could stay nowhere. She demanded to go home, where she died very soon after.

You who know realize that it was risky even to give a CM to such a case, but that it was madness to repeat it while the patient was doing so well. You see that it is not enough to spot your drug; it is not enough to make a successful prescription, even. You need all the philosophy if you are to carry your work through every time, if you are to get nearly all there is to be got out of homœopathy. I was like an electrician who, having proper wires and a lamp of just sufficient resistance to glow its brightest, wantonly doubles the current, fuses the filament, and earns darkness. The greater the power, the more carefully must it be handled, to avoid disaster.

HIGH POTENCIES IN ADVANCED CASES

Another way not to do it, a case that emphasized the fearful risk of giving a high potency of the indicated remedy to advanced disease, was a case of malignant tumor of the breast. The woman had been doing well on unit doses of *Scrof. nod.*, had lost pain and swelling of the arm, and inconveniences of the disease, though it was steadily progressing. She was a healthy looking, robust old woman of masculine appearance.

I worked her out and gave *Lach.* 200, and then a dose of *Lach* CM. This was promptly followed by alarming collapse, hæmorrhage, rapid greenish fungations, and intolerable odor (all relieved, by the way, by a dose of *Ornithogalum* a few weeks before she died). This *Lach.* CM aggravation pleased me, rather than otherwise—showed that I had hit the drug. A second dose, later, was followed in half an hour by collapse; and, again, a horrible aggravation of all symptoms. But I still fondly hoped that the reaction might carry her a long way toward clearing up the case. It never came. And I have learned my lesson now.

In advanced disease, malignant or tuberculous, with much

tissue change or lowered vitality, philosophy teaches that the most terrible that you can give your patient is the indicated remedy in high potency. Give her anything but that!

Some of you are fidgeting with impatience, not believing this, or vowing that if you did believe it you would quit homœopathy. But others in the discussion, by and by, will more than confirm it from their own experience. You will find that it is the men who know their work, and can handle their power, and get results, who are not only the most keen and enthusiastic, but who develop at times a positive terror of their drugs—in the potencies; for they know how potent they may be for evil as well as for good; that when the disease mass is large, or the reaction poor, the most harmful drug you can give to a patient is the *simillimum* unless very cautiously and low.

INTERFERENCE

Another brilliant way not to do it (you see that I have tried them all) is to have your cases in common, and to work with some one who knows little, and cares less, for the philosophy of prescribing. It is late; there are a heap of patients to be got away in a short time. He sees a case on which you have expended much labor and thought; hears a tale of woe—a medicinal aggravation perhaps (your poor prescriber does not believe in aggravations, for in the nature of things he gets few, and never spots one when he does get it!); or old symptoms returned; or a diarrhœa or rash or excessive sweating that may be critical, mean a sharp leap towards the cure of some serious condition, if left alone; or even *symptoms worse and patient better* (if he inquired), which should call a halt. But, at the first word, down goes a new drug; and the case is off at a tangent—perhaps beyond recovery.

This is how not to do it, with a vengeance! For this is to throw your very life, your energy, and your success, to the moles and the bats—and without compensation. You and your patient have both suffered for the victory that has been snatched from you, and suffered in vain! We all have plenty of chances, unless we walk warily, of spoiling another's work.

But enough of how not to do it! There has been plenty of

that in the past; but the past is beyond our reach. Old things are passing away, rapidly! Our concern is with the present; and the future, living or dying, is ours! Let us only diligently train the younger men, and the great cause is safe in their hands. Those who can wield power can be trusted never to betray it.

And to you who have learned your homœopathy under a master; who know its philosophy by heart; who have been trained to work out your cases, to respect and fear your potentized drugs and to use them only safely; who have learned to recognize and understand and deal with results—to you I would say:

Be patient, be gentle and courteous, be tolerant and forbearing. You have no idea how those who have not had your advantages have struggled and do struggle, in a heart sickening way, and without your results to buoy them up and reward their labors. They can look back, many of them, to the time when their enthusiasm was as great as yours; when they knew their drugs, from diligent study, as well as you do, and with far more labor than you have bestowed, who have had them presented to you in an attractive way—who have been taught.

And, above all, be good stewards of the gift that was given to you, and be ready to impart. Each one of us, working by himself and for himself, has only a limited life work, a limited fund of hours and energy, and then comes the "whisper out of the darkness" that says "the end is forbidden"; that says, "thy use is fulfilled"—and then, silence. But think how enormously we can multiply our life work, our influence, the sphere of our energy and usefulness, by helping and inspiring others. What an enormous mass of work may at last be laid to our account. Think of the work that Dr. Kent is doing in the world today, through his scholars, through the men he has kindled and inspired, and taught, and the men that they, in their turn, have taught and are teaching. Believe it, there is no greatness in the world but through service.

He that would be great among you, let him serve. Teach! Help! Strengthen! Hearten! Inspire! Freely ye have received, freely give—and of the best that is in you.

LONDON, ENGLAND.

POINTERS*

If your patient is oversensitive to remedies from overprescribing study *Teucreum marum verum*.—A. H. GRIMMER.

In earache complicating measles, with thick tongue, loose bowels and sweating, think of *Merc. dulc.*—J. W. KRICHBAUM.

In *Syph.* heart pain goes from base to apex; in *Med.* from apex to base.—J. W. KRICHBAUM.

For headache which is the acute effect of heat stroke *Glon.* For the chronic effect *Natr. carb.*—A. H. GRIMMER.

In headache from suppressed diarrhœa study *Podo.*—A. H. GRIMMER.

In right eye headache with disturbance of vision and sore vomiting study *Iris.*—A. H. GRIMMER.

In violent hatreds in men consider *Fluoric acid.* It is often to men what *Sepia* is to women. A keynote is "scolds without being angry".—J. W. KRICHBAUM.

Zinc. sulph. is a grand remedy in an old person's home: it has cured pterygium.—G. B. STEARNS.

When attacks of chronic rheumatism alternate with diarrhœa think of *Cimic., Dulc.* and *Kali bi.*—G. B. STEARNS.

String warts on the eyelids often need *Staph.*—F. E. GLADWIN.

Zinc. iod. has spasmodic bursting sensation in the heart with dyspnœa.—G. B. STEARNS.

Rhus has volvulus of the intestines.—A. H. GRIMMER.

Bapt. feels better than it looks and *Lach.* looks better than it feels.—G. B. STEARNS.

Anac. has wounds of the tendons.—G. B. STEARNS.

There is more to *Arn.* than most think: Iritus, bee stings, profusely suppurating compound fractures, abortion, mastitis and orchitis yield when the symptoms agree.—G. B. STEARNS.

Cineraria in ruptured eyeball and *Asar.* in eye injury are not to be forgotten.—G. B. STEARNS.

Kali iod. has burning feet and sinking in the stomach at 11 a. m., relieved by food, and resembles *Sulph.* in the 30th potency.—A. H. GRIMMER.

Alumina sil. should not be forgotten in chronic neuritis.—J. T. KENT.

My big "5" in obstetrical hæmorrhage are, *Mill., Phos., Nit. ac., Sec., Sabina.*—J. W. KRICHBAUM.

Only one remedy has the typical symptoms of normal labor: *Cupr.*, it often helps to give a dose of the 200 in normal labor. If they are restless *Cupr. ars.* is better.—J. W. KRICHBAUM.

Call. is a sheet anchor in complicated labors: rigid os, delayed labor, spasms of pain without progress, head pushes down and recedes.—J. W. KRICHBAUM.

Cimic. leads in false labor pains with rigors and chills in the first stage.—J. W. KRICHBAUM.

In rheumatism without swelling think of *Iodum.*—A. H. GRIMMER.

Don't forget *Ars. sulph. flav.* in rheumatism.—A. H. GRIMMER.

Merc. sol. contains traces of *Nit. ac.* and sodium and is better in acute work, whereas *Merc. viv.* suits the chronic.—A. H. GRIMMER.

Hahnemann says acute t. b. c. almost always needs *Kali carb.* at some stage.—A. H. GRIMMER.

Sarracenia (pitcher plant) is a valuable prophylactic against smallpox.—J. H. CLARKE.

As antidotes of the coal tars which have been used to suppress headaches *Carbo veg.* is effective, or *Mag. phos.* if the suppression has brought on neuralgia.—J. T. KENT.

If too many different homœopathic remedies have mixed your case, *Sepia* may straighten it.—J. T. KENT.

Teucr. scorod. is useful in glands and adenoids and a wonder in t. b. c.—A. H. GRIMMER.

Fraxinus americanus (ash) and *Aur. kali mur.* are great remedies in fibroids.—A. H. GRIMMER.

Abies canadensis: For women with uterine troubles, with chilly sensations and great craving for meat, pickles, radishes, turnips, artichokes and other coarse food.—A. PULFORD.

Abies nigra: Sense of an undigested hard boiled egg, or of something knotted up in the stomach; dyspepsia from tea or tobacco.—A. PULFORD.

Abrotanum: Emaciation most marked in lower limbs. In metastasis; also when *Hepar sulph.* fails in furunculosis; or when *Aconite* or *Bry.* fail in pleurisy. *Oozing* of blood and moisture

from the navel of the new born. Is especially suited to the affections of little boys. When one disease changes into another. When mumps shift to the testes and *Carbo veg.* and *Puls.*, seemingly indicated, fail. When suddenly checked diarrhœas are followed by piles or rheumatism. Better when bowels are loose, like *Zincum met.* and *Nat. sulph.*, reverse of *Calc. carb.*—A. PULFORD.

Absinthium: Prolonged spasms in children. Its most important symptoms are giddiness and epileptic symptoms.—A. PULFORD.

Acalypha: Has cured many obstinate hæmoptysis cases after other remedies failed; severe fits of cough followed by spitting of blood; expectoration of pure blood morning, and dark clotted blood evenings.—A. PULFORD.

Acetic acid.: Diabetes with or without sugar in urine, great thirst, weakness, pallor and emaciation. Pale, sickly people. should be given in anæmia or nursing women. Is similar to *Apis* and *Arsenicum alb.* but has a greater preponderance of gastric symptoms than either. An antidote to anæsthetic vapors; a finger dipped in vinegar and rubbed within the lips antidotes the fumes of charcoal. Equal parts of vinegar and hot water make a refreshing sponge bath for many conditions of fever, with or without perspiration. General emaciation with waxy skin, anasarca, and sweat. Membranous croup with bright red face and perspiration.—A. PULFORD.

As regards the highest potencies, I protest both against their exclusive use and against the injudicious neglect with which many practitioners treat them. I have used them in many violent cases with the most perfect and sometimes with instantaneous effect, and do use them now every day to my entire satisfaction. I have reported a number of cases where the curative action of the highest potencies is so evident that no sane man can doubt it, and in many cases I have obtained results by means of the highest potencies where the lower potencies have entirely failed, even when administered by skilful hands.—HEMPEL, 1846.

EDITORIAL

THE SPIRIT-LIKE FORCE

The expression, "the spirit-like force", has been used since Hahnemann's time, and it has been ridiculed as reflecting the visionary qualities of Hahnemann and his followers. This expression was perfectly descriptive of a quality of our potencies that at that time and many times since has seemed unsubstantiated, but Hahnemann, with his far-reaching vision and mature judgment, realized that it was a quality that transcends time and space. Hahnemann arrived at these deductions through logic from his experiences, first with the crude tincture of *Cinchona,* then step by step learning to divide and potentize finer and finer, until he finally reached a high appreciation of the true worth of the potential power of matter when properly understood and divided. So keen was his appreciation of the potential power of divided substances that during the latter part of his life he used not lower than the 30th potency, and in the last few years, only by olfaction.

Since Hahnemann's time the homœopathic profession has striven to devise ways and means to still further divide and potentize, well knowing the added power and possibilities that come by division and succussion, but never finding the key to decipher the reason. Now it has been pointed out with clarity just what this means. In this issue of *The Recorder* appears an article by Dr. Stearns of the Foundation for Homœopathic Research, which gives an insight into the potentiality of material things. This is the culmination of an era in which the power of the infinitesimal is becoming recognized in the physical, the chemical and the biological sciences. This is illustrated in the endocrines, and still further in our recognition of the presence of the vitamines, without their seeming physical presence.

If these deductions of Dr. Stearns become established and are recognized by science as they promise to be, a new era is opening in our whole concept of matter, which will revolutionize our theories of chemistry, biology and physics, and will give us the key to our correct relationship with the universe. Then we will realize more fully the fertility, the sagacity and the prophetic power of that great mind which took each step by deduction from

former observations and premises; then Hahnemann will become in the eyes of the world, as he is in the eyes of the homœopathic profession, the medical seer of the ages.—H. A. R.

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The July and August issues of *The Recorder* carried reports of the summer session of the American Foundation for Homœopathy Post-Graduate School. This eighth session was exceedingly successful from the standpoint of the post-graduate teaching of homœopathy. About fifty per cent of the students were "old-school" graduates, and the enthusiasm of all the students was keen and their work showed their interest.

Post-graduate instruction in homœopathy has the very great advantage of concentrating the entire time on nothing whatever excepting homœopathic philosophy, materia medica and therapeutics, the use of the repertory and clinical prescribing, of which there was an abundance. There are only two undergraduate colleges in this country in which there is any attempt made to teach homœopathy. In these only eight per cent of the time can be devoted to homœopathic materia medica and therapeutics, and practically no time is devoted to homœopathic philosophy. From a practical point of view it would seem that post-graduate instruction in homœopathy was much more worth while, at least in this country, for in the post-graduate school a great deal of emphasis is placed on homœopathic philosophy; for homœopathy cannot be practiced with the knowledge of materia medica alone, but the philosophy of Hahnemann must be mastered before true homœopathy can be successfully practiced.

This eighth session was from all standpoints the most successful that the American Foundation has ever held: in the quality and thoroughness of the instruction, the use of clinical material and in the geographical distribution of the students. Now that the Foundation has a small trust fund to help defray the expenses of the school, its future development seems assured, and it can go side by side with all the other agencies for higher medical education. It is the only post-graduate school in this country where only homœopathic methods are taught, and we look forward to an era of great usefulness in supplying highly qualified and thoroughly prepared homœopathic practitioners.—H. A. R.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

51. Is there any reasonably simple test, microscopical or chemical, whereby one could distinguish between genuine wholemeal bread and that which is falsely alleged to be wholemeal but is not actually so? The test of color does not suffice as white bread can, I believe, be colored to simulate wholemeal.—A. H. MARSHALL.

52. What does Hahnemann mean by the autocracy of the indwelling vital force? Is its power supreme, and if so, can it be influenced by the action of remedies?—B. C. WOODBURY.

53. If the homœopathic remedy is all supreme, why do our patients who have been under our care for many years, some of them, develop cancer, arteriosclerosis, chronic Bright's, etc.?—B. C. WOODBURY.

ANSWERS TO QUESTIONS IN SEPTEMBER ISSUE

Concerning the article on page 327 of the Recorder *for May, 1929, I would be glad to know which are the guiding symptoms, in whose rubrics the* simillimum *must appear, if it is to be the remedy for the case. In my copy of Kent's* Repertory Agar. *does not appear at all under aggravation in daytime, nor in forenoon. I am sure it would be a great help to beginners if the experts would kindly tell us what they took as the most important guiding symptoms in their clinical cases.*

—The *Organon* says the latest symptom points toward the next remedy. Her progressive paraplegia is that, and its rubric is on page 1179 Kent, the general of aggravation from cold and motion is best summarized on pages 3 and 9 in Boger's *Synoptic Key* while muscles occurs on page 22; tremulous limbs on page

29; disturbances of respiration page 66; alternation of diarrhœa and constipation is found on page 607 Kent. This makes the remaining remedies stand about thus: Agar., ARS., *Kali carb.*, *Nux v.*, Rhus tox and Sulph. It is not advisable to reduce the number for final reference below this list. Consulting the *Synoptic Key* at once make it look like *Agar.* at once, which is fully confirmed by symptom 532 in *The Chronic Diseases* of Hahnemann, hence it *must* be the only remedy that can cure.—C. M. BOGER.

—Easier to answer *postmodum*. The attracting symptom and of prime significance is the muscular manifestations of spinal nerve irritability and weakness by day, ceasing at night—so strong that we are warranted in translating it "ceasing during sleep" for there was a relation there somewhere. All the other symptoms are strong for *Agaricus*. Forget the repertory when so "warm" to the remedy as that and read the *Materia Medica* which should dispel indecision at once.—R. E. S. HAYES.

—Concerning the article or case on p. 327 of the May *Recorder*, it is one by Dr. Pierre Schmidt and one for him to answer. We think that Dr. Schmidt took as his guiding symptoms —the spasmodic muscular symptoms and the aggravation from cold, which are the leading symptoms of *Agaricus musc.* The time modality of this remedy is little marked and consequently of lesser importance.—A. PULFORD.

How can you tell that a patient is sensitive to the action of remedies?

—We can only infer that patients will prove particularly susceptible to our remedies. The individual type has more bearing on reaction.—C. M. BOGER.

—What kind of sensitiveness is meant? Sensitiveness to some certain remedy? Flashy reactions? Tendency to prove? To aggravations or what? All these are difficult to determine positively but all are somewhat related and may be suspected by degree of irritability of the sympathetic nervous system (instability of local or organ symptoms) to environmental influences, and are more apt to be manifested in patients having late pathological conditions of the vital organs.—R. E. S. HAYES.

—It is often hard to tell beforehand whether or not a patient is sensitive to remedies, but if you have previously treated that patient you will soon find out. Here is an illustration: A fire broke out in some woods on a farm, the farmer's wife became quite excitable and could not be quieted. She was given a single dose of *Coffea cruda* with a marked and sharp increase of the excitement inside of two minutes, which soon passed away and the lady became quiet and herself again. There was much doubt among those who witnessed this sudden change as to whether it was due to the remedy or not. To prove the point two glasses one-half full of water were taken and into one a few drops of *Coffea cruda* was placed. No one but the doctor knew which of the glasses contained the water alone. The patient was asked to pick out the glass containing the remedy, this she could do every time and we could not fool her, for after each time she partook of the *Coffea cruda* she got a sharp aggravation of her excitement. —A. PULFORD.

When is it justifiable to prescribe for single symptoms or groups of symptoms in homœopathy?

—In urgent cases or if a great paucity only can be obtained, but this procedure is to be carefully avoided wherever possible. —C. M. BOGER.

a. When emergency demands the venture.

b. When the vital energy is past redemption.

c. When the symptom is a strong general as well as characteristic if no other considerations forbid.

d. When you expect to never see the patient again.—R. E. S. HAYES.

—It is justifiable, only, to prescribe for a single symptom when it is the *only* one present and it is found under no other known remedy; in groups of symptoms only when they are characteristic of that remedy. Here is an example: One cheek red and hot, the other pale and cold, occurs under *Aconite* alone, and in

the absence of other symptoms *Aconite* could be logically given, but it is not essentially *the* characteristic of *Aconite*. The real characteristic of *Aconite* is agonized tossing about (or anxious restlessness) and is essential to all cases where *Aconite* is the true *simillimum*. The true skeleton of *Aconite* on which one can prescribe with confidence is: Agonized tossing about; expression of fear and anxiety; full, bounding, rapid pulse; dry, hot skin and burning thirst, drinking copiously, everything but water tasting bitter. Those alone are the true representations of *Aconite* and must always appear in a strictly *Aconite* case.—A. PULFORD.

In line with Dr. Marshall's question above, will some of the experienced homœopathic prescribers please send in cases to be published in this column, so that we, the beginners can work them out? With the case will they send their analysis and the remedy selected to be printed the following month? This will be of infinite value, a continuation of the Post-Graduate Course during the whole year.

—Case I: Impulse to move and laugh when in pain. Pains in throbbing waves, sacrum and lumbar regions of the back have been treated very thoroughly by manipulating methods without success. A very bad case of sciatica in an athletic male was cured by a single dose of the thirtieth potency of ? ? ?—.C. M. BOGER.

—Case II: W. J. H., aet. 64, a carpenter, was sent to us. Here is his case as he related it to us in his own words: "Had what they, the doctors, claimed to be *rheumatism*. Lately hands and feet cramp. Stinging pains run down the arms and legs like needles. Had injection in r. arm. *Cannot raise the arm from a sensation of weight*. Feels as though the nerves had grown together. Always well until two years ago, wife died then and since then began to decline. Fall from scaffold about 23 years ago and injured l. shoulder. *Worse after he has worked a while. Better in clear weather. Worse in cloudy, damp weather. Worse before a storm, or any change of weather. Cannot sleep in cold.* More cold-blooded of late. *Generally better motion and heat, worse at rest and on beginning to move.* Hands tend to cramp when resting.

Mental symptoms better moving about. *Falls asleep late from anxious restlessness and aching in muscles and joints.* Wakens early. *Anorexia. Very thirsty.*—A. PULFORD.

—Sometime, perhaps. You beginners, plunge into clinical experience, all possible, with as little repertory machination as necessary but good strong drafts of materia medica mostly one remedy at a time in relation to the case in hand.—R. E. S. HAYES.

If symptoms disappear in the wrong direction what do you do then?

—Take a new and more comprehensive view of the case.—C. M. BOGER.

—If recovery is perfectly hopeless, and patient fairly comfortable, meddle not. Otherwise try to find a similar that will antidote at the same time; but be sure the condition is not a mere aggravation.—R. E. S. HAYES.

—Two conditions may cause symptoms to disappear in the wrong direction, first, a suppression by either the right or wrong remedy; second, a physiological action of the right remedy but the wrong potency. The proper thing to do in such a case is to go over it again carefully and if you are sure that your remedy is correct then change the potency; if your remedy is not correct find the right one or if you cannot find it remember it is *always* better to do nothing than to do the *wrong* thing.—A. PULFORD.

What is the difference between a remedy aggravation and a disease aggravation?

—Remedy aggravations generally occur quickly or around the fourth day. Every disease aggravation has its own peculiar way of expressing itself and once grasped there need be no confusion.—C. M. BOGER.

—Sometimes there is no apparent difference. Aggravations are so peculiar to the individual that we cannot make a perfectly specific reply. A sense of internal well being—improvement in

countenance—is more often observed with remedy aggravations. Remedy aggravations often have a preponderance of symptoms of the remedy causing it. Disease aggravations are more apt to be progressive while remedy aggravations proceed from within outward and are apt to erupt old symptoms. Meddle with both kinds as little as possible.—R. E. S. HAYES.

—A disease aggravation is uncontrollable by the doctor; a remedy aggravation is controllable and can be brought about at will. A disease aggravation is nearly always serious, a remedy aggravation only serious pro-ratio to the virulency of the drug, and usually of short duration leaving scarcely any impress.—A. PULFORD.

The "peculiar", the "characteristic" symptoms—these are to be regarded as the determining ones; but we must, at the same time, never forget, and we must always say emphatically, that these symptoms may be *very insignificant ones* and that we have to seek them, for the most part, in the series of *little and unimpressive phenomena*. Accordingly, free from all feelings of timidity, we receive these *seemingly insignificant* phenomena within our field of investigation. What microscopic research is, in the case of small objects, the same, in semeiotics, is the scientific investigation of the trifling, unimportant, subjective and objective phenomena of disease, and he who cannot labor in this field of the small and the few, can never be a master in either department of science. The riper spirit adventures into the depths, whose limits are immeasurable and whose products may indeed, to the uninitiated, seem insignificant, unimportant, trifling and profitless.—CARROLL DUNHAM, 1864.

The program just received of the Eastern Homœopathic Medical Association at Wilmington, Del., October 23 to 26. There is a fine program on Homœopathic Philosophy for October 26 which the homœopathic profession would do well to attend.

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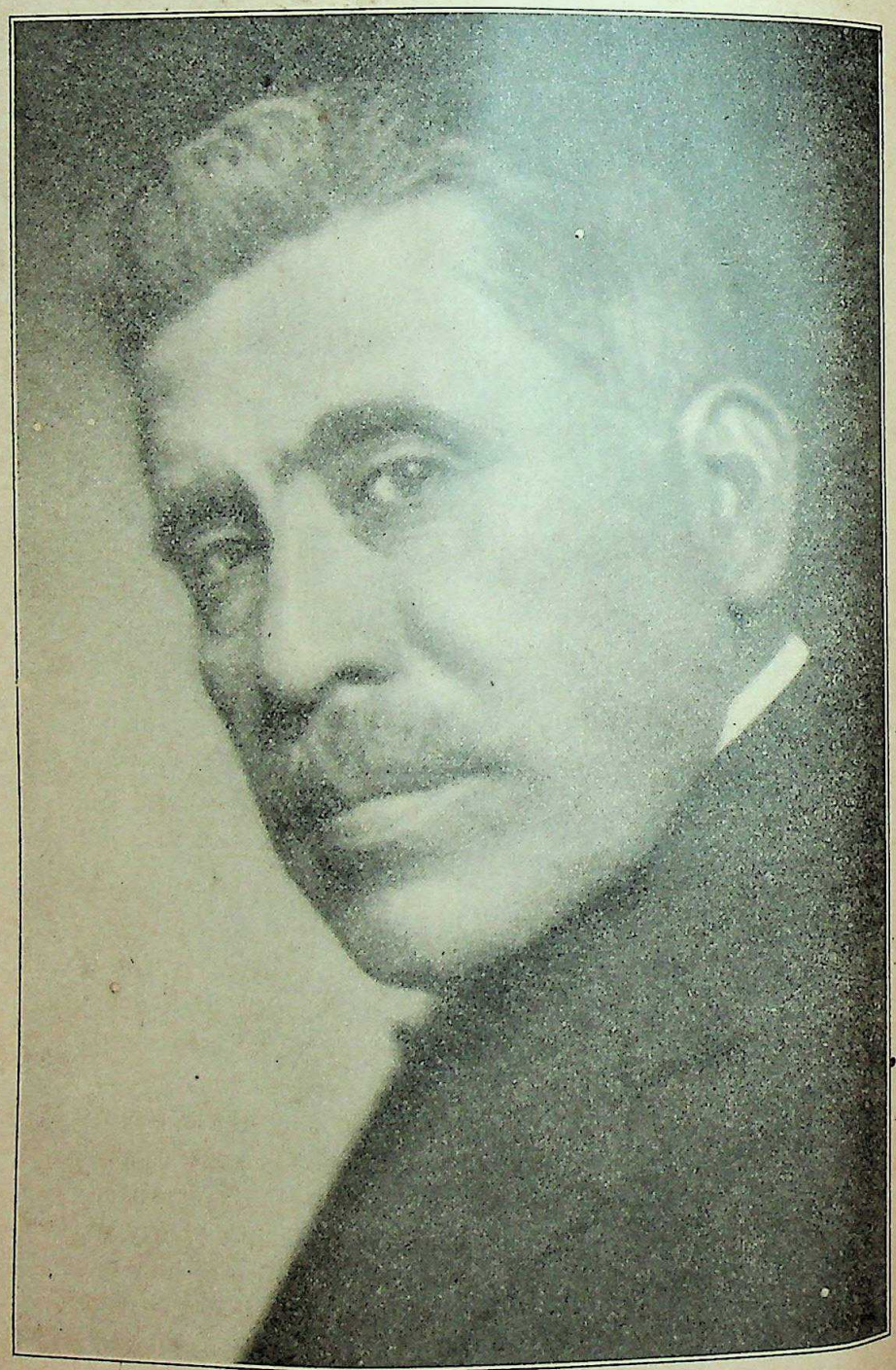

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H. G. PEREZ, M. D.

Distinguished Colleagues:

Feeling somewhat embarrassed by the irresistible suggestive influence of such a select audience, whose attention is fixed on one who fain would be the cynosure of every eye on this memorable occasion, and, at the same time, animated by that atmosphere such as is always breathed among highly cultured persons, I come today before this supreme tribunal, not with the polished phraseology which savors of classicality but with clear and concise language, as diaphanous as "a gem of purest ray serene".

Fluctuating between those two attractions which establish the equilibrium, I am going to express with the emotion that is natural at such a propitious time a part of that which reposes in my sensorium, awaiting the opportune moment to invade the world of the spirit from whence to establish that communion of ideas such as will unite us more closely together.

Science as simple speculation is cold and sterile when it is lacking in efficacy; but according as it becomes truly efficacious, it kindles the lamps of enthusiasm, broadens the horizons of light and engenders the most generous acts. The mobility of the regions of thought needs to anchor in the stability of human sentiments, because it can only thus be conceived that the emotion as produced by the *Sermon on the Mount* is more profound and extensive than the words of the divine Plato.

In the mysticism imputed to the proselytes of Hahnemann lies the excellency of their apostleship, because compassion and

*Translated by R. G. Hershberger.

altruism like unto the favorite offspring of the sensibilities go hand in hand wherever pain is in need of an emollient and where the condition of the poor and abandoned demands the loving caress of piety.

The very bravest of the brave suffers the spasms caused by the convulsion of the nerves when brought into contact with the cautery that sears the flesh; however stoical the person may be, he shrinks at the sight of the needle which perforates the skin and inoculates toxins that derange the vital fluid; and the one most indifferent in the presence of that accumulation of drugs which are manufactured as a lucrative industrial enterprise and consumed as a like commercial one, angrily protests. The materialism of medical conceptions accumulates mountains of combustibles which upon being consumed, reduce the organization to ashes, and their mephitic emanations, upon invading the homes, serve rather to reproduce the horrible vision of the four horsemen of the Apocalypse who leave naught in their wake but sorrow, hunger, desperation and death.

The gross materialism which has come to convert the organ into a test tube and the product into cause, does not take into account that besides a very evident dynamism which is the impelling force of life, there exists something more subtle and prepotent that governs and harmonizes. I refer to the spirit which reveals itself in every stoma, becoming the medium of every movement, the reflex of every form of sensibility and the genesis of every intellectual act.

The spiritual potence which has been the motor impulse that has led multitudes to sacrifice, is the selfsame power which through the channel of the instinct directs the action of millions of cells that perform their mission in the gigantic world of the organization. This harmony, as was pre-established in the synchronistic maelstrom of life, is simply wonderful and at the same time serves as a solace, because it shows us that within the recondite recesses of our own organization we carry the necessary combustible and at the same time the enlightening and transforming spark. The Jacob of the Bible plants one end of his ladder in matter with the other end resting against the highest emi-

nence of his being, from whence to be able to move and control the invisible waves of the miracle of life.

The stability of all harmonious and methodic knowledge is maintained by the eternal principles of truth, and these are not revealed in all their integrity nor in all their splendor, so as to always leave for the purpose of exciting the curiosity, indistinct and distant peaks that are invariably attractive and correspondingly seductive owing to their inaccessibility, for in this case "this distance lends enchantment to the view" and conceals for the moment its mysteries.

THE *Organon* OF HAHNEMANN which is the supreme code of his doctrine, is a paradigm and at the same time a symbol, a germ and an inexhaustible fountain of truths and teachings, always old and always new, always wonderful and perennially suggestive; it is the perpetual discovery of new horizons which are ever broadening and rising higher and higher from a boundless basis according as is realized the splendor of their significance.

Symbolic men, as Emerson would say, exercise a potential influence in the destiny of nations leading them over untrodden paths and leaving landmarks along the way of the new orientations of their activities. Hahnemann, the man who achieved the greatest triumph in connection with true medicine, upon shattering the archaic molds of the past, transformed therapeutics from a condition of empiricism into a scientific one, from a condition of cruelty into one of compassion, and from repulsiveness into seductiveness. The love for this human transformation is what brings us here together at this time and fraternizes us without distinction of nationalities and regardless of frontiers. KINDNESS AND TRUTH are and always shall be the factors of that universal fatherland wherein only one language shall be spoken, the language of piety.

Our efforts would be useless and their consequences sterile without a finality or goal, and this must needs be the conquest of diseased humanity by homœopathy.

The very best system for diffusing the doctrine of Hahnemann consists in unifying the criteria of all his followers by means of principles and a uniformity of methods, in order to facilitate ensuing action. Union is strength and action is the ap-

plication of same. With these two powerful battering-rams we are going to raze the walls of error and plant instead the ensign of truth throughout the whole world.

The most effective propaganda of the doctrine that can be carried on is to provide the evidence of its superiority, for in the presence of facts no negations are possible. The healings that are effected by homœopathy speak more eloquently and convincingly than speeches and controversies. Any intransigency displayed should be against those methods which do injury to our fellow men; and passive resistance is what should be shown in return for the sarcasm that constitutes the weapon wielded against homœopathy by its enemies, and which is to be feared the most when the panoply of the convictions as carried in our consciences is allowed to become weak and vulnerable. The man of determined character does not measure obstacles nor does the extraneous visage terrify him, but he undauntedly keeps the even tenor of his way until he arrives at the goal of his aspirations. It is necessary for us to carry on the labor of our apostleship everywhere and at all times, and it makes no difference whether we are alone or not, if we wear always as our protecting shield sincerity and a vehement desire to do good. There was only one Voltaire and he was capable of causing the most formidable potency of the human conscience to waver; there was only one Rousseau and he succeeded in overthrowing the divine power of kings; there was only one Hahnemann and he has succeeded in overthrowing the empire of empiricism, for now the selfsame pagans render tribute in their pagodas to the founder of homœopathy by restoring to and shamefacedly utilizing the Law of Similars.

But it does not suffice to exercise our action in an ascending direction, beginning with the lowest social classes, for the sphere of action by no means should be limited to the selfsame and only clientele, as this labor of enthusiasm may become confounded with that of egotism; what needs to be done is to carry with us, also, the unction of charity, because only in this manner can we successfully practise proselyting.

It behooves us to meditate in regard to the future of homœopathy and not confine ourselves altogether to the present epoch;

we need the renovation of the apostleship in order to be able to indefinitely prolong the life of homœopathy which is eternal in view of the fact it is maintained upon the indestructible foundation of a principle; however, the intelligence invariably tends towards returning to the instinctive processes, and even before the effulgence of so much light, the obfuscation will conceal the pathway that leads to the summit of truth. The school that teaches and educates, that molds intelligences and forges determined characters is the only one which can furnish us with successors in the noble apostleship of the doctrine we profess. The free school constitutes the most efficacious system of all because upon functioning in an unlimited field it does not have to adjust itself in accordance with certain prescribed rules nor trudge along with monotonous footsteps such as make the journey longer and curtail the spontaneity of action results. For new truths, new methods of teaching are required. It is, and has always been, difficult to remove the heavy barnacle of custom converted into a law, which owing to the inertia which is its force, when it finally arrives with the life-giving water the branch has already withered and is wasting away.

In Mexico, as long as homœopathy only had proselytes among those who did not practice it professionally, and shamefacedly tendered its effective services, there existed a true apostleship and the fervor of these pioneers reminded us of the devotion of those early Christians whose self-renunciation amounted to absolute self-sacrifice. But just as soon as the law conferred exclusive privileges on the anointed ones of officialdom, then abnegation was replaced by egotism, disinterestedness was substituted by pecuniary interest, and the zeal for its diffusion was interfered with by the exclusivists. Homœopathy, in order to become the patrimony of everybody, should be known alike by the sage and savant, the indigent and the potentate, with every household maintaining a temple or a little corner in which to keep on hand the globule of health instead of purgatives and ointments.

The National School of Homœopathic Medicine could not escape from breathing the theoretic atmosphere of the old teachings on medicine; so with its students being under the regimen of the same didactic forms of instruction, it could not, neither

has it been, able to produce any successors other than those hybrid products who, upon not having been able to acquire the positive convictions of an orthodox homœopath, could much less be in a position to practice the art of homœopathic healing with the firmness such as the doctrine requires.

With the exception of the lexicon which establishes a communion of ideas, we differ entirely from the old school, even in connection with the selfsame physiological conception, for where this only perceives functions we suspect defensive efforts, and when it only numerates factors we find results. In the high concept of our philosophy disease is not a ferocious enemy to be combatted, but the manifestation of an effort which tends towards preserving the organism by means of apparently paradoxical functions of destructive movements.

The founding of homœopathic schools in all the countries of the world becomes necessary, if we wish to extend action to the destitute ones who petition official charity to lend them a helping hand in order to mitigate their sorrows which, at present, are rather being exacerbated in those circles. We want to have the opportunity of confronting the two methods and of proving once for all that the truth we defend is what inspires us with valor with which to enter into this noble contest, whose results will be of such enormous benefit to poor, diseased humanity. It is now high time for the intellectual nobility of famous ancestry to refrain from disdaining to measure its strength with the semi-cultured gentry, as we were branded by that Argentine philosopher who lived in the midst of light and died in the greatest obscurity. The results obtained shall decide the question in regard to the efficacy of both methods which are disputing the supremacy. Let us be given the opportunity of being ridiculed, if our adversaries are so sure of their science. Only the great North American people could set the example of admitting this proof. This is real patriotism and love for mankind. The Metropolitan Hospital of New York was governed half by allœopaths and half by homœopaths and at the expiration of a certain number of years the corresponding statistics demonstrated in the very clearest manner the supremacy of the homœopathic method compared with the allœopathic. The said statistics revealed the

fact that a minimum of deaths had occurred under homœopathic treatment and with an expense of less than 50 per cent in the cost of the medicines administered. In view of this incontrovertible results, the afore-mentioned great Municipal Hospital of New York, one of the very largest and most splendidly equipped hospitals in the world, was placed in charge of homœopaths.

What we also need is for all homœopaths throughout the world to approach their respective government, petitioning them in the most convenient manner to officially recognize homœopathy, in order that its practice and teachings may not be interfered with in any way, and its application be considered as a humanitarian boon.

At the present time only two nations have legally recognized homœopathy: Mexico and Brazil. I do not mention the great northern republic where the spirit of tolerance accepts all therapeutics, for the state is not the one to be the arbiter of truth of doctrines. Poor, suffering humanity has always had to bear with the dogmas of conscience or of science until time, which ages everything, finally makes evident to the mind the ephemerality of all that which gave to humanity its cohesion for the adoption of fresh ideals such as will kindle the flame of new born hopes. It was the will and pleasure of Mother Nature to shield and protect us from theories and methods and to manifest herself as the creator and preserver of health. With her assistance and together with her we shall be able to restore to man his inborn fortitudes, and place him safely beyond the liability of becoming entangled in imprisoning meshes, the victim of fictitious vaccines such as derange his lymph, and of the tonics which intoxicate him.

Congresses of the nature of the present one are of high significance, because they so clearly reveal the sincerity of the convictions and the spirit of abnegation that serve as a stimulus to us; they establish that communion of ideas which convert the multitudes into disciplined bodies, and incoherent thoughts into systems of instruction. Furthermore, the illustrious colleagues who are honoring us with their presence, will carry with them, upon their departure from our country, the true impression of what they have seen and lived with us for a brief period, without

diplomacy having to intervene its reservations and without any selfishness whatever entering to separate and deviate them and us from the common way.

The homœopaths of Mexico have done all that they have been able to do, uniting their action to that of the multitude of intellectuals who in all parts of the world are dreaming of the regeneration of diseased humanity by means of homœopathy, our sacred religion of health. During the thirty-five years that we have struggled and labored, and always encouraged by the splendid young manhood who eschew the old-time practices, we have acquired a clientele that can never again tolerate the crude drugging and major unguents and which will not submit to having the needles of the Pasteurian degeneration lacerate their skin which constitutes the best strongest defense of their organism.

The medical homœopathic moral as based on the laws which gave life to the selfsame doctrine of Hahnemann, tends to transform the profession into an apostleship, into a mission of charity and into a labor of mercy. If the homœopathic physician does not feel his soul swelling with such a plethora of generous sentiments that must needs constitute the first degree of perfection of medical asceticism, then it would be well for him to renounce this ministry which above all should be one of piety and abnegation.

Homœopathy as an offspring of the heart and of the intelligence will inspire hope in the breasts of the sick, as long as it, with solicitous care, is able to restore the inestimable boon of health. If the paying of the last tribute to Mother Nature, who has nursed and sustained us throughout our existence, is a law from which we cannot escape, then it becomes convenient for us to prepare ourselves to arrive at the end of our journey with the countenance of one who, although fatigued, serenely awaits the desired moment of repose; and not present that tragic and sardonic aspect which constitutes the mask of excitant or enervating medicines that destroy the organism as well as the most determined will.

From the towering heights of this part of the Americas, the first nation of the world that covered beneath its chlamys the

scoffed at by all mankind, as well as from the summit of Mount Sinai, there descends the universal law which consecrates the most human doctrine that has ever existed owing to its divinity.

The atmosphere of fraternal esteem that is breathed here, the warm affection which is manifested on every countenance and the overflowing joy that is regnant in our hearts on such an occasion of solemnity, which may never again be repeated, will engrave upon the tablets of the memory and hearts of everyone present this memorable date that coincides with another one no less memorable than the one we are today celebrating at the same time. The spirit of Hahnemann which surrounds us with its aureola, enveloping us with that seductive magic engendered by the victory obtained through convictions and noble sentiments, will vivify the lukewarm and enthuse those already convinced to carry at all times and everywhere the consecrated host of health to the sick and abandoned.

The fervor, devotion and enthusiasm which I have always had for the doctrine of Hahnemann do not proceed from egotism but are born of the most noble desire to benefit the sick and to save them from the dangers and harmful effects that are produced by the prevailing empiricism, which is more to be feared according as it presents itself in gala attire before those who in the throes of terrible pains cry out and resort to every means that they think might be their salvation.

It is necessary for us to be pure homœopaths, that is to say, orthodox ones, because only in this manner shall we be able to preserve the inestimable legacy of Hahnemann and maintain it intact from the attacks of error, of seducing palliation, and from the claws of egotism.

Tonight is one of solemnity and of cherished memories. On this same date a century ago, and perhaps at the same hour in that far-away country, in the little city of Koethen, there congregated the first apostles of homœopathy around the Master of masters in medicine, for the purpose of celebrating the anniversary of the graduation of Hahnemann, who fifty years before had received his diploma as a physician from the University of Erlangen. At this time the master was seventy-four years of age and his body and spirit yet appeared to be those of an adult.

The disciples of Hahnemann availed themselves of this opportunity to celebrate the first Homœopathic Congress which was presided over by the selfsame master. From the year 1829 to 1929, homœopathy has had an unprecedented diffusion, for there are but few civilized countries in the world today where homœopathy has not carried glad tidings and where it is not being constantly and confidently practiced.

But we have not yet accomplished its complete diffusion; there still remain a few peoples and nations where it is not known, and it therefore becomes a humanitarian duty to propagate it there in order that the whole world may be able to participate in this inestimable boon.

Homœopathy, as a religion of true health, not only convinces as a science but it also infuses into the souls of those convinced that spirit of apostleship which is the offspring of goodness and altruism. The psychology of the homœopaths of the present day is analogous to that of the early Christians who journeyed from village to village with their knapsacks empty and with the spirit filled with pious unction proclaiming their religion, that new religion of love and piety which forgave all injuries and abolished the law of retaliation. Only the noble, vehement desire to diffuse homœopathy can impel this Pleiad of scholars and altruists, who from such distant lands have come hither to ours, to make us participants of their science and of the light of their experience and to inject into us that enthusiasm which becomes active and renewed whenever we hear the voice of homœopathy as spoken by a friend or co-religionist. The indifferent one awakens from his drowsiness, the lukewarm from his apathy, and he who is fatigued as the result of his incessant labors, feels invigorated thereafter, and is thus enabled to carry on and continue with the same energy of spirit the campaign of redemption which we have launched for the public weal.

We, without weakening or wavering, greet the aurora of every newborn day by intoning the grandiose hymn of our faith through the channel of the professorship, surrounded by the youth who listen to us with that ingenuous attention as of one who hears for the first time something unusual which allures and convinces:

and at night-time, our youth, instead of frequenting billiard halls and cabarets, repair to the modest temple of Hahnemann for the purpose of continuing their labors with the ever noble hope that tomorrow, so to speak, they may be able to be of assistance to their fellow men. The professorate makes its knowledge a precious gift, and without any incentive other than the satisfaction of engendering sons of understanding, with all punctuality and fervor shares the large fund of its learning with all those who are desirous of hearing the homœopathic word or of observing in the selfsame patient the positive teachings of medicine.

Let us establish schools, not for the purpose of producing professional practitioners but convinced individuals who, upon reaching their homes, will serve to prevent their families from becoming poisoned by lymphs and serums, potions and balsams, which, instead of restoring health, administer, as it were, in a golden cup the hemlock of death.

My satisfaction and pride upon having had the opportunity to meet with you, to associate with the primates of the science that we profess, is such that I feel the vertigo peculiar to the atmosphere of the heights we tread, for I never before dreamed for a moment that on some day, such as this memorable date, I would become, at least for a time, the arbiter of your attention, so tolerant and benevolent.

HAHNEMANN, the Moses of medicine, amidst the thunderbolts and lightning flashes of envy, egotism and error, descends from the canopied throne of his glory to confirm us in the law of his eternal iatric in whose decalogue the physician will find the sure guide for his methods and the satisfaction of having realized the enunciation of an eternal truth.

In name of the gratitude and admiration which the brilliant geniuses inspire, let us render to the greatest of them all, the sincerest homage of gratitude, love and respect of which we are capable, to the immortal founder of homœopathy, benefactor of all mankind.

MEXICO CITY, MEXICO.

DISTINCTIVE PHASES OF *KALI CARB.**

J. W. WAFFENSMITH, M. D.

It is not my intention to enter upon a general study of this valuable remedy, which has been done by others. I shall present certain mental phrases in detail.

One of the persistent characteristics is confusion, found in the tuberculo-sycotic miasmatic state. It may be of use in the advanced cases which present no marked pathology, but a decided functional derangement of cerebral and spinal centers.

The patient stands panicky in the midst of ordinary duty, sees work piled up, yet cannot accomplish.

Misplaces articles; when looking for and unable to find them becomes confused and exasperated with fear of losing mind.

Industry under these circumstances is increased with inability to do.

Forgetful; forgets in an instant; makes errors in spelling and figures; has four or five things under way at the same time, leaving each partly done.

Hurry; in talking, eating, and occupation.

Jealousy and hatred; malicious; aversion to husband and child, yet clings tenaciously to them.

Has all the symptoms of hyperactivity and anæmia of cerebral cells, in alternation. Attacks of excitement are of short duration, and prostration prolonged.

In these cases we find the sycotic taint predominating, and a favorable indication is the appearance of finger warts. In one case there were recurrent crops on neck and chest.

Clings to life; to money; to clothes; in fact everything; there is fear of poverty, of the future, of death. The hoarding instinct in general is strong and exemplifies the psoric element.

Under *Kali carb.* there is a difficulty to explain, to make oneself clear, with a bluntness of speech. Is misleading in statements, ambiguous, with intense desire to be understood.

Timidity; cannot defend his rights; remains silent if wrongly accused.

Cold; aversion to bathing; careless about everything.

*Read before the I. H. A., Bureau of Materia Medica, June 1929.

Face has a ghastly appearance; pale, yellow, and sickly.

Brain fag; cannot concentrate, with dull headache deep in the brain.

Awkwardness; drops things; falls over furniture.

Dreams of departed loved ones, each time before a relative or friend took sick or had a misfortune. This symptom was always a warning and happened repeatedly under *Kali carb.* It corresponds to a phase of *Medorrhinum,* and is complementary in the tuberculo-sycotic state. The symptom referred to is found under *Medorrhinum* in H. C. Allen's *Materia Medica of the Nosodes,* "is always anticipating, feels most matters sensitively before they occur and generally correctly". The typical sycotic is not troubled with dreams. It finds its expression in the tubercular type.

Here is a clear cut illustration of a general symptom of a miasm, the tubercular, acting as a vehicle for expression of an accretion, the sycotic. It further indicates that when the diseased grouping shapes itself in an orderly relationship of expression, and we do not by injudicious handling of the case add drug or other wrong impressions, we can with homœopathy unravel the problem. In our study we find the enlarging capacity of remedies in a developmental sense to include progression in natural disease, namely evolvement of the miasms. This destroys the fictitious concept that our materia medica is limited in its scope to function in a definite period to be superseded by other means in the evolvement of diseased states due to the complication arising out of our civilization.

NEW HAVEN, CONN.

DISCUSSION.

DR. GRIMMER: Mr. Chairman, I don't think a paper like this should go by without some commendation. There is not much to discuss. We homœopaths recognize the things the doctor has so clearly stated. He brought out an unusually fine picture of *Kali carb.* In fact, many of our standard books do not show the nice mental states of *Kali carb.* that he has brought out. It is beautiful, and it is true that if we study more these mental and psychic phases we will meet the new conditions that are coming upon society and civilization much better than we have in the past. (Applause)

DR. HUTCHINSON: Madam Chairman, this paper of Dr. Waffensmith's is so very interesting that it leads us to a personal study of his statements which awaken the query, how are they all evolved? He has given several references

that we can look up and study from the books, but I take it that a great deal of this paper comes from personal experience. I would like to know, as a matter of great interest, when the remedy has been essentially selected, if he has found many of these symptoms of finer grade entering into the picture. If he had not selected the remedy would these have been discovered? He has added greatly to our knowledge of the remedy. I would like to know in a few words just how this symptomatology has been evolved.

DR. BOGER: Mr. Chairman, I was very much interested in the thought that homœopathy continues to fit the different phases of disease. There is no greater evidence of the correctness of homœopathy than the fact that, approached from different angles, from each mental angle we always get the same result. This is one of the fundamental truths of homœopathy and one which the allœopaths have not been able to overcome. Their ideas in treatment change in a few days, few hours, few months, few years. Homœopathy has appealed so universally that every type of mind can reason toward the focus from its own angle. That is the thought the doctor's paper brought out in my mind. I think this is a very conclusive argument and one which is very hard to combat. (Applause)

CHAIRMAN STEVENS: Any further discussion? Dr. Waffensmith, will you close the discussion?

DR. WAFFENSMITH: In answer to the question of Dr. Hutchinson, I would say that primarily I received the basis for this paper from the 100 years or more of experience of homœopathic masters, the study of their work, and the benefit that I have received from their training by attending institutions in which they have taught, and so forth.

Secondarily, it has been by carefully observing, personally, the effect of the use of *Kali carb.* in a large number of cases during my past experience, and particularly noticing the finer phases of the mental symptoms, because that was really the intent of this paper.

I think the remedy has been thoroughly covered for many years by the masters, by many men who are more competent than I am to speak upon it, and this is nothing but a feeble addition to the literature that we have on the mental phases particularly. (Applause)

WANTED.

Young physician not more than three years out of medical school with homœopathic training, willing to live in at Westborough Insane Asylum for at least two years. Charming living quarters including his family, if any, plus good salary, with chance of advancement. No previous psychiatric training required, in fact it is preferred that he has had none. Apply to Superintendent Lang of Westborough.

Westborough hospital charter requires that homœopathic medication be available to patients who request it. It is therefore urgent that a homœopathic physician-in-residence be found. The laboratory equipment and psychiatric methods are up-to-date. This is an exceptional opportunity.—ED.

*TUBERCULINUM**

CHARLES L. OLDS, M. D.

Tuberculinum is an old remedy and yet it is a new remedy. It is comparatively old in point of use, but still it is new because we have no adequate provings; and it will remain new, or only partially discovered, until such provings are made as will reveal its inmost characteristics. It is true that we have various fragmentary—very fragmentary—provings, and quite an abundance of clinical material to prove its worth, and it is upon these, combined with some intuition and more or less empiricism, that we have somewhat fearfully and hesitatingly based our prescriptions. Therefore, it is with a plea for a more complete proving of this valuable remedy, as well as of our other nosodes, that this paper is written.

Tuberculinum is one of the nosodes prepared from the tissue or sputum of a tuberculous person. Coming from such an origin it has been supposed to pretty well represent tuberculosis. And so it does, in a measure, perhaps as well as any result can represent its causative factor in the human body. Tuberculosis may have been the active, paramount condition in the patient from whom the specimen was taken, and from which specimen the medicine was made, but obviously it must represent, not only the tuberculosis, but everything else that that patient had, all of the disease conditions, all of the buried miasms that were a part of that patient. So that it is not only possible, but highly probable, that the nosode made from a tuberculous person carries the result of one or more diseases or disease miasms in addition to that of tuberculosis. Undoubtedly the nosodes are hydra-headed and octopus-armed; there is always more to them than their names imply. Vaccine is more than cow-pox, indeed, the term includes something of syphilis, of gonorrhœa, of tuberculosis, or of other disease forms.

Now, taking as a fact the statement that any nosode is ill described as to origin, by its name, and the additional fact that no two nosodes, having different sources of origin, can possibly be identical, we are forced to the conclusion that the use of in-

*Read before the I. H. A., Bureau of Materia Medica, June 1929.

discriminate preparations of any one of these remedies should be frowned upon. To be logical, each different preparation should be proved and then used according to that proving. This we have not been doing. Rather have we been grouping the provings and clinical observations from the use of a number of different preparations of the so-called *Tuberculinums*, and then selecting the one or the other according to fancy or notion, which may account for some of our failures when prescribing this remedy. This may not have been true of the older homœopaths, as for instance Swan, who prepared his own remedy from the pus expelled from the lung of a man far gone with consumption, made provings with that preparation, and then clinically made use of it. Burnett prepared his remedy, which he called *Bacillinum*, from the walls and adjoining tissue of a tuberculous cavity. He apparently used it empirically and experimentally at first, and later from his clinical data. Kent prepared his *Tuberculinum bovinum* from the tuberculous glands of cattle. He says in his *Lectures on Materia Medica*, "from observing the effects of this preparation I have been gathering these notes in my interleaved Hering's *Guiding Symptoms*, and they now guide me in the use of *Tuberculinum*". But he quotes largely from Burnett's experience with *Bacillinum*, and also from the *Guiding Symptoms*, where the article on this remedy is largely made up of the experiences of Swan and Burnett with their own preparations. What is in a name! And how much may a name blind us! We are apt to think of tuberculosis *per se*, and there is no such thing. Then we have *Avaire* made from the tuberculous tissue of a chicken. There are also Koch's lymph and several other foreign preparations, none of which is frequently mentioned in homœopathic literature.

The late Dr. Samuel Swan of New York, who was the first to introduce *Tuberculinum* to the homœopathic profession, and to make a practical use of it in its potentized form in the cure of disease, was one of the remarkable medical men of his time. He was a daring experimenter in the field of the high potencies of unusual drugs and energies. He had vision beyond that of most men of his day, and with the inevitable result that he became the laughing stock of a large part of the medical profession, even

including some of his homœopathic brethren. Human nature is ever the same, and even a homœopath damns what he cannot understand. If all the unthinking criticisms of the medical world could have been converted into genuine search for medical truth, the adherents of homœopathy would not be today the rapidly decreasing minority that we almost fear to number.

It was through his great success in tuberculous cases that Dr. Swan was led to formulate the startling statement that "morbific products will cure the disease that produced them, if given in the highest potencies and to any but the one from whom it was taken". At once he was cursed with the stigma of isopath, one who conformed to the belief in *"idem eodem curantur"*, or the same cures the same. On the surface this appears logical, but on closer examination it may be seen that there cannot be such a state as *"idem"* when using potentized medicines. If that formula means anything it must be *"similia"*; the crude drug and the potentized medicine are not the same, they never can be the same, but they are similar. If they could be the same in their relation to cure there would be no need of potentized drugs.

This naturally leads to the question: What is the difference between the crude drug and the potentized medicine? Probably it differs in several ways. Hahnemann speaks of the spirit-like dynamis of the drug being liberated by potentization and thus becoming more powerful to overcome the similar disease. Kent taught that potentization brought the plane of the remedy into a plane more similar to that of the disease. No doubt these statements are correct as far as they go, but they are rather vague and of themselves need explanation. I believe that one of the answers to this question is polarity, magnetic polarity. Everything has polarity, and apparently this polarity is not always fixed, but may be changed by certain agencies. Disease, for instance, changes polarity in the human body, and potentization changes polarity in the field of medicine. Suppose we take a specimen of tuberculous sputa and potentize it. The 1x, 2x and 3x potencies will remain positive like the original substance, but the 4x and all potencies above will have a negative polarity. Therein lies a difference. The crude drug and its higher potencies are as

far apart as the poles, and we know how far that is in the case of our *Magnet. pol. aust.* and *Magnet. pol. arct.*

The so-called inimicals are always of opposite polarity. This may or may not explain their inimical relations.

When you have selected a remedy for your patient, if it is the most similar remedy and in potentized form, that is, above the 3x, it will always be of an opposite polarity from that of the patient, but immediately upon administering this remedy the polarity of the patient will change to that of the remedy given, and it will then remain unchanged as long as that remedy continues to act curatively. This, to my mind, is a substantial proof of Hahnemann's contention that the curative power of medicines depends upon their symptoms being similar to those of the disease but superior to it in strength. This also may be used to definitely determine the length of action of your remedy in the particular case.

Again, polarity may help to solve the potency question in certain instances. It is a well-known fact that at times a high potency of the well indicated remedy will not act curatively, while a very low potency of the same remedy, or even the crude drug, will give surprisingly good results. Why is this so? May it not be a matter of polarity? Recently, in the case of a lady of 70 years, the symptoms were convincingly *Cina*, in fact so much so, that I gave it in the 200th. potency, in spite of the fact that it was wrong as to polarity. There was no action observable following its administration. I then gave *Cina* 2x with prompt removal of all symptoms from my patient.

Personally, I have used Swan's, Burnett's and Kent's preparations of this remedy; also the *Avaire*. Several clinicians have attempted to show the sphere of action of these different tuberculins, but their generalizations have been vague for the most part. Used empirically, and we all do this at times, one may be as good a guess as another, but used homœopathically each should be prescribed on its own proven symptoms.

The literature on the *Tuberculinums* shows a vast amount of empirical prescribing, with some very remarkable cures, as instanced in Burnett's work on consumption, and also in that of Ghose of Calcutta on pneumonia. He reported nine cases cured

with *Tuberculinum* 200. He does not say what preparation was used, but as the East Indians procure most of their medicines from Boericke & Tafel I presume it was the *Tub. bov.* He gives the following characteristic symptoms for its use in pneumonia: "Oppression of the breathing and muco-purulent, viscid or rust colored expectoration. Difficulty in breathing, resulting from bronchial and pulmonary obstruction produced by a super-abundant secretion from the mucous membrane". All of which, to my mind, means nothing of value in selecting the remedy outside the pathology of the case. But his results are attractive. Nine cases of pneumonia cured, and most of them desperate. It is something to think about.

In 1905 Yingling stated: "In pneumonia the first remedy I think of is *Bacillinum*, unless there is plain indication for another. Most cases are convalescent in less than a week". Here is more empiricism, but excellent results. This leads me to ask: When does empiricism cease to be empiricism and become homœopathic indication?

I have never used the tuberculins in the active stage of pneumonia; I suppose because I haven't known their indications, but I have used them after the active stage with much gratification, particularly where there was a little tubercular flare up, just enough to show the soil upon which the pneumonia throve; and more particularly in those cases where the pneumonic process was early arrested, but leaving the patient with a dry, irritating cough with a little clear blood in the sputum, and sharp, sticking pains in the affected part; and in those cases that, several days after the lung fever had subsided, began to run a degree of fever for a few hours each day, with much exhaustion and irritability, deep seated headache, cough with little or no expectoration, and a desire to lie quietly on the back because of the undue sensitiveness of the affected side.

In tuberculosis, that is, active tuberculosis, my pronounced successes have mostly been in those cases with a definite lung cavity and a decided tendency to bright red hæmorrhage. Years ago a Florida cracker came to me with a history of frequent bleeding from the lungs, and with a cavity in the right lung that seemed big enough to hold a goose egg. He was long, lank, yel-

low, and full of malaria, quinine and Spanish auguidente. Those are all the symptoms that I remember, and I don't know why I gave him *Tuberculinum* CM (Swan). Perhaps it was a last hope impressed upon me by an all-wise Providence. But whatever the prompting, the remedy worked; that was the last of his hæmorrhage until shortly before his death years afterwards. During the two or three years following my first interview with him he received a few more doses of the *Tuberculinum* CM (Swan), although long before the three years were spent the cavity in his lung had healed and his cough was gone. But his T. B. was not cured. He died some ten years later of a rapid consumption following quickly after a neglected pneumonia. Nevertheless the *Tuberculinum* had done good work for him.

A lady of 65 had a profuse and long-lasting hæmorrhage from the lung. *Ipecac.* was given and controlled the bleeding. A history was then obtained of cough with white, frothy expectoration, occasionally tinged with blood, and dating back several years to an attack of flu. She was better by quiet and lying down. Chilliness yet craved the open air. Mild, quiet disposition. *Tuberculinum* CM (Swan), followed later by a higher potency, stopped all evidences of hæmorrhages and cough. She seems very well today, but I believe there is still a latent T. B. that may flare up again.

Some three years ago I was called to a Russian musician who was spitting up mouthfuls of frothy blood. He thought that he had strained himself while practicing some gymnastic stunts. He was given *Arn.* and then *Rhus* without any great benefit. I then obtained a history of other hæmorrhages, a slight hacking cough with little or no expectoration. Exertion causes sharp pains in left chest; worse on lying in any position except on the back; mentally much depressed but easily excited; chilly but wants the open air. *Bacillinum* 12x was given every 24 hours for three days, then every third day for two weeks. The result was excellent. He seems well and his cough has gone, nor has there been any further bleeding from his lung. I do not believe that he is cured, but he refuses further treatment.

Now I will detail a case that shows very poor judgment on my part, but it brings out some interesting facts.

A lady of forty, mother of four children, of medium height and build and having brown hair and blue eyes, consulted me some years previously for pain beneath the right breast which was overcome with *Phyt.* She now gave the following symptoms: Crushing, burning pain, as if the parts were in a vise, starting beneath right breast and going through to back. Pain always started at 1 a. m. and lasted until 4 a. m. Pain came gradually and left gradually. At the height of the seizure she was in great agony and walked the floor with her body bent forward, moaning with the pain. Sometimes when the pain was at its worst she was forced to run. At times external heat relieved somewhat and at others she wanted cold. She could not bear to be touched during the paroxysm and often was very snappy and uncivil. *Phyt.* relieved for one day only. Then *Kali bi., Kali carb., Cham., Cina* and *Ars.* were given, each as best seemed indicated. Each relieved once and once only, some for 24 hours, none for more than 48 hours. *Cham.* relieved almost at once, the others slowly much as morphine does. Higher and lower potencies were given, but without apparent results. The medicines were used both during and between the attacks, but the results were nil. *Ced.* and *Coloc.* were given without changing the general character of the case. Then gradually the pain began to move toward the heart, that is, its starting point moved toward the heart, a little nearer each day, until the seizures began at the heart region, but the general character of the pain remained the same, and the time element did not change. The heart itself seemed in no way affected by the paroxysms, but *Lach., Naja, Latrodectus mact.* and *Aran.* each gave the patient one gasp of relief and then died. What was wrong? Why did my remedies expire after one effort? Evidently the patient's acute symptoms were blinding me to something of greater import. I retook the case, and found besides the symptoms already enumerated, swollen glands under and about left clavicle; changing, shifting symptoms; marked periodicity; icy cold feet; scant menses with painful swelling of the breasts during the period; craves the open air though chilly; obstinate constipation for years; as soon as she gets over one illness another takes its place. After careful study I gave her *Tub. bov.* 200, about one dose a week, and later the 10M of the same rem-

edy, which not only mitigated the paroxysms of pain, but bettered the general health of the patient. Likewise, before the paroxysms had entirely ceased the location of the pain had reversed itself, traveling back to its original location beneath the right breast.

Twice, in different patients, I have noticed the following symptom after one dose of *Tuberculinum* CM (Swan): Cold, clammy sweat at night during sleep.

Recently a lady wrote me from a distance, giving these symptoms: Thinks she has malaria in her system; deadly sleepy most of the time, and so very tired; bowels loose for three weeks; every other day chilliness and the next day fever; profuse sweat of head and neck, (chronic symptom). *Tub.* CM (Swan).

Two weeks later she came to my office, saying that two days after the medicine the symptoms were all relieved, and soon entirely gone. But she had developed a slight hacking cough in the morning each day for about ten minutes. The cough makes her head feel as if it would fly in pieces; must hold head with hands for relief. These symptoms came every day after the *Tub.* was given. Were these symptoms of the remedy? I believe they were.

I shall now give a few symptoms that have seemed to me characteristic, but whether they belong to all of the preparations or not I cannot vouch. Lack of reaction after acute diseases, especially those of the chest. Feeble vitality, the well-selected remedy does not hold; it relieves for a short time and then fails. Rapid emaciation, with few or no other symptoms. Tendency to take cold: one cold after another. Changing, shifting ailments; as soon as he gets over one trouble another appears; always developing something new. Marked periodicity of the symptoms. Suffocating in a warm room; craves the open air though chilly: wants to be out with the wind blowing upon him; it seems as if he could not get enough fresh air.

In the mental sphere there is timidity, as expressed by the fear of dogs. This I have several times verified. Obstinancy, irritability, despondency, hopelessness; she knows that she can't be cured, and there is no use to take any further medicine.

Deep-seated headaches, periodical headaches, headaches

with a sensation of a band about the head. Sick headaches that come at definite intervals.

General relaxation. Sensation as if the stomach had no support; as if the genitals had no support. Strawberry tongue.

Diarrhœa, profuse, watery, offensive, with abdominal pain which is relieved at stool. Rapid emaciation with offensive diarrhœa.

Hard, dry, shaking cough; cough with expectoration of yellow or greenish-yellow sputum; great rattling in the chest with inability to raise and expectorate; no expulsive force to the cough; cough worse lying in any position except the back. Hæmorrhage from lung cavities.

Chilliness across the back beneath the scapulæ. Attacks begins with a shuddering like a chill. Feet icy cold.

Complaints that come on as a result of damp or wet. Complaints that make us think of *Rhus* in every respect except that they are made worse from heat; he is driven out of bed to walk the floor; he can't remain quiet. Complaints that have symptoms that are always changing from place to place like *Puls.*

It is said that only tubercular people are susceptible to rhus poisoning, and that *Tuberculinum* will remove that susceptibility. This is worth keeping in mind. We all know that *Rhus tox.* or *Rhus rad.* acts favorably in a large number of the ivy poisonings that we see. But why not in all? The tubercular taint may be the answer. My own thought has been that the rhus disease was so changed or altered by an already existing and more powerful miasm or miasms that the potency of *Rhus* was no longer similar.

Avaire, made from the tuberculous tissue of the chicken, has developed no symptoms known to me that differ widely from those of the other tuberculins, save the following: asthma with an intolerance of chicken or eggs. Even the odor of a chicken being cooked would bring on an attack.

Another remedy, that in the future may be found to be closely allied to the tuberculins, is the Indian cockroach or *Blatta orientalis.* It has been used considerably in asthma and in tuberculosis. The lower class East Indians are noted for their filth, tuberculosis and gonorrhœa; and the cockroach is a noted scavenger. They will attack filth of any kind, and human discharges

are no exception. They will even peel the skin off the toes at night if those members are left uncovered. What is more likely than that they should be carriers of tuberculosis as well as of other things. This remedy should be proved. We can do very little with a remedy without provings. It should be an axiom of all homœopaths to prove remedies as well as other things, for then only can we see them from the inside.

PHILADELPHIA, PA.

DISEASE.

Disease, in the human, is, in reality, a tree in embryo, and foreshadowed in the human economy as the oak is foreshadowed in the acorn.

This embryonic disease tree remains inactive until, at some point, a limb becomes irritated and shoots out, creating a predisposition to some form of malady. Whenever this predispositional limb is effectually destroyed it can never create any more disturbance. But, if it is only pushed back, either by suppression or by diverting it into other channels, it is bound to come back, and the longer it exists under this condition, or in this active state, the graver its return to action will be.

We can *never* entirely rid the human body of *all* its disease tree any more than we can rid the ground of *all* its growths. The body, like the ground, is ever changing, and, with these changes come changes of exposure of the limbs of the disease tree, just as new growths arise from the ground at different seasons, and from turning over the soil.

This disease tree is implanted by transmission only, and embodies *all* our predispositions, thus *all* diseases arise from within and *not* from without, and only the irritating factor is the so-called cause of what we understand as contagion. Disease is only transmissible through inheritance and *not* through contact as erroneously taught. Contact only lights up the already existing predisposition, the *real*, latent disease.—A. PULFORD.

VERIFICATION OF CLINICAL SYMPTOMS*

T. G. SLOAN, M. D.

CASE 1. *Viola odorata* CM. Pain in ulnar side of right wrist. Feels as if a carpal bone was out of place. Has been troublesome for several weeks. *Viola odorata* CM cured in twenty-four hours.

CASE 2. *Rhus venenata* 1M. A fine white rash under the skin on the back of both hands for several weeks after being out in the woods. *Rhus venenata* 1M cured in a few days.

CASE 3. *China* 200. Gastric distention after supper; eructations, insufficient and incomplete. Has been taking sodium bicarbonate which lately did not relieve.

CASE 4. *Veratrum album* 200. A man of 89 suddenly went into collapse. Pale, cyanotic lips, cold sweat, hands and feet icy cold, pulse barely perceptible. Systolic blood-pressure was 80 (had been 170). Reacted nicely under *Veratrum album* 200.

CASE 5. *Nitric acid* 200. Warts on knuckles and sides of fingers, sore, itch, drawing pain.

CASE 6. *Psorinum* 200 and 9M. Eczema of fingers and wrists. Beginning and more marked as vesicles between the fingers. They rupture and become scaly. Worse from warmth, washing, and at night. The patient is a district nurse and the eczema has lasted over a year. She has used many local applications and has taken five x-ray treatments.

CASE 7. *Podophyllum*. Intestinal grippe with large gushing stools, painless.

CASE 8. *Colocynth*. Intestinal grippe, having frequent stools, with much griping with the stools and between times, often accompanied with vomiting.

SOUTH MANCHESTER, CONN.

DISCUSSION.

DR. WOODBURY: I would like to cite one case in verification of what Dr. Sloan said about eczema. We had a young woman physician in the Homœopathic Hospital who had very troublesome eczema. She tried for over a year to cure it. Among other things, she had tried x-ray, violet ray, different ointments, washes and homœopathic remedies. None of them had helped her. Her next service was in the operating room. She knew she wouldn't be able to keep rubber gloves on. She asked me to prescribe for her one day. I do not know whether she had had *Sulphur* or not, but I gave her one dose, 1M, and the whole thing cleared up. There was a slight return in about a month, but it cleared up again, and that is the last I have ever heard of it. It was completely cured.

*Read before the I. H. A., Bureau of Materia Medica, June 1929.

BRONCHO-PNEUMONIA*

PLUMB BROWN, M. D.

You are all familiar with broncho-pneumonia and I do not intend to burden your time or patience with any review of the etiology, onset or course of the disease. Neither do I intend to discuss the presence, or the value if present, of the pneumococcic or streptococcic germs. Psychology, diathermy, electro-therapy, mechanico-therapy and solar therapy all have their sphere of usefulness, but not for me today.

Many and possibly all of you can report one hundred per cent of cures. I hope that you have never lost a case of pneumonia. I have not been thus fortunate and have come to you for help.

In section eight of the *Organon* we are told, "It is not conceivable that, after removal of all the symptoms there could remain anything else besides health". I firmly believe that homœopathy cures more cases of broncho-pneumonia than any other form of treatment. We know that trees sing their death knell. Is the same possibly true of human beings? It is claimed that eighty per cent of the ills of humanity will get well without any form of medical aid, that eight per cent will die despite any form of treatment, and that the remaining twelve per cent are placed in our hands.

I am keenly interested in those, for whom I am held responsible. Was the Preacher in *Holy Writ* right when he proclaimed, "There is a time for everything, a time for birth and a time for death"?

Why is it that the symptoms in one case will indicate severe gravity, still the patient makes a good recovery, while another case with symptoms indicating a mild deviation from normal will be suddenly translated.

Is my sight dimmed? Do I not read my case aright or have I not sufficient knowledge of disease indications? As illustrative of my perplexity of mind I wish to report, from my personal records, six cases, in three couplets.

CASE 1 A. Mrs. H., seventy-six years of age, with a good family history. For years she has been battling with chronic interstitial nephritis and a mitral lesion. During the night of November second, she was taken suddenly with a chill, marked dyspnœa, and a large accumulation of mucus in her throat. When I reached the house her temperature was 102.4 degrees, pulse 100, and respiration 32. There were moist bronchial rales over both lungs, anteriorly and posteriorly; much rattling of mucus and some cyanosis. Considering her age, history and the severity of the onset, I gave a guarded prognosis, and prescribed *Ant. tart.*, water freely, and a warm flannel jacket. The next day my patient was more comfortable. *Placebo* was given.

The case ran a normal course for four days when the heart began to show signs of asthenia. For about a week she required a daily dose of *Lachesis*, indicated by its characteristic cyanosis, apprehension and profound prostration. The fourteenth day I was hastily summoned to her bed-side with a report from the nurse that the patient had a very severe sore throat and could scarcely breathe. I found the tonsils and pharynx covered with a thick gray membrane, temperature 103.4 degrees, pulse 120, respiration 36. The elimination was very scanty.

Once more *Lachesis* was given. The throat condition cleared very promptly. The lungs resolved slowly but normally. The cough responded well to the administration of *Kali mur.* The action of the kidneys also improved under this remedy.

Mrs. H. was born in England, and her case followed quite closely and paralleled very generally that of King George. Following and comparing the daily reports afforded her much interest. She made a perfect recovery notwithstanding the gravity of the case with its serious complications.

CASE 1 B. Mrs. R., a woman in the late sixties, was also afflicted with chronic interstitial nephritis in an apparently mild form. Some thirty years ago she suffered for several years from an exophthalmus which was followed for years by periodical attacks of bronchial asthma. Other than that her past history and family history was negative. March 12 she was taken with a most severe attack of asthma, marked dyspnœa, severe paroxysms of coughing, inability to lie down, loss of appetite, constipation and profound prostration.

*Read before the I. H. A., Bureau of Clinical Medicine, June 1929.

Aralia racemosa gave some immediate relief and in a few days she was quite normal, but weak. Unexpected guests arrived and she assumed her position as a most charming hostess.

The kidney elimination was scanty. March 27 she was taken in the night with a sudden and very severe attack of intestinal colic with many profuse and watery dejections. *Ars. alb.* was given. March 28 some moist crepitant rales appeared all over the right chest. The temperature was 101.4 degrees, pulse 88 and respiration 20. *Ferrum phos.* was given with relief of symptoms. The temperature for the next two days never went above 101 degrees. The third day it was 99 degrees, pulse 84, respiration 20.

Everything seemed favorable, expectoration was free, the patient said she felt better, the lung was apparently clearing most satisfactorily. About noon March 31 she showed sudden signs of collapse, cold clammy perspiration, dyspnœa and restlessness. *Ver. alb.* was given with apparent relief of all symptoms. The patient had an apparently normal peaceful sleep and said she felt better, but in the twinkling of an eye she was translated.

CASE 2 B. April 2 I was called to see Mr. P., age forty-seven, a hard working business man. Mrs. P. said they had been married twenty-four years and this was his first sickness in bed. He complained of a headache on the right side, worse on motion, some pain through the right chest, > by lying on the right side. The temperature was 102 degrees, pulse 88, respiration 24. He was very thirsty, with dry mouth and lips, cough very slight. *Bryonia* was given. The following day the patient reported feeling better. The temperature was 101 degrees, pulse 80, respiration 20. Less pain in side, lips very dry, cough very slight but loose. No change in prescription. On the fourth day the temperature was 98.4 degrees, pulse 74, respiration 20. Every condition seemed favorable and I left with an easy mind.

The following, or fifth, morning I was called early with report of a restless night. He had told his wife he felt better. When I reached his bedside I found him in collapse, cold clammy perspiration, finger tips cyanosed, breathing labored.

I gave one dose of *Ver. alb.* and remained by his side for a time. He seemed slightly better and I stepped into an adjoining room to speak to the family. I returned in less than five minutes' time to find him cyanosed all over and just breathing his last.

CASE 2 B. February 10 I was called to see Mr. A., forty-nine years old, who had been sick for two weeks with a severe attack of influenza. He had been gradually improving, sitting up some each day. The morning of February 10, the report came, "Mr. A. has had a bad spell. Please come at once". On reaching the house I found the right lung engorged over its entire area, pulse 106, thready, temperature 103 degrees, respiration 26, stitching pain in the side, relieved by lying on painful side, bowels very sluggish, head feels pressed and < by least motion. The kidneys were very sluggish. *Bryonia* was given. February 11 the condition was about the same. On February 13 there was severe pain in right lower quadrant. The patient seemed very sick; the eyes were heavy, the features pinched. *Sulphur* was given. February 14 the lung seemed to be resolving, temperature 101 degrees, pulse 92 and of better quality. February 17 the cough was most troublesome, loose with free expectoration, heart action slightly better. *Kali mur.* was given.

From this time on the patient progressed favorably, but slowly. About one week later an active phlebitis set in involving the right leg. This responded slowly to *Pulsatilla*.

At the present time Mr. A. is working hard and enjoying good health, save for some remains of the phlebitis which is gradually improving.

CASE 3 A. Little Mary, three years old, was sent into the hospital December 15, with a provisional diagnosis of pneumonia. Not much could be learned of her family history. She was fairly well nourished, of average size, very restless, temperature 103 degrees, pulse 120, respiration 28, the entire right side of thorax congested, left side clear, very thirsty.

Aconite was given, water freely, milk and malted milk every three hours. A cotton jacket was applied to chest. The next day the temperature was 101 degrees, pulse 104, respiration 20. The child was much quieter and seemed to be progressing favorably in every way. The same orders were continued. The second day's report was, "Mary rested well, coughed less and seems better today". The bowels were acting normally, temperature 99 de-

grees, pulse 100, respiration 20. *Placebo* was given and the same orders continued.

At 3 p. m. the nurse telephoned that Mary had just died without any apparent warning.

CASE 3 B. Donald two and a half years old, was sent into the hospital April 20, with a provisional diagnosis of pneumonia. The percussion note was dull over both lungs. There were a few moist rales, temperature 104 degrees, pulse 130, respiration 30. The little lad seemed limp, very pale and apparently a very sick boy. *Ferrum phos.* was given. There was marked improvement each subsequent day. No other medicine was given. The lungs cleared perfectly and he was discharged cured May 3rd.

I place these cases in your hands and crave free discussion. Tell me my faults. In the words of Dr. Kraft "hew to the line, let the chips fall where they may".

SPRINGFIELD, MASS.

DISCUSSION.

DR. HUTCHINSON: This paper of Dr. Brown's reminds me of the remark of a wise man years ago. He said, "There is no use talking, John, we can't expect people to live forever; when their time comes, they are going to die, whatever you do for them". I think sometimes we have an illustration of this fact. I recall a case of my own a few years ago, that of an able actor whose art was matured in the Benson School in England. He had a very hard time placing himself, I mean reaching the apex of what he had hoped for. He had had two years of great stress and had decidedly overworked. He developed a fearful case of lobar pneumonia from which he seemed to be recovered. I went to his room during a convalescence, when the fever had quite subsided. The lungs had apparently cleared, and the toxemia no longer existed, but the room was drenched with a terrible odor. I thought the man must be dead, but as I approached the bed he seemed very much as usual. I said to the nurse, "What is this terrible stench"?

She said, "I have noticed it, too, but I have been here all night and I don't suppose I smell it as you do. I have the room ventilated, as you see".

As I took notice of the patient, he didn't seem at all different. He was very weak and languid, but he appeared about as usual. I didn't know what to do. That was the only thing to prescribe on. I thought it over for a while and decided that he needed a powder of *Psorinum,* which I gave him. The terrible odor disappeared. He did get well, after a long period of debility. I sent him to a private sanatorium in the hills where he was well taken care of. He returned in good health and has been entirely vigorous ever since.

I fancy from what Dr. Brown tells me that he gets a great many cases *in extremis* that he has never seen before. They have never had any antipsoric or any of the great polychrests. To my mind, the reception of such a case is a very serious matter and I think that we have to reckon with this when we get some of our fatalities.

DR. WOODBURY: I suppose it was a rather encouraging parallelism this year that many patients over the country were consoled more or less by the fact that they had symptoms similar to those of King George.

I would like to say something about *Phosphorus* in pneumonia because I had a rather striking experience with it this winter. A patient came down ill very suddenly with a clearly defined pneumonia. I gave her *Phosphorus,* which seemed to cover the case. She had had a serious cold before. It was a typical right-sided lobar pneumonia. The other side was perfectly clear. I went along with *Phosphorus* for about three days on the 1M. I didn't repeat it. Suddenly one morning the nurse called me and said, "your patient is apparently going to pieces". She had been on fruit juices. I said, "give her some hot malted milk, she may brace up a bit after that". I reached her in about an hour. The only thing I could see was *Ferrum phos.* I had only one potency, the 30th. I gave it to her in water every hour, I think, through the day, and by night there was a very marked change. She went right on through that pneumonia and the lung entirely cleared. I have never seen a more rapid clearing.

Then she developed an extremely dry tongue. She could not moisten her tongue with any of the harmless simple things suggested. She finally used some cocoa butter on the lips and moistened the tongue with it to some extent, but the case didn't clear up and I wondered why. She had had a nephritic condition with an old arthritis, was partially bedridden, and was 75 years old. I had never found anything in the urine, with the exception of the chronic nephritis. She had a heart murmur and there was a great deal of swelling of the extremities. I did another urinalysis, and to my astonishment, I found she had about 3-10 of 1 per cent of sugar. Glycosuria following pneumonia, as I looked it up, is an extremely rare condition. It is said to be one of the complicating sequellæ of pneumonia. This woman went on until she had as high as 2.6 per cent of sugar. I finally consulted Dr. Charles Eaton and he put her on a diabetic diet, recognizing that it was not diabetes but temporary glycosuria. She fretted and fumed under the diet a good deal, but she is gradually overcoming the sugar in the urine. The last urinalysis showed the slightest trace.

For remedies she has had *Arsenicum* and two doses of *Uranium nitricum.* Finally as the cystitis persisted, even though the sugar was practically clear, I gave her some *Mercurius corrosivus.* This is one of the most interesting experiences I have ever had in pneumonia. I feel there are a great many cases of pneumonia that the best of homœopathic prescribing does not seem to cure. One always regrets losing a case of pneumonia. In my early practice, in taking over the practice of older men, I ran into many of those cases of terminal pneumonia. I got to the point where I dreaded pneumonia worse than the plague. Finally, one day I had a case that responded magnificently to the 3x of *Phosphorus.* I was using the lower potencies at this time. At last, I said, "I think I have found the road". Since that time I have had very few deaths in pneumonia, but I have had occasional ones. They have generally been in people with bad hearts, or in the very aged. No young cases or typical cases have died.

I think Dr. Brown's cases run just about the usual course of pneumonia as I have seen them, especially this winter. I think that his *Bryonia* case was probably a lobar pneumonia, although I wouldn't doubt the statements of a man of Dr. Brown's experience.

DR. HAYES: It is impossible, of course, to say whether anything could save such cases as Dr. Brown reported. I can offer one suggestion for consideration, at least. When acute cases like these pneumonias take such a tricky turn, I always suspect the syphilitic miasm, and just as soon as the emergency remedy has acted, I search for the more obscure characteristic of the case. They don't stick out very much but are quite characteristic. You usual-

ly find them in some syphilitic group, sometimes in the sycotic. You may find a remedy there that will clear the whole thing up.

DR. HEIMBACH: I want to report a case of broncho-pneumonia and pleurisy with effusion that I saw as consultant. The child was about nine years of age. He had been tapped by the surgeon, but he didn't seem to improve. From this time on I came in. I was sent a blood specimen, made an electronic analysis, and found that the child had syphilis with the pleurisy and pneumonic condition. I selected the remedy according to polarity and it was *Merc. cyan.* 3x. He improved sufficiently so that they could bring him a hundred miles to see me. I discovered he had quite an effusion, but the symptoms were beginning to be quite dormant and the child was able to travel around pretty well in spite of a chest full of fluid. The heart was placed away over on the right side. I told him they had better go home and have the surgeon withdraw some of that fluid to hasten recovery, but to keep on with my remedy. They went home and called in the surgeon. He withdrew the greater portion of it and said an operation would be necessary later on. He did operate and told the people that the child would probably be laid up for six weeks at least. He didn't know that the patient was receiving a remedy. The child was home in less than two weeks' time, getting along very nicely on the *Merc. cyan.* He made a complete recovery.

DR. OLDS: During the last winter I have had three cases of pneumonia in which only two remedies were given, first *Aconite* and then *Ferrum phos.* They responded wonderfully. Of course they were seen right in the very beginning, and it was only a matter of a few days before the temperature was normal. All of them had rust colored sputum. There was no doubt whatever about their being pneumonias.

It seems to me that our fatalities in pneumonia probably depend, to some extent at least, upon the vitality of the patient, and upon the chronic miasms that they have. I have been particularly fortunate with pneumonias. I have only lost two patients in thirty years. This case that I lost last winter started as intestinal flu. *Arsenic* seemed to cover the case very well. The diarrhœa subsided, but the man—he was a man of about 45—insisted on going to the bath room. It was very cold weather and the home was not very well heated. Of course the consequence was a pneumonia. He had suffered much from asthma, probably of sycotic origin. When the pneumonia came on, I knew that he was a goner. However, I called Dr. Thacher of Philadelphia in consultation, and we decided that the remedy was *Bryonia.* It was given, but he went down rapidly.

Just previously his twenty-one-year old son had had two attacks of flu. He came through with them very nicely, that is, he had an attack and came through all right and then he caught a little cold and went back to bed. Apparently he had recovered and went out to Ohio to attend college. On the way, he took a bus, caught cold and came down with pneumonia. He was dead in three days.

At the same time—it was the first of January—a daughter in this household came down with pneumonia. She immediately went into a state of unconsciousness; in fact, she was one of these King George cases, and for three weeks she was absolutely unconscious. She was given *Opium* at one time, *Hyoscyamus* at another, and finally *Lycopodium,* which carried her through. After the temperature had become normal and she had become conscious, there developed an abscess of the spine at the waist line and another larger one at the lower angle of the left scapula. It was a left-sided pneumonia. Those were deep abscesses. They were both empty. The pus was examined and found to contain practically no other germs except the pneumococcus. At that time she was practically nothing but skin and bones. No one thought that she would live, but today she is rosy cheeked, happy, and apparently as healthy as any child could be.

DR. BOGER: I think I can put my finger on one weak spot in Dr. Brown's

program, which is that we haven't time enough to look up all the points in the case. That is the difficulty with most of us. We go from patient to patient and these fine points necessarily escape our attention. However, there are a few things to be considered.

Pneumonia is an eliminative crisis like every acute disease, and in order to promote recovery in acute diseases, it is necessary to eliminate the poisons which these acute diseases carry with them, as rapidly as possible. In order to do this, there is nothing that is more effectual than just plain water and nothing to eat. The doctors who are eternally feeding their pneumonias and typhoid cases and other acute diseases all have high death rates. When you do start to give something to eat, give a fruit juice, then water, or something of that kind. This is entirely apart from the treatment, but it is just as valuable as the homœopathic remedy and helps just as much.

There is one thing about pneumonia that you don't always think of. Pneumonia has a natural crisis on the fourth to fifth day. That is the time your case slips away from you if you don't watch it. When you have a pneumonia case, watch that fourth to fifth day crisis. Keep looking for something to happen.

The most dangerous form of pneumonia I have found in my practice is the one which comes on with an intense congestion, both lungs produce hæmorrhage, and death may be within twelve or fifteen hours. When *Aconite* doesn't help those cases, I am afraid you are up against it.

The protective claim of *Veratum viride* is not false. It has a good, solid basis. Many a case of fulgurating pneumonia, coming on with collapse, may be checked with *Veratum viride* and you don't have to give it in a low potency, either. You can give it in the MM potency and get results. But don't repeat it.

DR. MACFARLAN: An old doctor by the name of Gibson made the statement that when the systolic blood-pressure falls below the pulse rate, the patient is going to die. That is not so, if you treat it right. I was interested in what Dr. Boger said about *Veratum viride.* It is a wonderful drug for pneumonia. I believe in repeating more than he does, however. For instance, in order to make a man sick, as sick as a pneumonia case, and make a proving, you have got to repeat it. If I saw a case which looked as if it was dying, with a very, very low systolic blood-pressure and a feeble, slow pulse I wouldn't give one dose of CM and wait for the result; I would give a dose every fifteen minutes for about six doses and then watch. By doing this you would certainly save some cases that you would lose the way Dr. Boger uses it. That is the way I would do it.

CHAIRMAN MCLAREN: We have digressed from the subject of broncho-pneumonia to one covering every stage and phase of pneumonia. We will ask Dr. Brown to close the discussion.

DR. BROWN: When I was under the teaching of H. C. Allen and Dr. Hall I learned that you can't sit on a stool with one leg. If it has two legs it is a little better, but not as good as if it has three.

Dr. Boger speaks of *Veratrum viride.* I could not detect it in these cases.

If I ever have pneumonia, I hope I will not be taken to a hospital. I have the greatest dread of pneumonia in a hospital. With all their so-called modern aseptic precautions, you get more cross infections and multiplicity of complications in the hospital than you do in the home in my experience. Perhaps I am wrong.

SECRETARY ROBERTS: Mr. Chairman, I very much wish that Dr. Pulford could have stayed for this talk on broncho-pneumonia. I have his little monograph on *Broncho-pneumonia* here. It is a gem, and every homœopathic physician should have one. Out of 242 cases reported in this book, he has a mortality of 1.25 per cent. You can't beat it. (Applause)

WHAT, THE POTENCY QUESTION AGAIN!

DANIEL E. S. COLEMAN, M. D., F. A. C. P.

In the article on *The Potency Question* in the September *Recorder* I am credited with the statement that "potency plays no part in the selection of the remedy". *That is just exactly what I said, and it is just exactly what I mean.* I will repeat it. POTENCY PLAYS NO PART IN THE SELECTION OF THE REMEDY. I did not say that the choice of the proper dose had no bearing on the therapeutic results. I said the *selection* of the *remedy*. It seems that Dr. Pulford proves the case against himself by the report of his *Pulsatilla* patient. The choice of the wrong potency had nothing to do with the selection of the remedy. The remedy was correct, regardless of potency. After four weeks he gave the right potency, but the remedy was the same. Evidently the *selection of the remedy* had nothing to do with the *potency*.

Dr. Pulford writes: "And again, if potency 'cuts no figure', why do Dr. Royal and Dr. Coleman prescribe high, medium and low potencies"? I can answer only for myself, but I am sure that Dr. Royal has the same conception. It is my personal belief that certain remedies act better in low potencies, others in medium potencies, and still others in high potencies. Again, individuals vary in their susceptibility. Lastly, the choice of a potency is influenced by the character of the disease. For example, skin diseases usually respond better to the lower potencies; intermittent fever to the higher. (Personal opinion.)

Dr. Pulford asks "Why potentize drugs at all if potency plays no part. Why not give the crude drug"?

I have tried to make it clear that potentization plays an important part in the results obtained by certain remedies under the proper conditions of individual diseased states and personal susceptibility. The mass is broken up by succussion and attenuation and the molecules are more active and more easily absorbed. This, however, is not always true, and potentization sometimes simply weakens therapeutic efficiency. Take, for example, auricular fibrillation and auricular flutter. He who attempts to prescribe high potencies for these conditions is only inviting disaster.

Digitalis is the most valuable remedy here. It must be given in the tincture, or its equivalent, if we are to accomplish results. *Digitalis is homœopathic to auricular fibrillation and auricular flutter.* Some try to explain the benefit because of the retardation of the impulse passing through the bundle of His. The slowing heart action gives the muscle a chance to rest. But the fact remains that *Digitalis* will produce auricular fibrillation and auricular flutter in a healthy heart. It is, therefore, homœopathic. *But remember, no small dose will produce results.*

In Dr. Pulford's *Pulsatilla* case I personally conclude that he desires to convey the idea that the high potency will always, or at least usually, work when the lower has failed. He gives no examples of where the lower potency or even the crude drug will bring about results not obtained by attenuation. Our dear old friend, Dr. Eugene Nash, a prescriber *par excellence*, who usually prescribed high potencies, told me of a case where *Asafœtida* was clearly indicated. He tried it high and medium with no benefit. It was not until he gave four grains of the crude drug that he obtained the desired results. It is also my experience that we must sometimes lower our potencies as well as raise them. In Hughes' *Pharmacodynamics* appears the following under *Moschus*: "I use the second and third decimal dilutions of the tincture. I believe that the odor of this medicine is of importance to its action, and pilules and globules of it are useless". I feel that Dr. Royal and I have something more than a "personal whim" on which to base our practice of prescribing, high, medium and low potencies. It is my opinion—understand, my opinion—that he who does not employ the same method in his prescribing will fail to obtain all the therapeutic benefits of which homœopathy is capable.

I have run up my remedies to the 30th. potency personally, using thirty vials for each, and utilizing two hundred hard strokes for each potency. My 200ths. are from Boericke and Tafel and Dunham. My 500ths. and 1000ths. are from Boericke and Tafel. My fluxion potencies, so-called, are put away and never used, as I believe they are not what they are supposed to represent. Dr. Burdick (*Hahn. Monthly*, Nov. 1877) found by microscopical examination and mathematical calculation that Swan's MM potency did not exceed Hahnemann's sixth. I understand that Jeni-

chen did not always change the menstruum between each potency but counted so many shakes for the next higher. I feel that these machine-made potencies are very imperfect mechanically and mathematically. They certainly depart from Hahnemann's instructions as to the preparation of medicines. One question I would like to ask Dr. Pulford. Was his 1M of *Pulsatilla* a hand-made or a fluxion potency?

When one looks out into the vastness of the universe and attempts to comprehend time and space, one is overwhelmed by one's personal smallness. We know that the sun is losing weight at the rate of over four million tons a second. As the sun is 1,300,000 times larger than the earth neither Dr. Pulford nor myself need be alarmed that it will cool off before we get this potency question settled. We have some millions of years yet. I do not think it will be settled by then, however.

When we turn from astronomy to physics and chemistry our minds are equally astounded by the minuteness of the molecule, the atom and the electron. It is calculated that an atom of hydrogen (the smallest known) is not over 1-1,000,000,000 of an inch in diameter. A drop of water contains 2,000,000,000,000,000,000,000 molecules. An atom of hydrogen consists of one positive electron, or proton, and one negative electron. The number of protons and electrons in the atom of different elements depends upon the atomic weight. For example, O contains 16 protons and 16 electrons, C 12 protons and 12 electrons, and Hg 200 protons and 200 electrons.

It is my conception that in the potentization of a remedy we must retain the same chemical structure in the ultimate subdivision. *Pulsatilla* must remain *Pulsatilla, Arsenicum* must remain *Arsenicum*. In other words the molecule must be preserved.

We do not know just how many molecules there are in the drops of our tinctures. There must be a certain definite number, however. No concrete mass can contain an *unlimited* supply of its constituent parts. It takes about 1,500 years for an atom of radium to disintegrate, but the time does arrive when it exists no more as such. In the potentization of remedies there is a place in the dilution where the final molecule disappears. At what potency does this occur? Dr. Pulford does not know, I do not

know, nobody knows. From our scientific knowledge of the construction of matter, it must be in far less dilution than any potency such as the CM's, DM's or MM's, if such really exist.

I do not think that our minds fully grasp the sub-division that the MM potency represents. We are accustomed to thinking in simple figures, easy to read and easy to comprehend. It does not sound extraordinary to say, "I gave the patient one dose of the MM and he was cured in a month". If we try to tell someone who might become interested in homœopathy just what we actually did give, I am afraid that we would have few converts to our school. The MM potency is one divided by two million units. When we consider that the size of the H atom is one divided by only ten units and that the number of atoms in the solar system is only 6 followed by 55 ciphers we must realize how utterly it is beyond the power of any human mind to understand such a dilution. If we attempted to write such a fraction it would take a sheet of paper between three and four miles wide. The brain, in its finite impotence, rebels. It is not for human measurement. Why not stick to the hand-made potencies as directed by Hahnemann?

How is this question of potency to be settled? "Ah, that is the rub"! I suppose Dr. Pulford, and those who believe with him, think that it is already settled. There must be medicine in the CM's and MM's because of the results which they attain. But, unfortunately, we must convince the world by proof. If it were possible to have a large staff of skillful high potency and low potency prescribers devote sufficient time to conduct comparative experimental studies upon similar cases in a large, well conducted hospital, some definite conclusion might be reached. In other words, the performances must be in public. It would have been of little value for De Reszke to tell how well he could sing or for Rachmaninoff to tell how well he can play. They must appear in the open where their ability can be critically estimated. Few doctors can afford the time necessary for such work, if it is to be properly done. In the meantime, let each individual believe in any potency that he thinks right, but remember that the *actual potency has nothing to do with the homœopathic law*. The dose that will cure without aggravation, is all that is required.

Let us discuss another statement. Dr. Pulford says: "How much have those who believe that the potency 'cuts no figure' in the selection of the remedy contributed to the sum total of accurate homœopathic knowledge"? No one can deny that the high potentists have made wonderful contributions to our school. Dr. Constantine Hering gave to us *Guiding Symptoms, Condensed Materia Medica* and other works; Dr. Lippe wrote an excellent *Materia Medica,* and Dr. Boenninghausen the *Therapeutic Pocket Book*. Some years ago a number of high potency men, Dr. Milton Powel was one of them, met with Dr. Kent to write a repertory. Each was to contribute a section. After considerable work was done all the writers, excepting Dr. Kent, withdrew. Dr. Kent finished the work. He also wrote a very good *Materia Medica*. In 1898 Dr. Nash published his fine work, *Leaders in Homœopathic Therapeutics*. He wrote a number of other works of merit. Dr. Nash was not an exclusive high potentist, however. I could mention more contributions of high potency homœopaths. We all know them.

What have the low potentists contributed? *Nothing* according to Dr. Pulford, *much* according to me. Dr. Timothy Field Allen gave us his gigantic works the *Encyclopedia of Pure Materia Medica* and the *Hand Book*; Dr. Richard Hughes' *Pharmacodynamics* and the *Principles of the Practice of Homœopathy*; Drs. Jousset, Goodno and Bartlett fine works on practice and therapeutics; Dr. Wilson and Dr. O'Connor, who prescribed both high and low, wrote excellent books on nervous diseases. The late Dr. Henry M. Dearborn, whose knowledge of skin diseases was second to none in any school, presented the homœopathic profession with a grand work on skin diseases, including materia medica. The *Dictionary of Materia Medica* by John H. Clarke is a credit to our school, and Dr. George Royal, himself, has written several excellent books. The provings of *Ichthyolum* and *Radium bromide* made by Dr. W. H. Dieffenbach, a member of our society, certainly do not add strength to Dr. Pulford's assertion. I could add the names of other authors and investigators, but enough is sufficient.

It may be claimed that the names I have mentioned are not

those of true homœopaths. This I deny. Some may not be our idea of strict homœopathic prescribers, but others are just as strict and just as skillful as any high potentist who ever placed a CM or an MM on a patient's tongue. In my opinion they are more so, because they follow Hahnemann's directions relative to the potentization of remedies.

After all is said and done, I suppose "we'll all be of the same opinion still". Intolerance is the darkest shadow on a human soul. Let us all try to keep ourselves free from such. I leave with you the saying of the great Voltaire: "I ABSOLUTELY DISAGREE WITH WHAT YOU SAY, BUT WILL DEFEND TO THE DEATH YOUR RIGHT TO SAY IT".

NEW YORK, N. Y.

It might prevent disappointment, however, if experimenters would bear in mind that the high potencies will not succeed unless the remedy has been selected, not upon the basis of a pathological theory, but on a similarity of its symptoms with the totality of the patient's symptoms, and that, in collecting the patient's symptoms, the first rank must be accorded to those symptoms which are peculiar to the individual, and which are, therefore, characteristic of the case.—CARROLL DUNHAM, M. D., 1864.

The question of attenuation to be employed is one which belongs to the private judgment of each practitioner; and as long as human knowledge and capacity are limited, and human judgment fallible, just so long will men honestly differ in this matter.

The principle of homœopathy consists in an adherence to the central law, *similia similibus curentur,* and not in an exclusive and bigoted devotion to any particular potency or dose. The horizon of each varies according to the altitude of his standpoint! A man should not be censured because his best telescope has an inferior range.—A. R. MORGAN, M. D., 1864.

*STANNUM**

JOHN HUTCHINSON, M. D.

It is rarely that the homœopathist looks upon the success of the curative remedy as other than commonplace. After years of employment, its most admirable effect is accepted as any other foregone conclusion, so that constant repetition of the experience is displaced in memory by new ones. As each successful result is secured, a result warranted by the case properly taken and the remedy properly selected, then that desired objective having been achieved, all is as it should be, and the mind of the prescriber frees itself to face unexpected and fresh problems. For, unlike the frequent comment of the laity, one case is not just like another. Each is a problem new in itself. The more chronic its character, the more obscure its causes. There are great difficulties to be overcome in respect to a therapeutic understanding. There must be an accurate perception before any accurate concept can be entertained. The obstacles presenting are chiefly those constructed by maltreatment of chronic disorders, these having been fed with mismanagement that has added fuel to the flame, since every measure will assert its power for either benefit or injury. When disease has been assaulted as an entity, and the patient forgotten, the task set for homœopathy demands all its resources. Happily, those resources are available. The remedy for which the patient's vital economy has hungered for, lo these many years, is disclosed, and its reception is an eager one, despite the jungle of pseudoscience through which it must penetrate.

Even the similar remedy is a boon when the *simillimum* is out of reach. Were this not a fact, very often homœopathy would fail to serve. Therefore, it is profitable to recall those cases in which, despite all manner of subversion in treatment, the remedy persistently hungered for by the suffering organism has eventually reached the patient.

A man of sixty-two years presents himself for examination. He has already had many examinations and much advice from notable physicians. From them also he brings numerous laboratory reports, radiographs, diagnoses, and prognoses; the last being

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entirely unwelcome to the patient. The only hope vouchsafed is that to be gained from fresh air, super-nourishment, and idleness; which rather negative help adds to the mental depression existing, and amounting to positive hopelessness, as evidenced by manner and confession. May I submit that most academic studies of a given pathology seem to have not the remotest relation to cure?

The obvious physical or anatomical focus of complaint is at the lower border of the right lung and upper border of liver next it. This relation has, undoubtedly, made diagnosis difficult. However, it has perhaps been covered by the suggestion, "lipoidal", and a frequent search for the tuberculosis bacilli, none of which have ever been found. At this region mentioned the patient has worn constantly extra clothing in the form of pads and bands, apparently for warmth, but doubtless quite as much for the support of pressure, which is comforting.

The chief complaint voiced by the sufferer is that of a daily chill and fever in the afternoon. Slight chill, but fever lasting several hours. This has been going on a good many months, though some days the fever is light, less than one or two degrees. Perspiration light. There is a more or less constant cough, with moderate expectoration, not characteristic in taste of anything definite.

It is rather idle to consider more than briefly these material symptoms, when the simple presence of a fine grained personality cannot fail to suggest eloquently his need. There is no complaint of real pain—only debility and weakness. The cough is tedious but not painful. One item is worth attention. The last bit of report included the statement, "when I was taken sick two years ago I had a peculiar expectoration of a lump that would fly out of my mouth on coughing. This symptom disappeared when the side got so weak, and the fever persisted. I have not had any such lump of mucus of late, but I recall it as being prominent at one time earlier".

This seemed very interesting. Of course the late symptoms point to their comprehensiveness over all the others, that is, they must in a large sense include the pathology of what has gone before. Yet, this man showed by other indications that *Stannum* was his remedy. True, he lacked the characteristic of *Stannum*

pain; in fact, he had no complaint to make of pains as such, his prostration and mental depression were dominant. Let it be remembered, however, that he had not forgotten the peculiar early symptom. That in itself is significant. If not now, at one time it was manifestly impressive and probably disconcerting to the patient. And it belongs to *Stannum*. Not, perhaps, as strikingly as to *Badiaga*, but the latter fails to fit the case. *Chelidonium* and *Kali carb*. both come into the study, but neither covers the strongest picture. *Stannum* did, and one powder of the 1M, with three of the CM later brought the patient out of his distress, fever gone, cough gone, his side relieved of its extra dressing, and the man himself wholly cheerful.

His home is many hundreds of miles away, but the last report six months later says no more cough or trouble with the chest and side. Personally, I feel that he might need *Kali carb*. at some future time if not now, but that need does not yet appear. I present this clinical experience as perhaps a study of some breadth of *Stannum* in a single case. As said before, it lacks the well known pain characteristic, and therefore let me cite another *Stannum* instance that has that single symptom, that of a painful tooth, probably dying.

The dentist was not available, and the aching was violent, beginning feebly but surely, and increasing in violence till reaching its height, when the paroxysm would lessen in its force, and gradually fade quite away, resuming this same course after a brief interval. The owner of the tooth appeared to be otherwise in healthy form, so there were no other symptoms at all. Three powders of *Stannum* CM, Fincke, were promptly effective in banishing the pain, leaving a decided tenderness of the whole molar, which after a day quite subsided.

May we not conclude that any one of the great characteristics dominating a case has in it the essential features of that case? That is, there may be all or nearly all of the details of the proven drug to reckon with, or, instead, there may be few details, or, sometimes, hardly any at all. Again it does not follow in the least that because one major characteristic is present, others should be. With the great polychrests one is enough. What is most annoying to the patient has highest place in our equation.

Dr. J. T. Kent said in his presidential address to this Association; "Each case should have, and probably does have some peculiar symptoms; these we are to get; these we must get; and our examination of a patient is incomplete so long as we possess only a list of common and general symptoms. It should be our task to question and examine the patient until such peculiar symptoms are found".

Hahnemann gives us those most helpful directions: "The more striking, singular, uncommon, and peculiar symptoms, and those most annoying to the patient are paramount".

And our own Dr. Boger has so well said: "When the keynote of the case fits into the general picture, then you know that you have found the *simillimum*".

Then why should the right remedy seem to *us* other than a commonplace? Not so, however, to the long suffering patient. More than often his cure is to him nothing less than miraculous.

NEW YORK, N. Y.

DISCUSSION.

DR. BOGER: It is a very good paper. I have only one thing to add to it. A homœopathic physician had a persistent bronchial cough that he couldn't get rid of. The cough had lasted for several years, off and on. He appealed to me for help. I looked the case over carefully and concluded that *Kali mur*. and *Kali carb*. can produce that symptom, and we cured him.

DR. WOODBURY: I have not been able to verify the chest symptoms of *Stannum* as often as I have the pain, beginning especially in the sinuses and going down as slowly as it goes up. This is particularly true in the frontal sinuses. It is one of the most remarkable remedies that I have ever used. I got the suggestion first from Dr. Herbert Maynard of Boston. I have not used it in many cases, but it has relieved every case in which I have used it when those characteristic symptoms were present.

Dr. M. Rouy of Paris cites a case in *Le Propagateur* of a child showing symptoms of *Oxalic Acid* who had severe asthma following the ingestion of large quantities of French chocolate candy. The asthma was promptly cured by one dose of *Ox. ac.* 200. One wonders how much chocolate candy contains this substance. The drugs present in small quantities in various manufactured articles must often influence the patient's symptoms.—E. W.

OBSTETRICS IN THE MAKING*

IRVING L. FARR, M. D.

"The evening and the morning, were the fifth day; and God created man after His own image, male and female, created He them, and said, 'Be fruitful and multiply' ".

Thus, according to the story of creation, were human beings started upon their life work, that is of procreation or reproduction. This work furnishes the greatest pleasure, combined with the greatest pain; it gives the greatest thing in life and yet weighs down the whole race with the problems it brings.

The urge which is behind reproduction, has the power to bring together a male and a female, in such a union as makes the most idealistic home. It also has the power, when wrongly directed, to wreck, not alone that home but others without number; and, as history teaches, even to cause the downfall of nations. Professor Sigmund Freud believes that most of the peculiar twists and quirks, with which many of the human family are afflicted, have their origin in the failure of the individual to adjust himself properly to his sex life. This theory must have some weight, for large numbers of students of psychology are working upon Freud's theory, and, after due study, are sufficiently impressed to say, that the mental upsets, seen at the menopause, occur more often in those women who have been denied motherhood, from whatever cause. For reproduction is the natural function of the female of every species, and when motherhood is denied a female for any cause, her whole bodily and mental functions are thrown out of balance. If this is true, then the psychoanalysts are probably right in their assertion, that the knowledge and realization of sex in the individual, begins very soon after birth, and continues to influence one's actions as long as he lives.

Working, then, upon this assumption, the family physician, as an obstetrician, has a field for rearing and developing his prospective mothers; for in this day of loose morals among the youth, few girls care to look forward to possible motherhood. Child-bearing is feared and dreaded, as though it were a disease, and in keeping with modern medicine, plenty of measures are

*Read before I. H. A., Bureau of Obstetrics and Pediatrics, June 1929.

used to keep free of it. This attitude comes from a misunderstanding of what it all means. Motherhood is considered a hardship, instead of the wonderful right and prerogative of woman. The female child shows the mother instinct, by her early interest in dolls; a little later in her development, she lays aside the dolls and takes up the sports, which through their active nature, build her physical body. Then as she approaches puberty, she becomes more quiet and reserved and is interested in those of her own age in the opposite sex, thus early beginning the search for a mate. This search normally continues through puberty, and when the menstrual function is fully established, this unconscious search for a mate, a future father of her children, begins in earnest and continues to her marriage.

With this as a background, what a field is open to the family doctor in becoming the friend and instructor of the child, gaining her confidence, so that she comes to him with all her curiosity as to what life is and how it happens. She comes to him to learn from him that wonderful knowledge, which he possesses, the solution of the growing urge within her and what it portends; to learn what puberty and menstruation are designed for, and why she changes in her attitude, as the years pass. Then, when her choice of a mate has been made, and she approaches matrimony, she comes to him for counsel and direction in the things she should further know, and to learn correctly, before a sad experience, the full purpose of her sex. And after marriage she feels freer to come to her doctor adviser to learn the things she should put into practice in order to make her first pregnancy the greatest joy of her life. Thus the first confinement is not to be *The End of the Honeymoon Trail,* but the culmination of a series of regular progressions, from her own babyhood to her own baby, with her hand constantly within the hand of her life-long doctor-friend, her obstetrician.

MONTCLAIR, N. J.

DISCUSSION.

DR. IRVING L. FARR: The idea for this paper came as a result of a series of lectures that I had the pleasure of listening in on this winter. I am a bit at a loss to know whether the thought which I am putting forth here is really of use today or not. I think this paper should have been given fifty

years ago rather than today, because today, obstetrics is in the hands of the specialist to a great extent, and this paper is really directed to the family physician. Therefore, you will have to take it for what it is worth.

CHAIRMAN WRIGHT: This is indeed obstetrics in the making. Have any of you any comments on Dr. Farr's interesting paper?

DR. OLDS: I certainly want to thank the doctor for that paper.

PRESIDENT WILSON: Parenthood is the prerogative of the man rather than of the woman. I wonder how often in Holland, where birth control is legalized, things go to the detriment of the country. Holland is a little place, it can't overbreed like China and Italy. I remember reading in the paper a short time ago that an Italian with a family of twelve children was thrown on the good of the town after being seriously injured in an automobile accident. I have some things to say in my presidential address on this subject. We know how children are taught to raise fine corn, fine calves, fine hogs, and all that, but somehow or other nobody ever thinks of teaching children to raise fine children, and only the number that they can properly take care of. In some large families that we know of, how many ever get the proper education or are brought up properly? We know that in many large families the children go out early to work and are unable to finish school.

CHAIRMAN WRIGHT: Dr. Farr, would you like to close the discussion?

DR. IRVING L. FARR: There is very little more to say. I wrote the paper with two ideas in mind. One was, is it possible to bring before an obstetrical society or a medical meeting anything new in obstetrics? It is as old as the world.

I want to tell you a story. About two weeks ago, after I had decided to write the paper but before I had written it, a woman called at the office one evening and said, "I want you to see my daughter. She is 20 years old. She has been twice in an institution, once for feeble-mindedness and once really for insanity. I don't know what the matter is. I have had several doctors look at her".

I said, "What are some of the conditions? How did this thing develop"?

"She was born in Maryland. When she was about thirteen we moved to New Jersey and put her in one of the best school systems in the United States, at Montclair. She was there until she was seventeen. Then she got nervous and began crying. She didn't know just what she wanted to do, so we had her put under observation for twelve weeks in the New Jersey state institution, after which she was transferred to Morris Plains".

The next morning I went down to see the girl. Every time any remarks were made the mother said, "You answer the doctor right".

I sent the woman out and said to the daughter, "Now I want to talk with you and I want you to tell me anything you want to about yourself".

She said, "I am not happy".

I said, "What is the matter? Weren't you happy in your school"?

"Yes, but I got tired of school and wanted to go to work".

"Aren't you happy in your work"?

"Yes, but I got tired of my work. The superintendent under whom I was working was drunk part of the time. I didn't like her actions".

"Are you going to get another job"?

"Yes, as soon as I can".

"What do you want to do"?

"I want to be a nurse".

"Why do you want to be a nurse"?

"Because I like children".

I think that is the story. It simply illustrates the point I am making in my paper.

POINTERS*

One of the few privileges still enjoyed by that furtive creature, the rapidly submerging modern freeman, is the glorious privilege of physicking. The rudiments of free will are still visible in spots and in the matter of physicking the popular self-determination to it is accelerated by domestic culture and custom, by communal suggestions and advice by newspaper and drug store help, by the nose holding complex engrafted in childhood, and the vibrant admonitions of the traditional M. D. All converge to make physicking a prime example of the "wisdom of the people".

"Physic thyself"! This grand caption in effect has almost supplanted the famous injunction of Pope to "know thyself" and what irony is there, for it is so much easier to be "intelligent" and do the first than to carry out the latter; and if the latter were, perchance, accomplished the first would not exist. So the advice to physic is literally shouted if not from the housetops at least within almost every house. It glares at us from the scenic billboards, leaps out at us from the pages of newspapers, is hard worked by hospitals, industrial nurses, parents and guardians, in fact, by nearly all sorts and conditions of mankind, not excepting the average medical man.

The medical man! What would have become of him without the art of physicking? That is one demonstration he can make, at least one showing that all may look upon with understanding and satisfaction. But we wonder if there was not a touch of malicious humor when Elizabethans referred to the doctor as "the physic", for, whenever they saw him they knew what was coming. And we wonder why, considering the survival of his heroic deeds, this eminently proper noun should have become obsolete. It should be dug up and put to use again for even the most scientific of modern doctors prescribe physic probably oftener than any other sort of drugs. No matter how, when or in what part of the body the disease tries to hide, it is conventional to yank it out and drag it down through the bowels so that it may be thereby scattered, scuttled or mopped up somehow. We are

never told just how. Silence giving consent, it is repeated *p. r. n.*, always in order for every disorder.

Not all doctors have the sturdy executive ability in this matter of one we know. A small male child with very solemn legs and a most disconcerting abdominal concavity had been given physic according to the specialist's orders but it had not "worked". After a season of watchful but uneventful waiting the mother became alarmed and phoned anxiously that "Freddy's bowels had not moved". "Give him some physic", replied the specialist in his most expostulatory tones. "I have given him physic", replied the sweetly anxious mother. "Give him some more", exclaimed the great man, with vibrant undulations. The mother related this as an example of manly, hard boiled common sense, and we believe it is one of the best examples of common sense, the most common, in fact, that we have ever pondered over.

The most common earthly cause, at least, of constipation, is the "common sense" practice of giving and receiving physic. What deathly struggles the faithful prescriber has with the treacherous physic complex, for the patients have visions of that Elysium where the petrol odoreth not and radio chatter is heard no more, if there is any delay whatever in realizing their watchful expectations. Yet constipation is one of the easiest chronic troubles to overcome if the hallucinatory part of it can be dispelled. We have cured patients simply by getting them to apply the Lentian principle to pills and chemicals. If we can once gain a willing ear the rest is easy. We often tell the alarmed one to take his life in his hands and be resigned to his fate, come what may, the same as with any sickness. Strange to say this kind of advice is the most likely to be heeded. When it is heeded the clouds roll away usually in a few days.

If not, and the psychic weather is threatening disaster to newly made confidential relations, we have sometimes prescribed for the constipation alone even though the action of the constitutional remedy has not run out, taking care, of course, to select a compatible remedy and a single prescription of a lower potency. We do not recommend this, or deny that it has the dangers of substituting polity for law. We have seen both good and evil results from it. We have seen it work well in every way and

we have seen it spoil an otherwise favorable modification of the symptom complex. We seldom use it, preferring to get the patient himself to do what he can to help effect the desired result. Constipation is one of the easiest symptoms to overcome with potencies, lifetime constipation often disappearing in a few days.

The longest time any patient of mine ever persisted without any defecation was three weeks. He was a school teacher and musician and continually harried with work. After two weeks with one scanty evacuation per week, and feeling much bloated and "pudgy" all over, with ineffectual urging, irritability, harried sensation, sleeplessness from 2 or 3 to 4 a. m. with restlessness and active thoughts, he was given *Nux vom.* 1M, 1 powder. In a week he felt perfectly well but no stool nor urging. *Alumina* 1M, 1 powder, was prescribed. During the next twenty-one days there were no apparent results of any kind, the gentleman continuing to feel perfectly well. Then normal evacuations began and continued as if there had never been any disability.

The most trying phase of cathartic practice is the domestic abuse in acute conditions and for every trifling ailment that comes up. It makes acute disease more exhausting, and interferes with the action of homœopathic remedies in chronic conditions. The Americans are probably the most thoroughly physicked people in the world, for we know of no other nationals so addicted to this unholy perversion. It seems to be a part of their tribal "intelligence". The householder physicks himself, his family, his neighbor, his neighbor's wife, his ox and his ass, if he has one, and the stranger within his gates. If some splendidly browed pointer genius would but come forth and announce an efficient ℞ *simillimum*, prophylactic or local application, we don't care what, to cause all men to stay the hand from the pill box, to look not with favor upon the oil and chemicals, to resolutely and absolutely resist and desist henceforth and forever, the generations would, after a season of constipated penitence, rise up and call him blessed.—R. E. S. HAYES.

Five glasses of water drunk fast in rapid succession on an empty stomach, first thing in the morning, will often flush the bowels. If less is taken or if it is drunk slowly the kidneys ex-

crete it, but the quantity and speed necessitate excretion through the bowels also.—E. UNDERHILL, JR.

Pears are peculiarly laxative to many people. A raw pear or two one-half hour before breakfast will often be effective. Small white seedless grapes have the same effect on some people.—E. LYLE.

Raw fruit, raw carrots, figs or four or five raw prunes soaked two hours in water, taken at bedtime will frequently facilitate a morning stool.—E. WRIGHT.

Kneading the bowel from the caecal region, up, across and down, following the natural colon peristalsis often stimulates a bowel movement. This should be done by another person if possible, with the patient lying flat on the back, knees bent.—E. WRIGHT.

A glass of cold water on rising with a level teaspoon of common table salt, makes an excellent laxative.—M. WHEELER.

Digitalis in homœopathic potency is the best antidote to the depressant effects of the coal tar drugs on the heart.—A. H. GRIMMER.

Do not forget *Stannum* in frontal sinus conditions where the pain rises slowly to a peak and falls gradually.—B. C. WOODBURY.

Sometimes the peculiarity of a remedy is seen in the gross pathology with such distinct characterization that there is no mistaking its identity. Such an instance is the enlarged tonsils, acute or chronic, which are shaped by the pressure of the surrounding tissues so that they are flat-sided in various shapes with sharpened edges. This local peculiarity shows an *Echinacea* patient, as the more general symptoms will prove.—R. E. S. HAYES.

Black warts, *Thuja*.—R. E. S. HAYES.

Finger warts, *Kali c.*; if red, *Calcarea carb*.—B. C. WOODBURY.

WANTED.

Complete file of the journal *The Organon* edited by Skinner. Also a copy of the first Stratton edition of Hahnemann's *Organon* dated 1833. Also the *Medical Arena*, especially vol. III.

EDITORIAL

THE EXAMPLE

There are but few luminaries in any century in any walk of life. One of the greatest of these in this century in homœopathy is—for we can not say was—Dr. Higinio G. Perez of Mexico City. The Free School of Homœopathy which he created and sustained is unique in the world. It was founded in 1912 and in 1929 has over 200 pupils, 60 of them women. The school is free in many senses: Free of government support, free of expense to the students, and free to abide by the highest laws of the spirit of homœopathy. It now has nearly half a hundred homœopathic professors. It offers in addition to a five years' medical course, preparatory school work, and it takes students from the age of fourteen. The early work includes the study of Spanish, French, English, Latin and Greek, as Dr. Perez wished his students to be cosmopolitan. Logic, ethics, psychology, philosophy and economics are given, and the non-medical sciences, such as geology, mineralogy and botany, as well as the usual pre-medical sciences. In addition to the school building there is a seventy-bed pure homœopathic hospital for medicine, surgery and obstetrics. The entire course is impregnated with homœopathic philosophy and constructive mysticism. Strangers from other countries are accepted as students. Up to date no systematic provings have been conducted in connection with the school. The course runs all the year round. There are two affiliated schools, one at Guadalajara, founded in 1925, under the directorship of Dr. Gomez, and one at Puebla, founded in 1918, under Dr. Burmudez. What a Herculean contribution from one man!

To be in his presence was to receive a benison. The light of his aura lingers on all who knew him, refreshing them and reinvigorating their labor for the cause of homœopathy which he so delighted to honor. There is no more fitting tribute to the quality of this master among homœopaths than the motto he chose for the prospectus of his school:

"Longum iter per præcepta
Breve et efficax per exempla".
"Long is the way by precept
Brief and efficacious by example".

—E. W.

HIGINIO G. PEREZ

News of the death of Dr. Perez, which occurred in Mexico City October 5, has just come to us.

Those of us who have come in direct and close contact with him appreciate the greatness and the indefatigable energy with which he has always sustained the cause of homœopathy. It is a source of admiration and emulation.

Dr. Perez was a graduate of the National Homœopathic School of Mexico City and was a close pupil of Dr. Segura y Pesado in his early days. His early experience showed him the impossibility of teaching homœopathy as he would desire to teach it in a state institution, and his great love for the cause and for humanity found expression in the school which he founded, the Free School of Mexico City. This was an institution which took the pupil from the early grades and carried him through the university standard, free and unhampered by state influence and demands. This school was not for medical students alone; it had departments in law. It was from this school that President Gil obtained his education and degree in law.

Those of us who met Dr. Perez a few years ago at the International Hahnemannian Association convention, and who met him again this past summer at Montreal, and at the Post-Graduate School of the American Foundation for Homœopathy in Boston this summer, could not fail to recognize his true greatness as a scholar of all literature, and his conception of the innermost meaning of homœopathy. To those readers of *The Recorder* who have not had the privilege of meeting him, his addresses before the Montreal convention and the Foundation Post-Graduate School, recently published in this journal, and his introductory address before the opening session of the International Homœopathic League in Mexico City, August 10, 1929, to be published in the November issue of *The Recorder*, bear witness to a scientific mind which was thoroughly impregnated with the philosophy of Hahnemann and its relation to other sciences, and with the contact of life in its highest physical and spiritual conception.

"The day has come, not gone;
The sun has risen, not set;
Thy life is now beyond
The search of death or change,
Not ended, but begun.
O noble soul! O gentle heart; hail and farewell".

—H. A. R.

THE WORLD'S LOSS

In the same letter which brings us the notice of the death of Dr. Perez, we read of the tragic illness, following his removal from the National School of Homœopathy, of Dr. Segura y Pesado, whose conspicuous services to homœopathy in Mexico have been noted before in these columns.

Surely after such great minds as Segura and Perez, Mexico must have younger men who have caught the gleam of life and light from these men of international homœopathic spirit, and they too will rise and grow into their full power!—H. A. R.

SWING HIGH, SWING LOW

"You may have heard the fable of olden times about two plumed knights who approached an inn from opposite directions. In front of this inn there hung a beautiful shield. The first knight said, 'What a beautiful *silver* shield'! and the second knight exclaimed 'What a beautiful *golden* shield'! Then they fell to disputing as to whether it was made of gold or silver, and were about to enter into mortal combat over the question when a peasant, near by, suggested that first each should look on the other side of the shield. This they did, and behold! one side was of gold and the other of silver"!

We quote this fable from a brief paper on *Potencies in Homœopathy* by the late Dr. W. S. Putney of Milford, Conn., as it seems apposite to several of the recent contributions in our journal. Dr. Putney concludes his paper with the following: "Take the golden side of the other fellow's experience and give him our silver side". We feel that it is of real benefit to our readers to hear the varying opinions of our representative pre-

scribers, each of whom has been successful, on the moot point of potency. Surely the selection of a remedy by the law of similars is the fundamental tenet of homœopathy. Even if one were to practice wholly with tinctures selected homœopathically, one would get better results than are obtainable with tinctures prescribed according to any other method. Many allœopathic successes with quinine, iron, arsenic, potassium iodide, etc., are due to their being homœopathic to the case. We feel, however, that the power in potentization is the next greatest asset to homœopathy. This is the second great tenet. We are sure that if prescribers would learn to use the high potencies they would, themselves, be amazed at the far-reaching curative results, and the number of their successes would be increasingly great. Undoubtedly there are instances in which the medium or lower potencies act better, or even succeed where the high potencies fail. This appears to be the case, especially where there is much pathology, sometimes in recent injuries and where there is hypersensitivity to the drug to be used. In cases of poor reaction some prescribers find that very high potencies stimulate recovery while others hold that lower potencies repeated at short intervals until reaction sets in are more successful. The more chronic work any prescriber does, the more he needs and uses the high potencies, although in very dyscrasic chronic conditions potencies as low as the 30th. or 12th. may be needed in single dosage, handled as though they were high potencies. In this same issue it is stated that *Digitalis* in tincture is indicated in certain decompensated heart conditions. Does that mean that it is prescribed homœopathically, i. e., for a slow pulse with the other homœopathic indications of *Digitalis,* or that it is given for its so-called "physiological" effects on the allœopathic indications, rapid pulse, etc.? We have had some very pretty results in decompensated hearts previously digitalized by allœopaths with such remedies as *Apoc., Aur., Crat., Naja, Nat. mur,* etc.

Would that all homœopaths could use the silver of the lower potencies and the gold of the higher potencies, seeing both sides of the shield and keeping the practical, intuitive open-mindedness of the peasant in the fable. Tolerance, however admirable,

is not enough. One must master the technique of those with whom one disagrees, welcoming successes by their method.

We, the editors, welcome scientific, friendly expositions in the hope that from the divergent building stones so offered our readers may construct an enduring homœopathic monument, as the ancient Egyptians, with infinite patience and vision, hewed the great blocks of stone, assembled them and reared the symbolic symmetry of the Great Pyramid!—E. W.

However strange it may appear to speak of palliative treatment in connection with homœopathy, yet that treatment is employed under certain circumstances even by those who have practiced homœopathy for years past. A physician must be very unfeeling if he would refuse to palliate the troublesome or dangerous symptoms in cases where they are owing to the presence of an exciting cause, or when the case is hopeless and the curative treatment is of no avail. Every good physician will endeavor to palliate his patient's sufferings until his death, in all cases where a cure is out of the question. This rule of conduct, which is deeply written in the human heart, is not only true in incurable but also in very painful diseases. This maxim prevails alike in the homœopathic as well as the allœopathic practice, with this difference, that in the latter practice palliatives are frequently resorted to for the purpose of subduing a single symptom, even if the totality of the symptoms should indicate a totally different remedy, (we merely mention the abuse which is made of opium, the sudden suppression of salutary evacuations, the pellentia and exsiccantia in chronic local affections, etc.).—HARTMANN'S *Acute Diseases,* 1846.

Whoever will only take the trouble to stand on his own feet, to observe whatever occurs, and to incorporate, as best he can, what he observes with the sum total of his knowledge, he will come into contact with subjective symptoms, and will learn to put a proper estimate upon them.—HOPPE, Basle, 1864.

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

54. A. Where may original literature be found concerning antidoting? How dependable are the references given by Hering, Guernsey and Kent, and from what sources did they obtain their recommendations?

B. What are the qualifications of an antidote?

C. What principles are to guide the prescriber in improvising an antidote?

D. What relation, if any, has an antidote to a remedy that "follows well"?

E. When does an antidote follow well?—R. E. S. HAYES.

55. Is giving a homœopathic remedy for a specific symptom not a form of suppression? For example, *Ceanothus* given for the type of hæmorrhage to which it is similar. To me it appears that, if the hæmorrhage is a constitutional expression, the only non-suppressive remedy would be the constitutional one. Would the hæmorrhagic tendency be handled too slowly by the chronic remedy, and, if so, is it justifiable to suppress the bleeding by an acute remedy such as *Ceanothus* and then follow with a deeper chronic one?—E. WRIGHT.

56. In cases of suppression should we prescribe for the symptom picture before the suppression took place or for the present post-suppressive syndrome? Would the same answer apply to a coryza suppressed by local applications and to menses suppressed by cold sea bathing? In the first there is a local condition in a small part of the respiratory system, while in the latter the menstrual story is deeply expressive of the whole patient.—E. LYLE.

Would you be good enough to answer these as soon as possible as they are to come out in the December issue which has to go to press in a week or ten days?

Any questions for the Carriwitchet Department would be gratefully received.

ANSWERS TO QUESTIONS IN SEPTEMBER ISSUE

If symptoms disappear in the wrong direction what do you do then?

—If symptoms disappear in the wrong direction, antidote your remedy and re-study your case for the *simillimum*.—C. GORDON.

What is the difference between a remedy aggravation and a disease aggravation?

—Patient <, symptoms <, cause disease aggravation. Patient >, symptoms <, cause remedy aggravation.—C. GORDON.

ANSWERS TO QUESTIONS IN OCTOBER ISSUE

Is there any reasonably simple test, microscopical or chemical, whereby one could distinguish between genuine wholemeal bread and that which is falsely alleged to be wholemeal but is not actually so? The test of color does not suffice as white bread can, I believe, be colored to simulate wholemeal.

—The odor, flavor, density, color, consistency and granularity of wholemeal bread is unmistakable. The odor is heavy and strong like that of the wheat bin. Apparently the questioner has never used the genuine article for the imitations are mostly in name only. The real article is rare, such is the popular capacity of accepting anything as they get "educated" away from the soil. In every large city and some smaller places may be found an obscure baker who produces the black bread of his Italian nativity for the few customers who will not be lured from it by modern convenience, accessibility and advertising. Ask your Italian friends of the first generation.—R. E. S. HAYES.

What does Hahnemann mean by the autocracy of the indwelling vital force? Is its power supreme, and if so, can it be influenced by the action of remedies?

—The power of action and reaction. It is supreme within its sphere during health.—R. E. S. HAYES.

—It is supreme and uninfluenced by the material, therefore not influenced by drugs. There are no such things as mental

symptoms. The mind is *always* clear, but the channels through which it operates may become obstructed and distorted, in such instances the mind appears to be affected. Only those channels can be influenced by the remedy.—A. PULFORD.

—In section 9 of the *Organon* (6th Edition) Hahnemann says, "*In the healthy condition of man* the spiritual vital force, (autocracy) the dynamis that animates the material body, (organism) rules with unbounded sway and retains all the parts of the organism in admirable harmonious vital operation".

In section 11 we find, "When a person falls ill it is only this spiritual, self-acting (automatic) vital force everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbific agent inimical to life".

We may conclude from this that during illness the vital force being deranged can no longer "rule with unbounded sway" and that its autocracy is in some measure weakened. Finally the deranged and weakened vital force must be susceptible to the dynamic action of remedies—for better (homœopathic) or for worse (unhomœopathic).—E. UNDERHILL, JR.

If the homœopathic remedy is all supreme, why do our patients who have been under our care for many years, some of them, develop cancer, arteriosclerosis, chronic Bright's, etc?

—The homœopathic remedy is not "all supreme", only partly so or occasionally.—R. E. S. HAYES.

—Our patients, after all our care, develop cancer, arteriosclerosis and chronic Bright's disease because—they *never* had the indicated remedy. Before you take exception to this, be *sure* that you are *thoroughly* conversant with *all* the curative agents available both proven and *unproven*.—A. PULFORD.

—This question raises several points for argument. Is the vital force supreme or is the homœopathic remedy supreme? It is not a question of supremacy but rather one of influence—the influence of the homœopathic remedy on the vital force or dynamis.

Now as to why some of our patients who have been under our care for many years develop cancer, Bright's disease, etc., allow me to inquire: Have we removed the obstacles to cure as enjoined by Hahnemann? Have we had the full and honest co-

operation of our patient? Have we corrected the diet and properly regulated the routine of life? Have we really given the *simillimum*? Have we handled our cases skillfully as to potency, repetition, etc.? How many remedies have we given to these patients "who have been under our care for many years" and just how many of these remedies were truly homœopathic to the case in hand? The failures are ours. Homœopathy has not failed. Whether from "indolence, love of ease, or prejudice of mind" we have simply not complied with the necessary conditions to achieve success.—E. UNDERHILL, JR.

Analysis of CASE 1, *October* RECORDER. Rheumatism; cannot raise the arm from a sensation of weight; worse after he has worked a while; better in clear weather; worse in cloudy, damp weather; worse before a storm or any change in weather; cannot sleep with cold; generally better from motion and heat; worse at rest and on beginning to move; falls asleep late from anxious restlessness and aching in muscles and joints; anorexia. While there are side issues in this case they do not outweigh the characteristic symptoms of the drug. To begin with, the man was rheumatic, he was worse at rest, on beginning to move, and from cold, all characteristic of the remedy. Add to this relief from motion and heat, aggravation from cloudy, damp weather, and the inability to get to sleep on account of the pain and aching which keeps him moving to get relief, and you have a perfect picture of the essentials that must be present in a case requiring that particular remedy. This gentleman received a single dose of *Rhus tox.* 10M, has had nothing but Placebo since and is making a remarkable recovery.—A. PULFORD.

Analysis of Case 2, October RECORDER. A symptom as remarkable as "laughter during pain" deserves to be carefully looked up. It is found in Kent's *Repertory*, p. 62. The following digest of the remedy will show how clearly it was indicated and why a single dose of the 30th potency helped permanently, within one hour.

DIGEST OF HURA BRAZ.

Respiration affected: agg. thinking of misfortune; with sighing; with weeping; with red face; after breakfast; from stomach;

from stitches in chest; with cardiac pain; with heat rising to chest.

Throbbing: With fatigue; in vertex; in eyelids; at root of nose; from epigastrium to chest; in chest; between scapulæ; in lumbar region; in limbs; in elbow; in fingers.

Tension: In skin of forehead. Skin feels hidebound.

Bitings. Floating, as if.

MIND: *Laughter, during the pain*; chilly in head and limbs after 1. Fears falling. Weepy. Bites hand.

VERTEX: Cutting. Heavy.

EYES: Agg. motion; lids cold.

NOSE: Red (1); bleeding, agg. lying.

CHEEK: Red (l).

MOUTH: Excrescences in.

TASTE: Bloody, agg. coition.

NAUSEA: Carriage ride agg.

STOMACH: Standing agg.

PELVIS: Dartings.

URINE: Green.

TESTES: Heavy. Semen, yellow.

BREAST: As of a ball in l.

SCAPULÆ: Weary between.

BACK: Symptoms like compression of spinal marrow. Agg. *lifting; stooping.*

SACRUM: Excruciating lumbo-sacral pain, on lifting. Waves of throbbing pain down into femur; agg. exertion. Soreness. Crawling in.

ARM: Trembling (r).

NAILS: As of a splinter under (*Alu.*).

SKIN: Water squirts with force from pimples, on pressure.

VEINS: Pains in.

CHILL: Shivers, on chest. Very cold and very hot alternately.

HEAT: Hot hands, covered with cold sweat. Hot. r. foot and r. finger tips. Left foot burns, right foot cold.

AGGRAVATION: Exertion.—C. M. BOGER.

BOOK REVIEWS.

A Study on Materia Medica and Repertory, 2nd. ed., by N. M. Choudhuri, M. D., Senior Professor of Materia Medica, Bengal Allen Homœopathic Medical College, Calcutta. This second edition is written thirteen years after the first edition, and is evidently very much enlarged, as it contains 1,085 pages.

Dr. Choudhuri takes up the entire materia medica in this volume and gives very lucid lectures upon the different remedies, pointing out in a very masterly way the several indications, with a great many comparisons which are sharply drawn, and illustrated by case reports from his own practice.

This is the first book that we have received from India in English, and it bears evidence of thorough and hard work based on study and experience in the clinic. Dr. Choudhuri has brought out some prominent Indian remedies, showing the Indian application, and deploring the fact that they have not been properly proven. He has given the basis from clinical use of these remedies as a guide to the proper provings under the Hahnemannian law. It seems quite right that the author should have laid stress on these Indian remedies so that they might be brought to the notice of the entire homœopathic profession.

In the back of the book Dr. Choudhuri has produced a repertory based on the general schema of Kent's under the several headings, but very much abbreviated, giving the remedies in certain conditions rather than in extensive detail. For quick reference to refresh the mind on the major brackets this will be of much value.

It is a book well worth having in every homœopathic library, and one to which the physician will often refer.—H. A. ROBERTS.

The higher potencies cure in a shorter time than the lower potencies. We find in the homœopathic literature cases published which go to establish this principle; and no observer was more apt to report correctly on this subject than the late Dr. Bœnninghausen. Hahnemann cured with the smallest doses decidedly quicker, better and surer than he did with the lower potencies. The evidence in this direction laid before the medical world is fast accumulating and remaining uncontroverted, and finally must become an established truth. The only admissible evidence contra would be to relate fully a case in which the truly curative homœopathic remedy has been selected, and when administered in a higher or high potency had not produced in a reasonable time any beneficial effect, and that the case, remaining unaltered, was then promptly *cured* by a low potency, or the crude drug.—AD. LIPPE, 1864.

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Dental Hæmorrhage and Its Treatment: For traumatic hæmorrhage with painful bruised feeling, after dental surgery, when blood is rich, face pale, breath bad, *Arnica*. Protracted hæmorrhage, or after repeated hæmorrhages, great loss of blood, blue circles under the eyes, ringing in the ears, *China*. Bright red blood; *Aconite*, if fear of death with red face; *Ipecac.* if uniformly profuse, continuous hæmorrhage with nausea; *Mill.*, if palpitation and fever. Dark blood: *Ham.*, profuse, venous, continuous, protracted; *Trill.*, thick, black, clotted, active with vertigo and fainting; *Croc.*, profuse, dark, clotted with black strings. Decomposed blood: *Crot. hor.*, profound intoxication, trembling, fluid blood from dark red gums, osteomyelitis of the jaw; *Lach.*, stubborn hæmorrhage of dark blood, fœtid, face purple or livid, patient can not bear constriction; *Sec.*, fluid blood in cachectic patients after long hæmorrhage. Choquet concludes homœopathy is unique in stomatology.

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Vulvar Pruritus: After giving cases Dr. Boudard concludes with a brief repertory of ano-vulvar pruritus as follows:

Pruritus with burning: *Anac., Ars., Canth., Carb. veg., Cic., Euph., Helon., Kreos., Lyc., Mez., Sulph.*
Voluptuous pruritus with sexual excitement: *Calad., Canth., Lyc., Sulph., Tarant.*
Pruritus with pricking: *Camph., Con., Fluor. ac., Rumx.*
Pruritus with formication, biting: *Chin., Euph., Ign., Lyc., Mez., Sil., Sulph.*
Aggravations:
During pregnancy and the menopause: *Ambr., Ant. crud., Bor., Calad., Canth., Coll., Ichth., Lach., Sep., Tab.*
Before menses: *Calc. carb., Graph., Hep., Inul., Kali carb., Sil., Sulph.*
Before and during menses: *Sulph.*
After menses: *Con., Lyc., Tarant.*
At night: *Ars., Chin., Dol., Graph., Mez., Pic. ac., Sil.*
Evening: *Chin., Fluor. ac., Lyc., Sulph.*
Day and night: *Con.*
From touch: *Lach., Plat., Ran. bulb., Tarant.*
From scratching: *Anac., Ars., Berb. vulg., Dol., Led., Mez., Sep., Sulph.*
On getting warm by day: *Ign., Lyc.*
Itching changes place after scratching: *Ign., Mez., Staph.*
Ameliorations:
During menses: *Aster., Cer. ox., Cycl., Euph., Lach., Mag. phos., Senec., Zinc.*
By cold, wet applications: *Calad.*
By warm, wet applications: *Ars., Petr., Rhus tox, Rumx.*
By rubbing: *Tarant.*

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Homœopathic Remedies for Asthma: Dr. Schmidt calls attention to the fact that Kent omits the pathognomonic symptoms of asthma from his repertory study as they are not helpful in differentiating the homœopathic remedy. To individualize and evaluate the patient's symptoms is the essential, and this evaluation is made easier by the different types used in the repertories. In the following abstract we are omitting over five pages of direct quotation from Kent's *Repertory*, 3rd edition.

LIST OF ASTHMA REMEDIES

List of asthma remedies according to T. F. Allen, Anshutz, Boericke, Charge, Clarke, Dewey, V. Grauvogl, Hartmann, Hirschel, Hughes, Jahr, Knerr, Lee, Lippe, Malcom, Muller, Mure, Nash, Shedd, Stauffer, Teste: *Adrenal.*, Ail., *Alcoh.*, Aldehydum, Alumn., Ambr., Ambrosia, Amm. gum., Amyg., Amyl. nit., Anthoxanthum, Anti-febrin., Ant. ars., Ant. iod., Ant. sul. aur., *Arg. cy., Amoracea sativa,* Arum drac., Arum mac., Arum cor. (syr.), Ascl. tub., *Aspar.*, Aspirin., Atrop. sul., Aur. met., *Bac.*, Bapt., *Blatta am.*, Bor., Calc. acet., Calc. hypophos., Camphorosma, Cann. ind., Caps., Cast., Caul., Chen., Chin. sulph., Chlorof., *Chlor.*, Coca, Cocainum, Coch., Cor. rub., Cupr. acet., *Cur.*, Cycl., Der., Digitalinum, Dol., Egg vac., Elect., Eriod., Euc., Euph. pil., *Fel tauri, Fluor. ac., Form. ac., Gad., morrh., Gal. ac., Galvan.*, Gaul., Gins., Gland. sup. sic., *Grind. squar.*, Guai., Hydr., Iber., Ill., Junc., Kali cy., Kali mur., Kreos., Lac can., Lact. sat., Lact. vac., Lam., Lem., Lin. usit., *Lob.*, Magn. arct., Magn. austr., Mag. carb., Mag. phos., Magn. glau., *Mel cum All. cep.*, Merc. bin., Merc. cor., Merc. dulc., Merc. præc. rubr., Mill., *Morph.*, Morph. acet., Mur. ac., Naph., Nat. sulph., Nicc., Ol. jec. as., Osm., Onis. asel. (Ol. ric.), *Ovarin.*, Pall., Pass., Pect., Phos. mur., Piloc., Pimp., Plb. acet., Pop., Prun., Ptel., *Pulm. vul., Quebr.*, (Aspidiosperma) Ran. bulb., Rheum., Sabal., Samb. can., Sang. nit., Sanic., Scroph., Sep., Silph. l., *Silphium.*, Solidago, Spong., Staph., Sterc., Strych., Succ., Sulph. hyd., Tab., *Tela arach.*, Tereb., Terp. hydr., Teucr., *Thymus, Thyroid,* Trachinus, *Triosteum perf.*, Tub., Variol., Verb., Visc., Wyeth., Xanth., Zincum ox., Zincum val., Ziz.

ASTHMA REMEDIES ACCORDING TO SCHUSSLER

Calc. fluor., Calc. phos., Kali mur. cardiac asthma, *Kali phos.* nervous asthma, *Kali sulph., Mag. phos.* nervous spasmodic asthma, *Nat. mur., Nat. phos., Nat. sulph., Silica.*

OTHER ASTHMA REMEDIES NOT FOUND IN THE PRINCIPAL BUT FOUND IN THE FOLLOWING MODALITIES

Aeth. during coitus, *All. act.* periodic asthma, *Ammon. mur.* only during the night, *Ang.* only alternating with headaches, *Aral.* evening after lying down, *Bad.* hay asthma only, *Benz. ac.* alternating with gout, *Calc. ars.* only after midnight, *Cedr.* after coitus, EUPHR. hay asthma, *Glon.* only alternating with headache. *Hyper.* only ameliorated by expectoration, *Ictod.* only spasmodic, KALM. only alternating with eruption, *Kali bich.* only at 2 a. m., *Pall.* only after emotion, *Phos. ac.* only spasmodic, *Poth.* only from dust and ameliorated by stool, *Rhus tox.* only alternating with eruption, *Sabad.* hay asthma, *Stict.* hay fever, *Sumb.* only spasmodic, *Syph.* during storm, *Valer.* only spasmodic, *Zinc.* only in the morning.

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Enteritis with Diarrhœa: *Alum.* colic wtih chilliness, lumbar pain, diarrhœa. *Arn.* diarrhœa incessant, involuntary, nocturnal, bloody, at times painful, nausea and vomiting. *Amm. mur.* colic with nausea, diarrhœa better by hot applications. *Arn.* epigastric cramps, sulphurous diarrhœa, involuntary and nocturnal. *Cham.* violent abdominal contractions without respite, noisy gas, nausea and vomiting, watery, mucous, sulphurous stools, pale or green, lienteric. *Chel.* light mucous stools with hepatic pain. *Chin.* chronic, undigested diarrhœa, immediately after eating, caused by cold, with light liquid, frequent stool, sharp pain, intense thirst, vomiting. *Coloc.* abdominal pain; better pressure, gas, false desire for stool, relief of pain after stool. *Dulc.* diarrhœa from cold, acute colic, with liquid stool, yellow mucus, acid odor, and flatulence, thirst and weakness. *Ipecac.* nausea and vomiting precede diarrhœa, *Merc. sol.* diarrhœa in the course of infectious diseases. *Opium* diarrhœa from cold, after eating and from emotion. *Phos.* nausea and vomiting follow the diarrhœa. Tuberculous diarrhœa with colic, mucoid, aqueous bloody stools. *Podo.* early morning diarrhœa, green, watery, fœtid, after alimentary excesses. *Puls.* bilious diarrhœa night or morning, with strong thirst. *Verat.* liquid stools after indigestible food, toxic diarrhœa, painful abdomen especially on left side and near navel, malaise and fainting precede stools which are rapid, liquid, very frequent, white.

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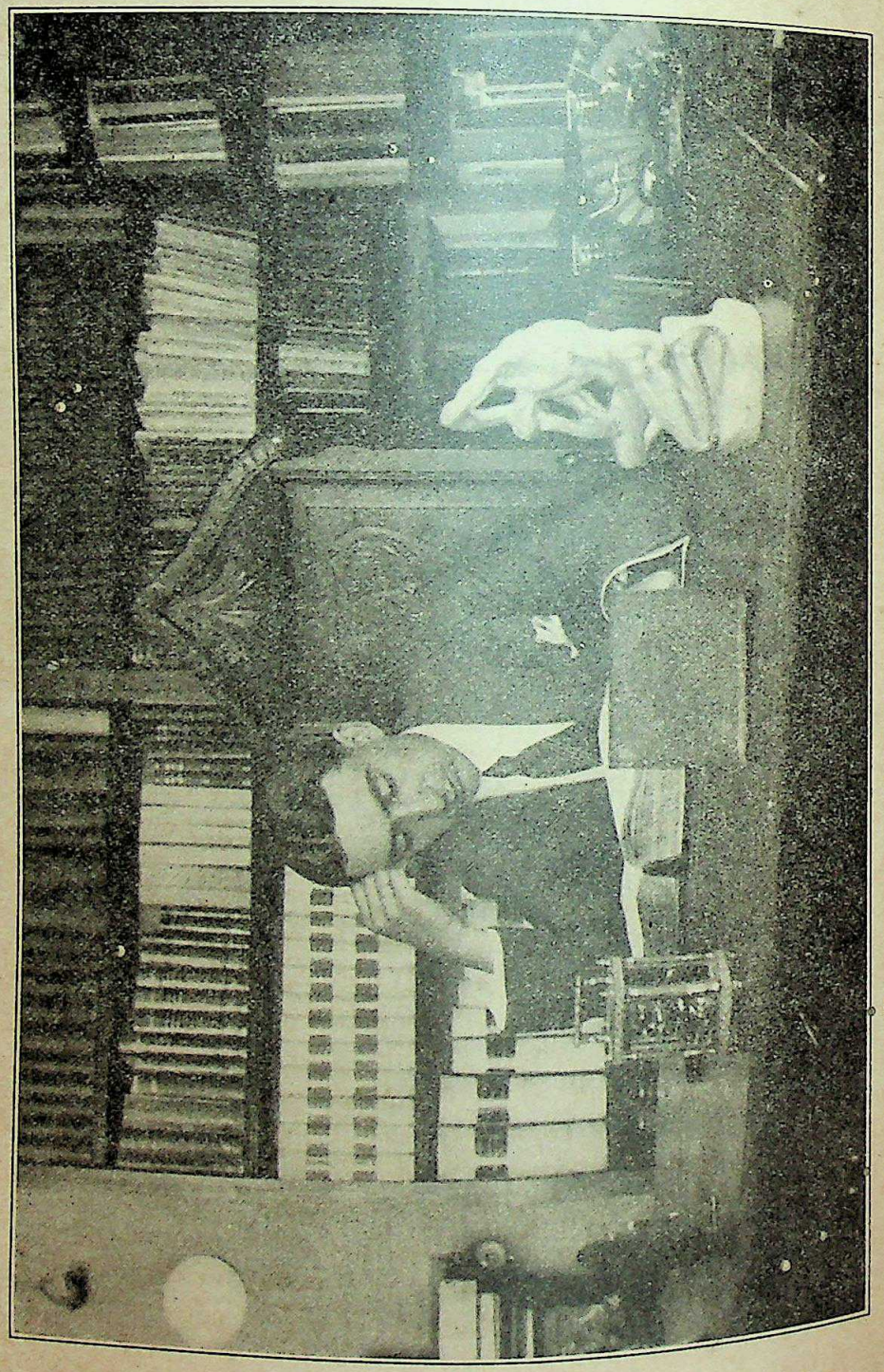

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THE
HOMŒOPATHIC RECORDER

VOLUME XLIV. DERBY, CONN., DECEMBER 15, 1929. No. 12.

THE COMPARATIVE VALUE OF SYMPTOMS AN APPRECIATION

ROYAL E. S. HAYES, M. D.

One of the choicest gifts to the literature of homœopathic art is an article by the truly lamented R. Gibson Miller in the *Homœopathician* for April 1912 entitled *The Comparative Value of Symptoms*. It is a classic study of the different classes and values of symptoms, their significance and uses, and implies a consideration of their setting as well. The article as a whole teaches how to perceive the symptom picture in the collection of symptoms that is as true to life as possible; a thesis which is sound, for the more true to life the remedy selected, the more thorough and permanent the vital restoration effected. At the risk of wearing through a subject already rather threadbare, we desire to discuss this article in the hope that our readers may go directly to it for study and renovation; for an intelligent adjudgment of symptoms must ever attend our work, and mastery in that practice helps much toward certainty and time saving in it.

First of all there is a too scanty valuation of Dr. Miller himself as teacher and writer. He quotes Kent and Hahnemann, besides others, sometimes, rather to his own disadvantage, for his own expositions are not to be surpassed in thoroughness and simplicity, and quoting the familiar phrases of others betokens an unnecessary modesty. He has made the subject his own and relates it in pure orderly English, maintaining the same crispness throughout. Certainly he was a great teacher by way of the written word and it is to be regretted that his contributions, at least to this side of the Atlantic were so few. He never uses a word that does not fit perfectly the meaning and setting of the

**The Comparative Value of Symptoms*, by R. Gibson Miller, M. D., is reprinted elsewhere in this number of the *Recorder*.

others, except when he uses, probably more or less from habit, some familiar phrase of Kent's.

Kent as a personal teacher made a great impression on his pupils and his homœopathic theory and the earlier presentation of remedies have a certain romantic beauty which ever remains in the memory, whereas Miller is the logical, practical builder and master of materials. Had he lived or had he been able to write more he would have been recognized and remembered as one of those shining homœopathic lights that never go out as the years pass. He had a way of packing his materials so that one may place his hand upon any part of it at any moment. No one could read *The Comparative Value of Symptoms,* or his article on repetition in the July 1912 *Homœopathician* without regret that he did not present more of his concrete, practical homœopathic interpretations.

Dr. Miller discusses briefly some general considerations of symptom distinction, shows how they fall naturally into different groups and categories; the coarser divisions such as acute, chronic, pathological, active, latent or historic, etc. At one point he says, "According to Kent some symptoms of the chronic disease may persist and be active during the acute disease. Such symptoms are peculiar because they have not disappeared and are often guiding in the choice of the remedy for the active disease". It seems that all vigilant prescribers must have observed this presentation of symptoms in acute disease. We should be on the lookout for these symptoms so that their importance as reactible factors may be estimated in the individual problem.

The chronic miasm being the basic influence in almost every condition, the persistence or activity of chronic symptoms may present an opportunity to efface chronic and acute conditions together, developing more constitutional energy than may be gained in months or even years of chronic treatment. The momentum of a rebound from acute disease is conditioned not a little, upon the comprehensive perfection of the remedy selection, and contrarily, in many such conditions, if a remedy be based upon the outstanding acute symptoms only, the result may seem satisfactory for a short time but there will be either relapse or a shift to a different location or the acute may subside into another chronic state.

How often we have prescribed *Acon., All. c.,* etc., for their characteristic symptoms of acute conditions of the nose or throat, for instance, only to find the good result short lived, the acute condition relapsing after a while or shifting to another region, which secondary effect may be more tenacious than the first. It was common to hear the older men say "prescribe for the patient" which means that we should in most conditions prescribe for the wholeness of the patient's symptoms instead of the characteristics of a single condition; as H. C. Allen used to say, "when the totality agrees". No doubt this comprehensiveness is one phase of what Dr. A. Pulford had in mind in writing his memorable article on *The Perfect Simillimum.* We were sharply reminded of this recently by a case of coryza—and to be consistent we may remark here that "coryza" is theoretically inaccurate because it was an individual who was ill, the coryza being but the focus of vicarious elimination of the infection. So why prescribe for the elimination however characteristic? This had been done effectively however several times, until finally the affection shifted to the ear and frontal sinuses. Thereupon with a single prescription of *Sulph.* we produced what the patient and friends thought to be a brilliant result restoring discharges by way of the original outlets. The next season brought an echo of the condition and with it the truly brilliant result when a vicious sinus and ear threatening head cold was wiped out swiftly at the start with *Sulphur,* the constitutional remedy. It is better to find the *simillimum* than to prescribe for any part of it, however characteristic the grouping, unless the vital stress is too urgent or there are too many and too burdensome conflicting factors to react from, or the vital energy is too low. When the chronic symptoms are active in the acute condition, then it is that we get the swiftest and most lasting result.

There are certain cases in which we fail for one reason or another to prescribe the *simillimum* yet, after three or four prescriptions, find that a profound and beneficial effect has been produced in the patient's health. These cases are the ones in which, with careful waiting for the new grouping or symptom-

personality, and careful equation in relation to the preceding remedy, we finally get around again to the original similar and the circle is completed, after which there is a tremendous increase in vitality and no further prescribing is likely to be needed, and often not desirable, perhaps for years. This phenomenon is more likely to begin with, or not long before, an acute illness. I am not speaking of mere short aggravations, even though severe, which may properly be let alone, but of serious acute illness. We may sometimes see a patient's constitution improving during the course of a serious acute disease. It is denoted by the steadiness and liveliness of the eyes, improvement in the nervous expressions or of the intellectual or emotional faculties or will. The observer knows that these expressions are of good omen.

It seems to be a little fashion lately, to try to enlarge the "totality" to be found in patients. Of such is the "perfect *similimum*" of Pulford, the "antecedent" or "prodromal symptoms" of Stearns and the "basic complex" of Waffensmith and of such is the kingdom of thoughtful prescribing.

Let us go on and see with what firm grasp Dr. Miller manages the complexities and perplexities of symptomatic significance. He intimates of the life *simillimum*, a more or less theoretical therapeutic double corresponding to the individual pattern stamped at or before birth, which is developed with age, and to which the person must always correspond more or less, countered here and there by the impacts, accidental and incidental, with the external world, with the blendings of impression which form the inner and outer man and influence his functions. He allows that we may make but cautious use of "by-gone symptoms" because of the fallibility of memory. There would seem to be also the possibility of a natural elimination of some symptoms in the process of development, the normal interior vital replenishment through the use of functions.

Moreover it would seem that homœopaths, possessed of the tremendous revelation of the potential powers of matter through the artifice of attenuation and its powers of unfolding and energizing vital processes, must realize that evolution is a result of, and a manifestation of, psychical forces instead of being the cause.

Being is primary, and its tremendous invisible qualities and functioning interplay throughout manifestation both real and actual. The opposite would be involution, disintegration, recession.

With this and actual observations in mind the writer believes also in lesser evolutionary processes related to the whole, evolutions within evolution, even miniature evolution in the individual. It is distinct from development in this way. When a man exercises a set of muscles increasing the density tension and local power, that would be termed development. If the individual had an acute illness wherein one complex after another, was eliminated by the use of the homœopathic remedy or remedies, followed by better health of body, psyche and spirit of life than he had ever attained before, would that not be an evolutionary process or step complete in itself? For is not life a round, a precession of reactions of the human spirit in its intermediary state, the vital embodiment, to contact with the external world? The formative effects of external influences are comparatively slow while the effects of the dynamic similar are rapid. The homœopathician realizes that beyond the familiar symptomatic groups is the larger circle, the solution of which completes a period of individual evolvement and more stable health.

To some physicians, even homœopathic physicians, symptoms appear as a horrible complexity, as 'twere a headless, disembodied nonentity which abates speech and is to be hotly avoided; but Dr. Miller says there is always order running through all illnesses if we may see the clues and discover it. There is order of various kinds. There is the order corresponding to the individual remedy, the order denoting miasm, of impressions from accidents, mental shocks, of secondary effects such as pressure or stasis, etc., of toxæmia, of advanced disease, sometimes the family complex, and others.

All this shows how important it is to fish out with care all the symptoms of a patient; and how easy it is unless the indications come out easily and are very characteristic, to inscribe a "totality" that may appear all right on paper but really be off balance instead of a comprehensive fitting of the patient. We remember a patient of our earliest homœopathic effort (we say

earliest not to intimate that we are yet entirely "without sin") whose symptoms shifted from *Causticum* to *Sulphur*, then to *Causticum* and back and forth as each remedy was prescribed without much gain in vitality, until nothing seemed to avail and the patient finally drifted away to other care. It should have been possible to have discovered more symptoms, to have recognized a more comprehensive fitting according to relative values that would not have produced such an off center reaction. It would have been a nice point, also, to have determined whether there was an individual tendency to alternation of complaints, so that that symptom might have helped in the translation of symptomatic language into the correct remedy. Probably with something similar in mind a homœopathician once remarked that he would prescribe or perhaps had prescribed, *Arnica* for some patients who had a tendency to contusive accidents even though there may have been no special after effects of such injuries. If there is order in fate, and we know there is, for one could not exist without the other, this consideration of an individual traumatic would appear to be rational. Sometimes it is puzzling to know where the center of the picture is, what the main features are upon which to base a thorough going selection. But this we shall see further on with Dr. Miller's evaluations.

There is another consideration here. If the symptoms of a patient with acute disease be studied closely enough in relation to his native peculiarities we shall see a striking resemblance between the two and often may perceive that the acute condition is but a combination of old, even lifelong, physical and psychic modes and having similar but more intense characteristics. Such observation supports the doctrine of Hahnemann that the acute is a crisis of chronic disease. The fact of external or exciting causes such as infections, etc., also supports that doctrine. Every person is characterized as well as individualized from birth up, and acute disease is but the culmination of previous tendencies. Disorder as well as the normal characteristics exists and develops from the psychic life before it is seen in the material life. Visible disease is the progression from a primary, even prenatal, state. We may not expect those who focus their attention solely on infection, environment and diagnosis to accept this, but those who

work with influences rather than material effects, with constitutions rather than organs and cells *per se* can see this unmistakably. Life progresses from its first nascent peculiarities. It is the same life and the same radix from beginning to end, and certain peculiarities may be traced from beginning to end even to the peculiarities of the dying. Nothing can eradicate these except the dynamic remedy and often that may only soften and not efface.

An interesting paragraph in Dr. Miller's article is the danger of the symptom specialist overlooking the cause of conditions. A personal experience will illustrate, the joke not being on the writer this time. A man presented a palm lacerated two weeks previously, which the attentions of a certain very regular doctor had been unable to heal. The symptoms indicated *Silicea*, which we gave him, after exploring the wound and taking out a piece of glass, about a square inch in size.

He speaks of the occasional variance between theory and practice in the treatment of chronic patients. We start out with high moral purpose and determination to haul the patient's *simillimum* from the depths and cover ourselves, the patient, homœopathy and the whole field about with glory, but we often have to be content with picking out from the mass certain pegs or legs more or less stable or wobbly for the prescription to stand on. Even with that it is remarkable what is accomplished; but the implications should not be forgotten. If there were more provings of some of the "lesser" drugs, a greater collection of striking, peculiar and characteristic symptoms to indicate the remedy, and more generals to safeguard the choice we would have a happier time of it. For instance the writer knows of no remedy which could replace *Scopolamine hydrobromide* and sometimes wonders what prescribers do who are not acquainted with it. In alcoholism, which formerly supplied one of the more common uses, it does not appear to be as often needed with the deadly prohibition grog of today as with the more democratic and genial days of the real John Barleycorn.

Although we would gain greatly by further extension of provings nothing can take the place of knowing the salient part of those which we have already, whether the acquaintance be acquired by repertory use, by roaming through the various works,

by the cultivation of the knowing faculty in practice, or all three. The work of the old masters with their more limited repertoire has often been remarked in modern times with admiration. But there is a little psychic kink here. The other prescriber's successes seem more brilliant than our own because seen more objectively. The substance of this is that we should not complain too loudly of the imperfections of the materia medica until we have set to work improving and completing it and improving our own use of it. No one can be advanced enough to be exempt from this requirement but it could seem to be especially pertinent to those "—paths" who go off on tangents. Of course tangents are never homœopathic anyhow, they are just tangents. Some of them go off with a swish and the sparks excite our wonder and sometimes for a moment almost blind us to the mundane facts. But they soon get away into space, never to come back. They couldn't anyhow because some other tangent is taking their place. It would be amusing, if one had endurance enough, to go over the list of tangents and trumpet calls in our hoary transactions of the A. I. H. But we forbear; let them rest in their cellars and attics in well deserved and dusty peace. One ounce from Gibson Miller's pen is worth more than a wheelbarrowfull of these doings. But the old hope chest and wheelbarrow—the same ones—are still trundling along, ever and anon dumping their load of "progress" and "modern science" to pick up a newer burden. Will the first paragraph of the *Organon* ever command general attention and respect? Will it ever be generally realized that that paragraph is placed on the solid basis of natural law? Will the general medical mind ever become fine enough and deep enough to sound the depths of that opening period, to realize its magisterial resonance and to know that it was based on the consciousness of a transcendent reality both of judgment and universal grace?

There are a few very interesting paragraphs dealing with the different classes of symptoms such as chemical, mechanical, dynamic, ultimate, generic, specific, etc. They are too pertinent to be commersted on or enlarged upon; let the reader turn to them and examine for himself. One paragraph, though, may well be repeated. He says:

One main reliance must ever be placed upon the symptoms that signify the patient and Hahnemann directs that we should be particularly and almost exclusively attentive to those symptoms that are peculiar to, or characteristic of, the patient and not to those that are common to the disease. Kent, after many years' experience states that he regards this advice of Hahnemann's to be the strongest thing that he ever wrote. (See *Organon* Sec. 153)

We might add, concerning well localized acute conditions, we should be attentive not solely to those symptoms peculiar to the diagnosed disease, but also determine the symptoms of the patient as a whole which are involved in the acute process.

The author then considers peculiar symptoms and here again the teaching and exposition is almost too classic to be interfered with by discussion. He reveals himself here especially, as well as throughout, as a master homœopathic clinician. There is one consideration relating to peculiar or characteristic symptoms that should ever be remembered, *viz.*, that such symptoms are pathognomonic of certain conditions such as hysteria. This would apply also to insanity. The insane, because of their perverted expressions, are apt to present symptoms which are striking and peculiar yet pathognomonic rather than egoical, therefore not wholly general or individual. This is apt to deceive or confuse the neophyte. Indeed, the art of sorting out these symptoms and finding the truly personal symptoms upon which a homœopathic selection should be based in abnormal mental conditions is one which might well be cultivated as a homœopathic specialty.

In distinction to this Dr. Miller says that it would be foolish to ignore the symptoms that signify the disease; that they must be considered, though secondarily, to those which identify the patient. With this the writer readily agrees. We often find it time-saving to the type values of common symptoms in the repertory, especially in acute conditions. In fact, we sometimes catch the remedy by its tail end when these common symptoms are known to be of high type value; but we accept them only when reinforced by the stronger and more personal symptoms. As our author says further on:

It must ever be kept in mind that there must be a general correspondence between all the symptoms of the patient and those of the remedy, and that, however helpful the peculiar symptom may be in calling attention to certain remedies yet they are not the sole guides; for after all, it is the totality of the symptoms that determines the choice.

A consideration concerning peculiar and characteristic symptoms is that quality which Dr. Miller terms "the rank of symptoms," often thought of as intensity of symptoms, and they must be of near equal value in both patient and proving. There is, as has been remarked by others, a similarity of intensity or perspective as well as identity. It is the difference between the plane figure and the solid, between the ready-made garment and the tailor-fitted.

Dr. Miller pays his respects to those who have a tendency to prescribe on the uncertain basis of one or two peculiar and outstanding symptoms. This method is so uncertain and so fraught with failure that it would soon be abandoned entirely were it not that the "homœopathy" must soon be supported by antipathic subterfuges, leading to chronic and almost incurable mixing.

The keynote in itself, however, should not share in the disrepute of that method, for if the general and individual influences upon the patient are kept in mind so as to maintain a grasp upon his central reactibility, the keynote may serve brilliantly as the attracting symptom or symptoms to the comprehensive remedy.

Even H. C. Allen, of keynote as well as other homœopathic fame, was censured, ostensibly at least, because he taught keynotes. Those acquainted with his prescribing could have no doubt that he had the totality of symptoms and the reactible ones especially, wholly within range even if he did not choose to stress the term "general". Considering his prescribing and his often repeated precautionary phrase "when the totality of symptoms agrees" there can be no doubt that he was justified in encouraging the accumulation of a competence of attracting symptoms, that is, keynotes, for rapid estimation as to their value and the potency of their setting.

The study of the section devoted to generals might well be urged upon the attention of every student, every busy prescriber and all who would maintain a high standard of thoroughness, for the author gives some very practical illustrations showing how generals or particulars may swing the balance one way or the other to the best selection. Incidentally they illustrate how one

may select an apparently indicated remedy which more thorough symptom findings would reveal to be merely the wrong one.

The discussion about generals arouses some notions as to their origin and the functions which they display. In the first place and a little offset from the frequently repeated statements of many teachers, the writer has sometimes doubted that we can always give mental symptoms as high rating as generals, or rather, that they have exactly the same function in our symptomatic construction. Certain generals are more vital in expression than the mental or emotional. Of course it depends somewhat on the individual anamnesis, but are not mental symptoms as a class more characteristic in their matter rather than general? Nevertheless some of these, although highly significant and attracting to the choice, correct or incorrect, are not as dependable as guides against a wrong choice as the great physical generals.

Of course there is another side to it and there cannot be an inflexible dividing line anyway. There are certain mental states, stable and ingrained in the vital habit or constitution which are very strong. But these are comparatively few and not as often uncovered. In general the writer believes that, with some exceptions, the symptoms showing the patient's reaction to those influences which condition physical existence, such as temperature, humidity, variations of function and sensations arising therefrom, such as activity, rest, time, etc., are most dependable to safeguard the choice. It is true that there is close relation between psychic conditions and the sympathetic system and reactions between the two are constant and intimate, but the sympathetic system never being the source of life, its symptoms are apt to be more stable and its expressions more vital. Therefore they are the more dependable as landmarks in the formation of the totality.

The cerebro-spinal system is more of the nature of a transforming mechanism, translating the pristine energy into recognized emotions, perceptions, thoughts, intentions and volitions, with increasing depth and complexity according to energy, effort, memory, storage and experience. Although acting and reacting instantly and constantly with the sympathetic life, yet it is in a way slightly removed from it and therefore slightly less

vital in fact, and to be considered not without care in the selection of remedies. In the case of insanity this relativity is only an exaggeration of the same condition existing in other disorders.

"General" is a good term for certain symptoms and their usefulness is heightened by realizing both their possibilities and their limitations. In realizing the power of generals in a proposition it is not enough to satisfy their demands only, but to reach out to the peculiar and characteristic, to be ever alert to perceive the combination of both, is one of the finest points of homœopathic art. As Dr. Miller says further on in discussing particulars, "the highest rank of all belongs to those symptoms that are not only peculiar but are also general". There is a strong suggestion of this in that remarkable work, Boger's *Synoptic Key*.

Speaking of the concomitants of Kent's *Repertory*, Dr. Miller says that Kent retained only those few that abundant clinical experience has demonstrated to be frequently associated. It would seem that most users of this repertory must have found it wanting in this respect for we come across clinical concomitants so bound together, so related to some general condition or symptom as to be very significant but not found where it would be expected to be in the repertory. We understand that the assistants in the compiling felt the heavy hand of disapproval whenever they attempted to include some concomitants which they felt were authentic and just as significant as the accepted ones but which had not happened to have been born into the master's personal experience. We must admit that it is a consideration which requires care.

The alert and sure-footed intelligence which characterizes Dr. Miller's work and thought is nowhere more noticeable than in his handling of "other important classes" of symptoms. He speaks of "the last appearing symptoms", shows where they may be best depended on, where they may not be, and where they must be used to open up the way for other remedies. Dr. Case used to say that if he could get the first good similar it would simplify the condition and make the rest of the work easier. We might remark that it might make the rest of the work harder for the prescriber who, after prescribing, too easily succumbs to the temptation to prescribe again for newly appearing or attractive groups of symptoms, or mistakenly fears that he cannot control the patient long enough for a symptom grouping to reform and become stable. The tenderfoot, especially, is apt to begin to doubt his choice soon after the remedy has been given, fears that it is not doing enough, that certain conditions need remedial attention, that they signify a wrong selection or that the patient's patience will not hold out, etc. The hardened prescriber is more willing to stake all on his prescription. Even in desperate acute conditions when it may be that a certain prescription is the last throw, what can one do but wait for the right time? Nature always does the best she can and to muddle her efforts in the critical hours may cut the strands entirely. The vital double, as expressed by symptoms, should not be harassed by trying out remedies. A study of these miscellaneous classes of symptoms should be helpful, for the prescriber feels more sure of himself when he has a standard with which to analyze the situation and knows what is going on.

There is a timely caution to be attentive to complementary relationship so as to save time and effort. Some of us might benefit from this practice more than we do.

The sanity of this great homœopath is well shown in his exposition of the use of pathology in prescribing and it is quite interesting.

Lastly, Dr. Miller speaks of the chronic miasms and says truly that a consideration of the great miasms often affects the rank of symptoms. If it be true that one miasm may supersede another or that they may be in combination, then, as these states must overlap more or less, the border lines not always being complete, single symptoms may vary in rank according to their setting. The proper evaluation of this must aid in the selection of the *simillimum* for the selection would then not be confined to one of the miasms.

There is one statement which the writer is tempted to qualify, although both Hahnemann and Kent teach that "we must attack the miasm that is uppermost at the time and ignore the symptoms of those that are latent, except in the last monstrous phase where two or three form a complex, which is a rare thing, and seldom brought about except by the prolonged abuse of un-

suitable remedies". The trouble with this, perhaps, is not with the principle but with the prescriber, especially when dealing with severe acute or sub-acute disease which has already been modified by a preceding prescription. Then the symptoms of another miasm are apt to slip in, often unobtrusively, and go unnoticed or masked by the severity of the symptoms previously existing or common to the disease form that is being watched. We should, therefore, see beyond organs, pathology, diagnosis and importunate common symptoms to those individual symptoms which lie just underneath and should add their characteristics to the sick personality before us. This experienced awareness and attentiveness will save many a desperate condition that would otherwise succumb to the load carried by the vital energy.

Where two miasms co-exist and alternate Dr. Miller directs that the selection should be based on the symptoms present at the time, ignoring the ones temporarily latent. We wonder what Dr. Pulford of "the perfect *simillimum*" and Boger of Bœninghausen tradition would say to that. Might it not depend on the acuteness or intensity of the vital efforts? In slowly paced or chronic conditions might not the vitality respond well to the more comprehensive remedy covering also the submerged symptoms especially when a high potency is being used?

To associate and publish Dr. Miller's exceedingly clear and practical studies in book form as a synoptic medium for study and reference would be one of the most useful things some enterprising homœopath could do. They are classic, yet evade the conventionalities, always interesting even though technical and practical to the last word.

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CHRONIC BRONCHIAL CATARRH

Dr. Mingard suggests *Ant. sulph. aur.* as the most useful remedy; *Amm. mur.* in periodic exacerbations; *Merc. sol.* in obstructive catarrh; *Ars. iod.* where there is asthma; *Atrop. sulph.* in dry catarrh; *Sil.* in very moist catarrh; *Crat.* in the obstructive catarrh of heart cases; *Kreos.* or *Pix. liq.* in fœtid bronchitis or bronchiectasis.—(trans. from *Neu. Hom. Zeit.* IV, 340)

COMPARATIVE VALUE OF SYMPTOMS IN THE SELECTION OF THE REMEDY*

ROBERT GIBSON MILLER, M. D.

It is a common experience to find cases reported in our journals, presenting large and complex masses of symptoms, to which, as a whole, no remedy in the materia medica corresponds, no reason being given why the remedy that proved curative was selected in preference to many other competing ones. We can learn little or nothing from these cases. Even when we study some of the model cases reported by masters in homœopathic prescribing, we are often utterly at a loss to understand why the curative remedy was selected, unless we understand the rules that led them to give a preference to certain symptoms and to relegate others to a very secondary place.

Hahnemann advises us to base the selection of the remedy upon the totality of the symptoms presented by the patient, as they are the outwardly reflected image of the internal and invisible disease, and the only means by which we can truly apprehend this internal disturnement of the bodily forces.

I do not at this point propose to go into the observations and arguments that led Hahnemann to advise that the choice of the remedy should depend almost entirely upon the symptoms, to the practical exclusion of pathology. If these symptoms are to be our guides, what do we include in this term?

Every deviation from perfect health experienced by the patient, or observed by others, including all disturbances of functions and sensations, all alterations in the external appearance of the patient, and also all probable causative conditions.

As a rule, in acute disease there is little difficulty in determining the totality of the symptoms, for the deviation from health is usually sharp and well defined. As an acute, supervening disease never forms a complex with a chronic one—the latter being suppressed until the former has run its course—care must be taken, when ascertaining the symptoms of the acute disease, to exclude from consideration the symptoms of the now latent chronic disease. According to Kent, at times some symptoms of the chronic disease may persist, and be active during the acute disease. Such symptoms are peculiar, because they have not disappeared, and are often guiding in the choice of the remedy for the acute disease.

But, when we come to deal with chronic diseases, the problem is more complicated, for we have to take into account not only the present symptoms, which often show only a very partial picture of the disease, but must also include many former symptoms that are not now active; for even in those patients that have suffered for very long periods, and from many apparently diverse troubles, *there always is method and order running through all their illnesses* if only we can find the clue.

While, theoretically, we should consider all the symptoms experienced by the patient since his birth, excluding those due to acute disease, yet the task is a very difficult one both for patient and physician, and we can only make very cautious use of these bygone symptoms. Even if we could trust to the accuracy of the memory of our patient, or his friends, these old symptoms can be used only with the greatest care, for so many of them may have arisen from faulty environment, the abuse of drugs, or the acquisition of some other miasm, that they would not truly indicate the course and progress of the disease. This is also very often the case when no such question of old, bygone symptoms is involved; and those who are guided in the selection of their remedies mainly by the symptoms are in special danger of overlooking such

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causes, and have to be perpetually on guard lest they fall into the error of ascribing to disease what is really due to other causes.

Dunham, in *The Science of Therapeutics* gives many instances where such mistakes have been made, and only a wide knowledge of drugs, of the habits of the people, and the special conditions under which many occupations are carried on, will enable us to avoid these errors.

Such, for example, was the case of a young lady who, for a very considerable time presented a perfect picture of the classical symptoms of *Sulphur,* and upon whom that remedy, in all potencies (to say nothing of other remedies), failed to produce the slightest effect. It was finally discovered that she was in the habit of using sulphur to cleanse her teeth and upon this being stopped the symptoms at once ceased.

A maker of crucibles for casting steel ingots, who had suffered for seven years with all the symptoms of *Graphites* gastralgia; for him that remedy did no good, until it dawned upon me that I had somewhere read that plumbago was now being used for making these molds.

When we have excluded all symptoms due to such causes, there is the vast number remaining which can be ascribed only to disease proper, and it is with these in particular I wish to deal tonight.

SELECTION IN CHRONIC CASES

Theoretically, we endeavor to find a remedy whose symptoms correspond exactly—as regards both character and intensity—to those experienced by the patient. This can rarely, if ever, be done, and in chronic cases, at any rate, we have, as a rule, to make a selection from amongst the mass of symptoms, and to base the selection of the remedy mainly upon these. If it were necessary always to select a remedy that corresponded perfectly to every one of the symptoms, our already vast materia medica would be utterly inadequate, and we should require at least 10,000 more fully proven drugs. Who would care to undertake the task of searching for a *simillimum* in such a labyrinth? It is quite bad enough as matters are at present, but we must think of our remedies as complex tools, capable of doing many very different pieces of work, which to the uninitiated would seem to require many diversely shaped ones.

Who have made finer cures than the old masters in homœopathy, with their very limited number of fully proved remedies? But they *knew each one through and through,* in a way that few of us do nowadays, and in their hands a comparatively few medicines were, in the majority of cases, sufficient for all their work.

It was because they were able to comprehend not only the spirit of each remedy, but also those symptoms that characterized the patient. Following in their footsteps, we also must endeavor to learn to grade the symptoms according to their respective values, and not to act as mere symptom-coverers—an opprobrious name that has at times been only too well deserved.

In every case of disease there are always two classes of symptoms:

First, those that pertain to the disease—that is, the common or pathognomonic ones; and,

Second, those that pertain to the patient;

And in all advanced cases, a third class that pertains to the ultimates or results of disease.

To attempt to select the remedy in accordance with the first and last of these alone is simply to court failure in the majority of cases; for so many remedies will be found to correspond more or less closely to the first, at any rate, that unless we have some other means of individualizing, we shall be quite unable—except by good luck—to select the correct remedy. Still less can we hope to find a sure basis if we depend upon the pathological condition; for very few drugs have had their provings pushed forward enough to elicit such

effects, and consequently we should have to depend mainly upon such cases of accidental poisonings as happened to be available.

Dunham, writing upon this subject, points out that the drugs varying according to the size of the dose may produce three sets of symptoms, *viz:*

(1) The chemical.

(2) The mechanical, or revolutionary, consisting chiefly in violent efforts on the part of the organism to eject from its cavities the offending substance; and

(3) The dynamic, contingent on the vitality, or resulting from the relation of the peculiar properties of the drug to the susceptibility of the living health organism.

He still further subdivides the dynamic ones into the generic—or those common to all members of a certain class of drugs—and the specific.

As an example of the former, *Arsenic,* in certain doses produces vomiting, diarrhœa, cold perspiration, cramps in the limbs; but *Cuprum, Veratrum, Antimonium tartaricum,* which belong to the same group, produce identical symptoms.

The specific ones are those that are peculiar to one remedy and serve to distinguish it from its relatives.

In the vast majority of poisonings, little else is produced than the first two classes—*viz.,* the chemical and mechanical; and the symptoms obtained therefrom are of little value in the large majority of cases we are called upon to treat. Our main reliance must ever be placed upon the symptoms that signify the patient; and Hahnemann directs that we should be particularly and almost exclusively attentive to those symptoms that are peculiar to, or characteristic of, the patient, and not to those that are common to the disease. Kent, after many years' experience, states that he regards this advice of Hahnemann's to be the strongest thing that the master ever wrote. *Organon* § 153.

In acute disease, there is not much difficulty, as a rule, in recognizing the symptoms that are peculiar to the patient; for the symptoms usually appear in an ordinary manner, and the common or pathognomonic ones are well known. When we deal with chronic diseases, our difficulties are largely increased, for they are often so complex in nature that it is not easy to separate the symptoms that are peculiar to the patient from those that are common to the disease. *Organon* §§ 82, 152.

In many old-standing chronic cases, especially those that have been long under allœopathic treatment, these peculiar and characteristic symptoms have so completely disappeared, or have been so utterly forgotten, that our difficulties are thereby increased. Nay, it is even the case at times that the characteristic symptoms may never have existed except in the patient's ancestors, and under these circumstances cure is practically impossible.

It is as if, during the exploration of some old city, a coin were discovered, by which, if we could determine the year of the king during whose reign it was issued, we should be in a position to fix an important date. If the coin were well preserved, any skilled numismatist would promptly furnish us with all the information we desired; but, if it were much worn or eroded, while he might, from the shape or composition of the metal, be able to determine the dynasty under which it had been issued, it would be utterly out of his power to state the individual king, to say nothing of the year of his reign.

PECULIAR SYMPTOMS

Let us take a few examples of the symptoms that are peculiar to the patient, as distinguished from those that are common to the disease.

The common or pathognomonic symptoms of dysentery are bloody mucous stools, pain, and tenesmus. From these alone we can determine the group of remedies that correspond in general to this disease, and in J. B. Bell's

classical monograph on this subject over fifty remedies are mentioned; yet, from these alone it would be impossible to discover the individual remedy for the case under treatment. If, however, the patient has

Much thirst, and
Every time he drinks he shivers, and
Each drink is followed by a loose stool.

These symptoms, being unusual in the disease, and consequently peculiar to the patient, would guide to *Capsicum* as the remedy.

Dyspnœa, œdema, palpitation of the heart and albuminuria are the common symptoms of many kidney troubles, and from them alone we cannot determine the curative remedy; but, if we find in addition that there is

A strong craving for fat,
Urine intensely strong, and
A sensation as if the urine were cold when passed,

Then these would be peculiar to the patient, and point to *Nitric acid* as the remedy.

Let us turn to characteristic modalities. In a case of spasmodic asthma, an aggravation from lying down is so common as to be valueless in the individualizing of the remedy; but, if we find there is much relief from lying down, as in *Psorinum*, or from assuming the knee-elbow position, as in *Medorrhinum*, then these, being peculiar and characteristic, will be invaluable.

In hysteria we have an illustration of the danger of prescribing for the symptoms that are common to the disease, and hence not peculiar to the patient. It seems the most natural thing to gather up all the incongruous and peculiar symptoms that characterize this disease, and to prescribe for them. But when we realize that this incongruity is the very essence of the disease—in other words, is pathognomonic of it—we then perceive that we have been prescribing for the symptoms that represent the disease, and not for those that characterize the patient. In such cases, the true guides to cure, if discoverable, are to be found in the *changes of desire*, the *aversions*, the *loves and the hates;* and these are particularly difficult to find, for the hysterical patient conceals her real hates and loves and relates what is not true.

In the foregoing, stress has been laid on the supreme importance of paying the greatest attention to the symptoms that are peculiar to the patient, but it would be foolish to ignore the symptoms that signify the disease. They must, indeed, be taken into consideration; but as subsequent to, and of much less value than, those that are predicated of the patient.

In a very large number of cases, no one remedy corresponds to all the peculiar symptoms, but three or four seem to have equal numbers of them, and of approximately the same value. In such a state of affairs, the remedy that has also the common symptom best marked must prevail. It must ever be kept in mind that *there must be a general correspondence between all the symptoms of the patient and those of the remedy*, and that, however helpful the peculiar symptoms may be in calling attention to certain remedies, yet they are not the sole guides; for after all, it is the totality of the symptoms that determines the choice.

It is true that at times a brilliant cure has been made by a remedy that corresponded only to those symptoms that were peculiar to the patient, and *was not known* to possess any strong resemblance to the common symptoms of the disease; but, even in such a case, it is almost absolutely certain that further provings will reveal that the remedy has the common symptoms also.

RANK OF SYMPTOMS

When using these peculiar and characteristic symptoms as the main guides in the selection of the remedy, it is important to bear in mind that they must be *equally well marked in patient and in remedy*. In other words,

no difference how peculiar and outstanding a symptom may be, either in the patient or in the remedy, unless it be of equal grade in both we must pay little heed to it.

For example, if a patient experiences occasional and slight heat in the soles of the feet at night in bed, this symptom would not be of much importance in selecting *Sulphur* as the remedy, because in that drug this symptom appears in such a vigorous and outstanding way that the provers declare that their feet burn at night as if they had been on fire.

Take a case of rheumatism, markedly aggravated in dry weather and better in damp. In such a case, the selection of *Phosphorus* as the remedy could not be based upon this modality, for while *Phosphorus* has it, it is only in the lowest degree.

Even in a case with, let us say, ten peculiar and characteristic symptoms, of which one remedy has eight, but of a very low rank, while another has only five, but of high rank and corresponding to the rank of the symptoms as experienced by the patient, in such a case it is very improbable that the first medicine will prove to be the curative one. The second is much more likely to be so.

It is this question of the rank of symptoms that is the chief objection to the numerical method of selecting the remedy. It seems to have fascinated some minds, for, while it is laborious in the highest degree, it seems to promise certain and exact results; but medicine—even homœopathic—is not yet an exact science, and it is extremely improbable it ever will be, even when we have perfected our armamentarium. Consequently, all such mechanical methods are to end in failure, for quality will ever be of infinitely more importance than mere quantity.

In opposition to this numerical method, some physicians have gone to the other extreme, and have been content to be guided in the selection of the remedy by one or two peculiar and outstanding symptoms, practically ignoring all the others, because they have overlooked the fact that, *unless there be a general correspondence between the symptoms of the patient and those of the remedy*, it is not reasonable to expect a cure.

This so-called "keynote" system of prescribing is very attractive, as it seems so easy, and saves all the laborious comparison of competing drugs that is involved in the numerical method, and also because by means of it many brilliant cures have been made; but it is, from its very nature, a wrong method, and in the large majority of cases is doomed to failure, because it ranks one or two symptoms very high and practically ignores the others.

Having discussed the difference in value, so far as the selection of the remedy is concerned, between the symptoms that signify the patient, and those that signify the disease, we would turn to the other great division of symptoms—*viz.*: the generals and the particulars.

GENERALS

The general symptoms are those that affect the patient as a whole, and, because of this very fact, they are naturally of higher value than the particulars, which affect only a given organ.

What the patient predicates of himself is usually general, as when he says: "I am thirsty," "I am sleepy"—thereby indicating that his whole being is so affected, and not merely one or two particular organs. So much higher may a general symptom rank that, if it be a strong and well-marked one, *it can overrule any number of even strong particulars.*

Let us take a case of gastric catarrh, with

Semi-lateral headache.
Roaring in the ears.
Greasy taste.

Aversion to fat and butter which aggravate greatly.
Fullness and pressure of the stomach after eating.
Flatulence.
Chilliness.
Vomiting of the food.
So far *Pulsatilla* and *Cyclamen* compete *equally*. If we have in addition
Diarrhœa only at night.
Nausea from hot but not from cold drinks.
Palpitation when lying on the left side.
Then the balance would turn towards *Puls.*
If we find that
The patient has the greatest aversion to the cold open air.
Is always aggravated by the least cold.

Then this one strong, general symptom would overrule the marked particulars that *Puls.* alone had, and declare plainly that *Puls.* could not be the remedy, notwithstanding the fact that it alone had the three strong particulars.

On the other hand, a number of *strong particulars* must not be neglected on account of one or even more *weak generals.*

Let us take another case of gastric catarrh, with
Severe pain over the right eye.
Bitter eructations.
Pain in the stomach.
Worse from cold, and better from hot drinks.
One cold and one hot foot.
So far *Lycopodium* and *Chelidonium* correspond about equally to the case. If there is in addition
Constant pain under the inferior angle of the right scapula.
A yellow-coated tongue with indented margins.
Clay-colored stools.

No one would hesitate to give the preference to *Chel.* If, on further examining the case, we find that
The patient always feels worse all over—though hot in a very marked degree—after eating.
That he feels better moving about than when sitting.

These generals would be against *Chel.* and in favor of *Lyc.* but they are *only weak and not strongly marked generals,* and consequently should not be allowed to overrule the *strong particulars* that indicate *Chel.*

1. Amongst general symptoms is to be included the mental state, which, reflecting the condition of the inmost part of man, is bound to be of the utmost importance, and—as Hahnemann so strongly insists—must always, if well marked, take the highest rank in the selection of the remedy. These symptoms are naturally the most difficult to elicit, for people, as a rule, shrink from revealing their inmost thoughts and motives, their hatreds and yearnings, their evil tendencies, and their delusions, *etc.,* and it requires the greatest tact and a full knowledge of human nature to win the confidence of our patient, and so understand his deepest thoughts.

Of course, we are all aware of the value of the more common mental states, and these influence us, consciously or unconsciously, in the choice of our remedies. We all recognize, for example, the fastidiousness of *Arsenic,* "the gentleman with the gold-headed cane", the irritability of *Bryonia, Chamomilla,* and *Nux vomica*; the gentle, yielding, lachrymose *Puls.*; the ever-varying moods of *Ignatia,* the hauteur of *Platina*; the lack of self-confidence of *Silicea*; but there are many less apparent conditions, which have to be deeply probed for, though when found are invaluable. Such are the presentment of death of *Apis*; the lack of natural affection of *Sepia* and *Phosphorus*; the strange impulses to kill those dearest to them of *Mercurius* and *Nux*; the suicidal promptings of *China*—not open and obvious like those of *Natrum sulph.,* but hidden, shamefaced, and mixed with fear. These latter, in the early stages, few patients care to allude to, yet their value to us is inexpressible. Even amongst the mental symptoms there are various ranks and consequently they vary greatly in their value.

All symptoms of the will and affections, including desires and aversions, are the most important, as they relate to the inmost in man. Of less value are those relating to the intellect, while those of memory are to be ranked lowest of this group.

2. Amongst our other generals are the effects of sleep and dreams—such as the aggravation after sleep of *Lachesis* and *Sulphur*; the aggravation from loss of sleep of *Cocculus*; and the great relief from sleep of *Phos.* and *Sepia.*

Again, how often has the study of the dreams revealed the hidden key to the remedy! For in sleep man is off his guard, and his subconscious self can assert itself, and under such circumstances the veil is often lifted a little, so that we are able to apprehend in some degree the deep and hidden mysteries of that disordered life we call disease. Of course, such dreams must be regular and persistent to make them of value, and great care must be taken to eliminate the effect of all external influence.

I recall a case of aortic aneurism, giving rise to much pain and many other pressure symptoms. The patient had not the slightest idea what his disease was, yet he dreamed night after night, of pools and seas of blood, and so distressing was this that sleep was one wild nightmare. The other symptoms were valueless so far as the selection of the remedy was concerned; but, taking the dreams as my guide, I gave *Solanum tuberosum ægrotans,* which completely removed the dreams, and so relieved the pains that he went down to his grave in peace.

3. But one grand general, *viz.,* the effect of different temperatures upon the patient as a whole—is often of the greatest service in calling our attention to special groups of remedies and excluding other groups, so that the labor of selection is thereby greatly lessened. It is by no means always an easy general to use—in fact, I am more careful in questioning patients with regard to this than with regard to anything else.

How often, in response to our question as to how they are affected by heat and cold, they will reply: "Oh! I can't stand heat"! But, on inquiry, you discover they hate cold, but cannot stand a close, stuffy place; or perhaps they may say so because they are worse in summer—which is not necessarily the same as aggravation from heat, for summer, in this climate at any rate, means more than heat.

Another frequent source of error is the tendency to mistake any undue readiness to perspire as an indication that heat aggravates. On the other hand, many confuse an undue tendency to catch cold with aggravation from cold, but when we have eliminated these errors and find the patient markedly aggravated as a whole by heat or cold, we are greatly aided in our choice of remedy.

This question of temperature is often very valuable when the body as a whole is markedly affected by one temperature, and some special organ by the opposite; for example, we find a general shrinking from cold under *Ammonium carb.* and *Carbo vegetabilis,* yet their respiration is relieved by cold air. *Cycl.* has the same aggravation, except with regard to its headache and catarrh; *Magnesia phos.* except for its cough and some headache; *China,* except for its stomach symptoms; *Phosphorus,* except for its headache and stomach symptoms; as a patient suffering from headache and general rheumatism of the body remarked, if he could only have his body in a bath and his head in an ice-tub, he would be supremely happy.

Conversely, the general aggravation of heat of *Lyc.*, except for its stomach and some rheumatic symptoms; of *Secale,* except for some headaches and neuralgias, illustrates the value of this general. The exquisite sensitiveness of the mercurial condition to both extremes of temperature, finding comfort only at a medium temperature, is doubtless known to all of us, and must often have served us in good stead when the other mercurial symptoms were absent.

4. There is little need to call attention to the general effect of the various weathers, but many a valuable hint is obtainable from them, not only in a positive but also in a negative way. In many conditions such as rheumatism, where we expect as a rule to have an aggravation from weather changes, the absence of such an aggravation becomes peculiar and characteristic, and enable us to throw out of consideration whole groups of remedies.

For example, where change of weather does not influence a rheumatism, we can safely exclude *Dulcamara, Nux moschata, Phos., Ranunculus bulbosus, Rhododendron, Rhus, Sil., Tuberc.,* if wet weather does not affect, we can eliminate *Calc., Merc., Natrum carb., Natrum sulph.,* and *Ruta.* Such negative conditions are not sufficiently used.

While the mere absence of particular symptoms that strongly characterize a remedy cannot be relied on as excluding that medicine, yet when strong generals that characterize the remedy are absent we can, with a fair degree of confidence, exclude that remedy, simply because each drug is a unity, and such characteristic generals are their very web and woof.

5. Amongst the generals must be included the influence of the various positions, such as the strong aggravation of most symptoms by standing, of *Sulphur* and *Valerian*; the aggravation of lying on the right side, of *Merc.*; the peculiar aggravation of *Phos.* when lying on the left, yet aggravation of the head symptoms when lying on the right. To be of any value as a general symptom, the patient as a whole must be markedly influenced by these, and if only one organ is so affected they take only low rank, being particulars.

6. The tendency of disease to affect particular parts of the body is often well marked, and may be a general of considerable value. Such, for example, is the semi-lateral nature of many illnesses that require *Alumina, Kali carb., Phos. acid*; or, if the right side is mainly affected, *Apis, Bell.* and *Lyc.*; or, if left-sided, *Argentum nit., Lach.* and *Phos.* Again, how often has the oblique appearance of symptoms led to the choice of *Agaricus* or *Asclepias tuberosa* as the remedy, and even more frequently the appearance of symptoms on alternate sides has led to a cure by *Lac caninum.*

7. Let us consider how profoundly time influences our diseases, and how common it is to find the symptoms aggravated regularly at particular hours. Here, indeed, is a valuable and great general whose proper use will enable us many a time to decide which is the true remedy. It may be the morning aggravation of *Chel., Natrum mur.* or *Nux,* or the evening one of *Bry., Bell.* or *Puls.*—perhaps coupled in the latter remedy with the exceptional aggravation of the stomach symptoms in the morning.

Or if we find the cases characterized by periodic return of the symptoms —whether it be daily, as in *Aranea*; or on alternate days, as in *Chininum sulph.* or *Lyc.*; or every two weeks, as in *Ars.* or *Lach.*—we here, again, have a general of the greatest value. It is worthy of note that the less the disease that happens to be under consideration is itself normally characterized by periodicity, the more does this periodic return of symptoms indicate special remedies which have this characteristic in a marked degree. This is well exemplified in the case of ague, which is normally characterized by the periodic return of the paroxysm at fixed intervals, due as we are all now aware to the segmentation of each variety of the parasite at definite times. The mere fact that this periodicity is common to the disease, and hence not peculiar to the individual patient, has led the most successful prescribers for this disease to base their prescription on other factors that are present, rather than on the periodicity, though, of course, by no means excluding it from consideration.

8. The various cravings for, and aversions to, various substances are as a rule general symptoms, for they depend upon some deep need in the body as a whole, and, if outstanding and definite, must always take high rank. It is easy to understand many of these, such as the aversion to fat of *Puls.,* for it also disagrees, or perhaps, also, the craving for salt of *Natrum mur.*; but the reason for many others is utterly beyond our ken at present.

For example, an intense craving for pork in a case of rheumatoid arthritis, which presented no symptoms beyond those common to this disease, put me upon the track of *Crotalus* and led to the cure of the case, though the patient had been bedridden for over six months.

9. One more of these general symptoms I would allude to—*viz.*: the influence of eating. Of course, so far as it affects the stomach directly, it is only a particular, and we do not, as a rule, find it to be of much help in the selection of the remedy; but when the man as a whole is thereby influenced, and states that he feels better, or worse, all over, by eating, then it becomes a general of high rank. Especially is this the case when symptoms in parts far distant from the stomach are so influenced, such as the aggravation of the pains in the limbs of *Indigo,* or the amelioration of *Natrum carb.,* or *Kali bichromicum.*

The effect of special foods is at times general, affecting the man as a whole; but, as a rule, they affect only the digestive organs, and in that case are merely particulars. It is through forgetting this distinction that all of us at times rank their influence too high, and are disappointed when remedies, selected more or less in accordance with them, fail to cure the case.

10. The special senses are often so closely related to the whole man that many of their symptoms are general. For example, when the patient states that the smell of food sickens him, this is a general; but if he only experiences a subjective, offensive smell in the nose, this would merely relate to the one organ and consequently would be only a particular, and of comparatively low rank.

11. General symptoms are not always recognized at once to be so, but on examining a series of particular organs we find that a symptom or modality runs so strongly through them all that it may be predicated of the patient himself. Here we have a general made up of a series of particulars.

For example, if we take a case in which, wherever the pain happens to be felt, whether in head, or chest, or limbs, there is relief from lying on the painful side, this becomes so common as to characterize the patient as a whole; or, if we find that in all organs and tissues affected the pains are boring from within outwards, as is found under *Asafœtida,* then this symptom can be raised from being an ordinary particular to a general of low rank; or, if the pains, wherever they may chance to be located, are always associated with numbness, as in cases requiring *Plat.* or *Cham.*, then this may also be regarded as a general, though, of course, of a comparatively low rank.

But there is a real danger of overdoing this dependence on generals in the selection of the remedy, and a glaring example of this is seen in Bœnninghausen's *Pocket Book.* In this he overdid the generals, for he generalized many rubrics that were only particulars.

For example, writing is a rubric of particulars, and in no instance is the patient himself worse from writing; but in some cases it is the eyes, from looking; in others the hand, from exertion; or in others the back, from sitting bent. If we are searching for the remedy for a headache aggravated by writing, a rubric composed after this manner would be useless. But the rubric, "aggravation from motion" is on quite a different footing; for, if we have

a case requiring, say, *Bryonia,* we find so many particulars aggravated by motion that it appears that the very patient himself is worse from motion, and consequently in this case motion is a general.

12. There is one other general—the greatest of them all—which I must not omit, for it is created by the blending of all the generals and particulars into one harmonious whole. For lack of a better work, we speak of, let us say, the *"Sepia"* constitution, meaning thereby that special diseased condition of mind and body for which that remedy has so often proved itself curative, that we come to look upon it almost as an entity. At times it is plainly discernible by all, and capable of being described in words—such as the leucophlegmatic constitution of *Calc.*; the tall, thin, narrow-chested one of *Phosphorus*; or "the lean, stooping, ragged philosopher", as Hering called the *Sulphur* patient. Far oftener it is something much more subtle, such as that of *Arg. nit.*, with its fears and anxieties and hidden, irrational motives for all it does.

To very few of us is it given to penetrate into these secrets, and to understand that almost indefinite something which often lies behind the mere symptoms, modifying and characterizing them all, and so becoming the governing element in the whole case. The masters in our art are those who have had the power to understand this great general, and we stand amazed at their skill in penetrating right into the heart of the most complex cases and evolving order and consequent cure out of seeming chaos.

PARTICULARS

While the general symptoms are of the highest rank, as a rule, simply because they relate to the man as a whole, we must on no account undervalue the particulars. In fact, many cases seem to be composed only of particulars, and have few or no generals of any importance. In such a case, where no one remedy corresponds to the case as a whole, we must base our selection upon those particulars that are most characteristic and peculiar; for it must be borne in mind that both generals and particulars may be either characteristic and peculiar with, say, a vague aggravation from cold and damp, an indefinite depression of spirits, or an irritability without any qualifying conditions, or not of much intensity—then the characteristic particulars must lead.

1. There is one matter in connection with prescribing the particulars that may give rise to a difficulty in selecting the remedy. In alternating complaints, such as of eye and stomach, we may find that, say, *Euphrasia* is more sharply related to the eye symptoms than the deep-acting remedy that best fits the whole case, and that *Puls.* corresponds to the stomach ones better than the deep-acting one does. We must ever remember that there is one deep-acting remedy that is more similar to the whole patient than these special remedies, because it corresponds better to the general symptoms.

I have previously quoted Hahnemann and Kent with regard to the importance of paying heed mainly to the symptoms that are peculiar, but this is only one aspect of the truth; for the highest rank of all belongs to those symptoms that not only are peculiar, but are also general.

A very good example of this is a case with a very high fever, let us say, of 105 degrees, yet without the least thirst. Here we have without doubt a very peculiar symptom, for the absence of thirst with such a temperature is a most unusual thing, and this thirstlessness is a general, for it is the whole man that is thirstless. Of course, if we had only temperature of, say 101 degrees, this symptom would not be specially characteristic, and consequently of comparatively low rank.

2. Before we pass from the consideration of particulars, I would call attention to the fact that common particulars may in certain circumstances assume a comparatively high rank. Two common symptoms which, if they appeared alone, would be of little importance, when associated, at once become of considerable value—the coryza with polyuria of *Calc.* is a good example of this. In this connection it is worth noting that a remedy can cure groups of symptoms, even where they did not appear as concomitants in the proving; and this is the case even when the components of the group were observed by quite separate provers. Kent, in his great repertory, has left out the majority of concomitants, and has retained only those few that abundant clinical experience has demonstrated to be frequently associated.

Other examples of this raising of the rank of common symptoms are:

Where the common symptom is associated with a peculiar modality, such as the chilliness of *Puls.*, worse near the fire.

Or a special localization may emphasize a quite common symptom, such as the aching pain at the inferior angle of the right scapula of *Chel.*

Or finally, the mere intensity of a common symptom, such as the overwhelming sleepiness of *Nux m.*, gives it a value that otherwise it would not possess.

OTHER IMPORTANT CLASSES

1. Ranking close behind, or even at times taking precedence of the peculiar and general symptoms, must be placed the last-appearing symptoms of a case. These symptoms, to be of any real importance, must, of course, be outstanding and definite, and if so they are always of the first importance in the choice of the remedy. So much is this the case that, where no remedy can be discovered that corresponds to the case as a whole, it is at times necessary to be guided almost exclusively by them. When so prescribing, it is not to be expected that the remedy will influence the case very deeply, or cause any markedly curative results; but it will modify the symptoms and open up the way for other remedies.

The foregoing refers to the symptoms that have been the last to appear, before homœopathic treatment was instituted; but even when the appropriate homœopathic remedy has been given and modified the case, and new symptoms have appeared, the same law holds good. Hering, however, cautions us to note that these new symptoms will generally be found amongst the symptoms of the last-given remedy, but only of low rank, and not guiding in the choice of the second remedy.

These new, or last-appearing, symptoms may be old ones which had disappeared many years ago, and have now returned through the action of the first remedy. Accordingly, before using them as guides in the selection of the second remedy, we must have patience and make sure that their return is permanent, and not merely a temporary reappearance while on the way to final extinction.

2. Another very important rule of Hering's, the observance of which will often prevent many mistakes and save much study, is: that the second remedy must bear a complementary relation to the first; and hence the last remedy that has *acted,* either homœopathic or allœopathic, forms one of the most important guides in the selection of the second. The knowledge of this rule is a great time- and trouble-saver, for, in the majority of cases, a reference to the tables of related medicine would enable us to select with ease the remedy that is to follow.

3. Toward the beginning of this lecture, I made passing mention of the value of old symptoms which had long ago disappeared, pointing out that, for many reasons, they were often of very uncertain value. While it is seldom advisable to give them any very high rank in the selection of the remedy, yet they are of the utmost value in confirming the choice of remedy, or in dif-

ferentiating between competing remedies selected in accordance with the now active symptoms.

As an example of this, Kent mentions the case of a man who had long suffered from neuritis of the limbs, whose present symptoms did not point decisively to any one of five or six competing remedies. It was discovered that in infancy he had been affectd by *eczema capitis,* very similar to that caused by *Mezereum,* qne of the competing remedies, and on examination of the pains in the limbs produced by that remedy it was found that they closely resembled those now experienced by the patient. This remedy proved curative and reproduced the original eruption.

Dunham's well-known cure of deafness by the same remedy is another example of this use of old symptoms.

4. In the cases just mentioned, the diseases cured were not characterized by any marked pathological changes, but in cases where these changes have become quite definite it is useless, in the majority of cases, to prescribe upon the symptoms that now present themselves. We must here also seek to discover the primitive symptoms that the patient experienced long before any definite pathological change took place; and though the task, as I stated, is difficult, yet we can often obtain enough data upon which to base our prescription.

5. I need hardly say that no one, even when he has been able to obtain the fullest and most accurate description of these old symptoms, expects to be able to cure diseases that have advanced so far as to lead to practical destruction of organs and tissues. It is only the beginnings of such processes that are amenable to medicines, so far as positive cure is concerned.

Even in comparatively recent and uncomplicated cases of chronic disease, when the symptoms have been suppressed and the whole character of the disease changed, the symptoms that now present themselves must, in the great majority of cases, be our guides, though at times it may be necessary to select from amongst the competing remedies one that is known to have an antidotal relation to the suppressing drug. This is not, however, invariably the case, and it is at times necessary to give the original symptoms the higher rank and to be guided by them, to the exclusion of those now present.

As an example of this, an otherwise healthy young man, who had suffered for over a year from sciatica, presented himself with stitching, cutting pains in the calf, worse at night, better from heat. worse in motion, relieved by flexing the limb. *Coloc.* and other drugs failed to give relief. It was found that the disease, which was originally located in the upper part of the nerve, had been vigorously treated by external applications, with the result that not only was the situation of the pain altered but its character and modalities had been completely changed. The original pain was of a tearing nature, and was greatly aggravated by sitting—not quite so severely felt while walking—and there was almost complete relief when lying down. *Ammonium mur.,* selected in accordance with these old symptoms, promptly cured.

7. Tonight I can make only passing reference to the so-called primary and secondary effects of drugs, to which some good prescribers have assigned different values in the selection of the remedy. So far as my experience goes, it does not seem to matter in what order the symptoms may appear in a proving—if the remedy can produce them, it will also cure them, irrespective of their position in the disease, and, consequently, so far as rank is concerned we cannot differentiate between them.

PATHOLOGY

I stated at the beginning of this lecture that Hahnemann insisted that we must be guided in the choice of the remedy almost exclusively by the symptoms, to the practical exclusion of pathology; but I think there is a good deal

of confusion with regard to this matter. So far as I can see, Hahnemann did not object to the use of the pathological changes as guides for theoretical reasons, but only for practical ones.

It is true that to a limited extent it is practical to use pathology as our guide, and we all do so use it. Whenever we have to prescribe for eruptions or ulcers—which are, after all, pathological changes—we do not hesitate to be governed by anything that is peculiar or characteristic about them, such as their color, shape, and position, because by means of these peculiarities we can differentiate. But, when we come to deal with gross pathological changes in the deeper organs we meet with two difficulties.

In the first place, we are unable in the living patient to determine those minute differences—though doubtless they do exist—which, if discernible, would enable us to differentiate.

And, in the second place, very few of our remedies have had their provings pushed far enough to cause corresponding pathological changes.

These, I take it, are the practical reasons that led Hahnemann to ignore pathology; and, though our knowledge of this subject has enormously advanced since his day, his reasons still hold good.

But we cannot, even in the selection of the remedy—to say nothing of its absolute necessity in all questions of diagnosis and prognosis—ignore pathology, for without it we cannot understand the true course and progress of a disease. Only by means of it can we know the symptoms that are common to the disease, and hence those that are peculiar to the patient. We also thereby know, at certain stages of some diseases, no matter how similar the symptoms produced by certain remedies may appear to those of the patient, yet that, owing to the superficial character of their action, it is not possible for them to prove curative.

For example, in pneumonia, in the stage of exudation, while the symptoms may apparently call for *Acon.,* we know that this remedy, owing to the superficial nature of its action, cannot produce such a condition, and closer examination will reveal that some deeper-acting remedy, such as *Sulphur* or *Lyc.* is needed.

Pathology enables to to decide, when new symptoms arise, whether they are due to the natural progress of the disease or to the action of the remedy. We must clearly understand that *it is the patient that is curable,* and not the disease, and without a proper understanding of pathology we are liable to err.

Take a case of inflammation of a joint that has gone to ankylosis—the suitable remedy will cure the inflammation, but will be powerless to break down the adhesions, and surgical aid must be sought. The same holds good with regard to tumors, for when the patient is cured the tumor will cease to grow and perhaps may be absorbed, but very often it persists, and must be removed by the knife.

Pathology also warns us that it is dangerous to attempt to cure certain conditions of disease, such as advanced phthisis, or deeply situated abscesses, or where foreign bodies are encysted near vital organs. In such cases, Nature can cure only by ulcerating out the foreign substance, and the exhaustion entailed by such an operation is often fatal. Of course, in such cases, if a surgical operation is not deemed advisable, we can do much to relieve by means of short-acting remedies which have no tendency to excite Nature to get rid of the foreign body or dead tissue by suppuration.

CHRONIC MIASMS

I now come to a matter which has given rise to the sharpest controversy in the past, and which many have absolutely rejected, *viz.,* Hahnemann's doctrine of psora. I would not have alluded to it this evening, after having spoken of so many things that I cannot expect all to accept, unless it had been that

the discussion of the comparative rank of symptoms would not be complete unless this matter was considered.

All are agreed, at any rate, on the existence of the two other chronic diseases, *viz.*, syphilis and sycosis, and I would like to indicate, before closing, the views of the man who more than anyone—even more than Bœnninghausen—has elucidated the course and progress of these diseases—I mean, of course, James T. Kent.

Kent holds that these chronic diseases may exist either in an active or a latent condition, and may present themselves in three ways, *viz.*:

As a single miasm.

Two or three miasms co-existing or separate, but only one active at a time.

Two or three miasms forming a complex.

But, to come to the point we are interested in this evening, both Hahnemann and Kent teach that we must attack the one that is uppermost at the time, and ignore the symptoms of those that are latent, except in the last monstrous phase, where two or three form a complex, which is a rare thing, and seldom brought about except by the prolonged abuse of unsuitable remedies.

Where two miasms, say syphilis and sycosis, co-exist, it is not uncommon to find them alternating, though only one is active at a time. In such a state of affairs we naturally will select the remedy solely in accordance with the symptoms of the now active miasm, and ignore those of the one that has become temporarily latent—in other words, only the symptoms of the active one have any value in the selection of the remedy that is required at the moment.

Such, gentlemen, is a very imperfect sketch of the rules that must guide us in determining the comparative value of the different classes of symptoms, a matter of the utmost practical importance in connection with the problem of the cure of complex chronic diseases.

And it is solely by our success in the treatment of this class of disease that we can hope to convince our brethren of the old school that the true and only law of cure is that of *similia similibus curantur*.

The susceptibility to medicinal influences is greatest in very small children and is at its acme in subjects entering upon pubescence, a period when the more noble developments take place. These are epochs when, as a general rule, the organism requires but minute doses of medicine which ought to be so much more minute as the medicine has a specific relation to the organ. This observation is likewise applicable to females, who generally require smaller doses. . . . Phlegmatic and torpid temperaments require the lower attenuations; sensitive persons, on the contrary, with a sanguine or choleric temperament, the higher. Persons whose sensibility has become obtuse in consequence of the abuse of spirituous and heating beverages, spices, piquant dishes, require larger doses of medicine to excite the necessary organic reaction. This shows that the mode of life has a great influence on the constitution.—HARTMANN, 1846.

SOCIO-HOMŒOPATHIC PROBLEMS—MENTAL SYMPTOMS OF THE THREE MIASMS*

J. W. WAFFENSMITH, M. D.

The concept of constitutional disease states, the miasms, is co-existant with homœopathy. It is found in the writings of Hahnemann, H. C. Allen, J. H. Allen, J. T. Kent and many others.

PSORA AND TUBERCULOSIS

Excitement, anxiety, fear, restlessness, dissatisfaction,

Fear of death, disease, business failure, insanity, *etc.*

Proud, always makes special effort to be well thought of. It is amusing to what devices these people resort. It dovetails with suspicion.

The psoric and tubercular, especially, use liquor as a surcease to their anxiety and restlessness; also coffee, tobacco and other stimulants, something to obtain temporary diversion.

Difficult concentration, lack of control of thoughts, a momentary blankness.

Sadness, weeping, over-sensitiveness to external impressions.

Easily offended, resents statements of friends, but is too timid to reply, holds grudges against people and repeatedly recalls past unpleasant experiences (*Natrum mur.* and *Silicia*).

Oppression from exertion, closed room, fear. Nerves easily shocked and a general resultant prostration. The tubercular miasm represents nerve discordancy, loss of psycho-mental balance, and inability to bear the stress of the varied experiences of daily life. The condition is markedly increased by the addition of sycosis.

Lassitude, desire to recline, prostration of more or less profound nature.

Changing, alternating states. These often come with environmental conditions and are important to observe in each case.

Indolence, does not wish to apply himself to a single task, abhors manual labor, changes occupation frequently, wants to travel from place to place, displeased, dissatisfied with environment, high anticipations but disappointed when carried out.

*Read at the A. F. H. Post-Graduate Summer School, 1929.

Hysteria in all its varied forms, neuroses, especially in tuberculo-sycotic state. Fanciful ideas, over-estimation of self in many forms.

Obstinate, flies into a passion, but is quickly penitent, although everlastingly complaining and fault-finding, critical.

SYCOSIS

Cross, irritable, snappy, suspicious, especially sensitive to weather conditions and changes.

Forgetful, loss of train of thought, forgetful of names.

Motion is a very important characteristic. Wants to keep going. Will walk until exhausted.

Procrastination, desires to do things but keeps putting it off. Often begins but leaves task unfinished, especially because he cannot keep in motion. He has a desire to do but procrastinates on account of the urge for motion. In the tuberculo-sycotic miasmatic there is a crowding of desires. There is an unexplainable stamina to sustain prolonged motion. It represents the perfected sex urge directed toward multiple unorganized expressions in other channels.

In the tubercular there is a form of procrastination due to prostration, a lack of ability from the deep-seated central nervous system sense of weakness.

In the syphilitic we find procrastination pictured by the element of dullness of brain activity; he concentrates more on some special desire, and procrastinates on some other matters, which may be important or not. It represents a stupid obstinancy.

Remorse, indefinable and agonizing, aggravated on awakening in the morning, ameliorated by motion.

If he has the acquired form of sycosis or an active hereditary type, he is continually looking for a discharge, endeavors to suppress the secretion, handles the genitals. (*Medorrhinum, Thuja*). This is a persistent symptom in some cases and represents a deep-seated mental background. I have seen it persist for years. It is also found when sycosis develops on a highly tubercular base. The more tubercular, the more anxious and fearful he is (*Sul., Psor., Tub., Kali phos.*)

He wants the discharge stopped; he is impatient and in a hurry, and goes from one doctor to another to secure relief. If a woman, she uses douches to suppress the leucorrhœa, develops an aversion to her natural environmental conditions, often to a vicious degree.

The discharge is fishy; sometimes there is a sickening sweetish odor of the genitals; if tuberculo-sycotic there is a sweetish sour odor.

Metastasis, a tendency to change symptom expression from external to internal, to cervix, uterus, tubes and ovaries, to prostate and testes.

Homœopathy, treating the patient from within out, increases elimination in the most natural channel and avoids the results of suppressive measures.

Sycosis has a red, macular, discrete eruption, a cardinal diagnostic point. I have produced a general discrete eruption of sycosis under *Silicia, Kali phos.* and *Sepia*; *Medorrhinum* and *Thuja* have it also. Another diagnostic symptom is the spider web of capillaries found on the cheek, on different parts of the body and on the extremities.

SYPHILIS

Dullness in comprehension, low grade mental development. Ugly, malicious, destructive, homicidal, suicidal. For many years these people harbor the thought to destroy life. They do not speak of it to others; it is a cold-blooded premeditated destruction of life, typefied by *Mercurius,* the master drug.

Syphilis has a marked irritability, an aversion to those intimately associated with the family, or the business partner. It is critical and destructive and is related to varying shades and degrees of anti-social conduct, hatred, jealousy, vindictiveness. These patients live under constant taint of moral perversion, which is shown by the frequent washing of hands (*Syphilinum*). This represents a deep seated depravity, a sub-conscious acceptance of the same, and a desire to cleanse the temple, a factor seen in the gradual destruction of the cerebral cells in paresis.

Man inherently wants to be social and clean, to functionate with his fellow men, to be respected. The compensation for the struggle within is the dullness of mind, the gradual ingulfing

process of deterioration. He quickly retires to some lonely spot and hangs himself (*Aurum met.*).

Under the sycotic impress he lacks the definiteness of detail. The inhibition centers are active and the element of procrastination acts as a deterrent.

There is sleeplessness, especially if psora is co-active.

NEW HAVEN, CONN.

BRIEF PAIN REPERTORY

Burning pain: *Apis, Ars., Carb. veg., Nit. ac.* Pressing pain: *China.* Convulsive pain: *Cupr.* Smarting pain: *Arn., Caust., Graph., Iod., Rhus.* Sticking pain: *Arn., Bry., Kali carb., Ran. bulb.* Burrowing pain: *Berb., Cocc.* Ulcerative pain: *Arg., Kreos., Mez., Zincum.* Bruising pain: *Arn., Kreos., Ran. bulb., Rhus.* Aggravation from: Touch: *Bell., Bry., Colch.* Warmth of bed: *Leq.* Motion: *Colch., Ferrum phos., Guiac.* Cold: *Rhod.* Warmth: *Apis, Rhus.* Night: *Kali iod., Still.* Toward morning: *Nux. vom.* Rest: *Rhus, Sabina.* Evening: *Colch.* Amelioration from: Pressure: *Mag. phos.* Cold: *Puls.* Rest: *Bry.* Warmth: *Mag. phos.* Motion: *Calc. fluor., Cham.* Open air: *Rhus.*—(trans. from *Leip. Pop. Zeit. f. Hom.* LX, 269)

In acute disease the repetition of the suitably chosen remedy must be regulated according to the more or less rapid course of the disease to be overcome so that it is to be repeated if necessary after twenty-four, twelve, eight, four hours, or even less in case the remedy causes improvement without causing new difficulties, but not quickly enough considering the rapid and dangerous progress of the acute disease, so that in the most rapidly death-producing disease of which we know—in *cholera*—at the outbreak of the same we must give every five minutes one to two drops of a weak solution of *Camphor* to render quick and sure assistance, but by more developed cholera, also doses of *Cuprum, Veratrum, Phosphorus, etc.* (X degrees), after every two or three hours, as perhaps, also *Arsenic, Carbo veg.* in similar short intervals.—SAMUEL HAHNEMANN, 1833.

MEDICAL MENSURATION

DAYTON T. PULFORD, M. D.

The article of Dr. Philip Rice on page 541 of the August *Recorder* is one which should stimulate thought and cause us to stop and take stock. This is especially true as he makes two charges: One, that those physicians, who are not devotees of the yardstick and caliper should be barred from medical practice; the other, that because they are not such devotees they are but "blind leaders of the blind". Without condemning morphology, and believing it valuable in its sphere, might it not be pertinent to say, by the same token, that engineers should disbar their kind for not carrying medicine cases?

There is also a peculiar statement in the article, in fact, several seeming inconsistencies. Perhaps it is only my own stupidity that makes them appear as such. All of these matters should be cleared up because homœopathy, that system of medicine which has accomplished so much in the past and whose therapy has excelled all others in its sphere, is condemned as overstepping its bounds and taking on the atmosphere of quackery, in that it professes to do what it cannot.

Dr. Rice says that homœopathy cannot accomplish a great deal without a knowledge of morphology and its application. Then he speaks of the great achievements of Hahnemann and his immediate followers. If the key to success be but recently found, how does he account for those great achievements? Do not Kent and some of the others of more recent date come in for their share? They, too, made some remarkable cures or palliations. Evidently some kind and tolerant nature was very good to them and let them be lucky occasionally! All of our success not due to knowledge beforehand is termed luck. Nature must have had a terrible time running things before man's mighty intellect discovered how to do it.

The good doctor says that we are throwing too much responsibility on homœopathy and the indicated remedy and are stepping without its sphere, all this to the detriment of homœopathy. How does it come, then, that homœopathy made its greatest

strides when everything was thrown on it and at it, and it was not protected by the overzealous nursemaids of today, who are afraid to even try its mettle, who protect it from exposure to everything but the infectious principle of the old school?

Another peculiar statement is that in which he says that those who believe removing the signs and symptoms of disease constitutes the cure consider themselves Simon Pure homœopaths. What better right have they to do so? A Simon Pure homœopath is one who accepts the *Organon* as true and who practises its teachings. I respectfully refer Dr. Rice to section 22 of the Fifth Edition of the *Organon* (Dudgeon). If Simon Pure homœopaths are not fit to practise on these grounds—farewell, International Hahnemannian Association!

Dr. Rice's greatest error lies in the fact that he considers one brick the whole house. His other errors are pardonable in that we do not know as much about disease and cure as we try to let on. What would you think of the advertiser who advertised widely and yet was unable to back up every bit of what he claimed? That is the status of medicine today. Sound business?

Poor Hahnemann! Among his many accomplishments he failed to study architecture. Being a very practical man he was of the opinion that one could clean up a house and make it usable without converting it from a Mexican adobe into a Greek temple.

All of us are in a fairly dense maze, and as yet do not understand the nature of disease and many of its controlling factors, yes, the majority of them. In spite of our boasted progress we still look upon disease as an entity, as something apart from the individual, and not as the reaction of a living substance to a stimulus. We look upon it as something which crawls unnoticed in the back door and in the stretch after the squeezing makes itself known and felt in the body. We must then chase it around, hit it on the head and drag it out. We seldom think of a complexity of causes, or of causes acting in sequence, whereby a result may in turn become a cause. There must have been a cause for the abnormal morphology and the determination of that cause would be of greater value than morphology itself. We must also remember that abnormal form might be beneficial under one set of circumstances and a detriment under others.

We are in just as much chaos regarding cure. There seem to be many conceptions of cure. Dr. Rice claims that we can expect no cure with abnormal morphology uncorrected. The most important question here is: Can morphology be corrected by any form of therapeutics? If it cannot, the most we can do is palliate, and, if that can be our only aim, why bother with homœopathy at all? In the case reported as greatly benefitted did the morphology change under the morphologically indicated remedies? If the answers are unfavorable why give back sight to the "blind leaders of the blind"? Sight will not be a factor in enabling them to approach cure, they might only be slightly better palliators.

How does the doctor correlate his remedies with morphology? Empirically or on the despised homœopathic indications? How much has been checked up to show that the external topography gives an accurate estimate of both the quantity and quality of the contents within? Has any remedy in its proving produced any change in morphology? Again, we may ask, can the remedy change the morphology and can the patient be cured if his morphology cannot be changed? We ask this with cured used in the sense of "restored to the normal of the individual".

No, we do not condemn morphology. It has a useful and legitimate sphere, and this, we believe, lies more in the examination of the patient than in indicating the remedy. However, it is neither the *alpha* nor the *omega* of medicine nor of homœopathy.

We infer from this article that all we can do is to palliate, as morphology cannot be changed, whether we measure or not, and that in any method there is possibility of error. However, Dr. Rice, himself, expands upon the fact that Hahnemann and his immediate followers made grand successes without using morphology. [Except intuitively.—Ed.] To suggest disbarring men who are accomplishing a great deal with the indicated remedy because they do not use morphological therapy; to suggest, as is inferred, that all we can do is to palliate, as morphology cannot be changed, is not only a serious charge but a grave error.

TOLEDO, OHIO.

DRUG PROVING*

CHARLES L. OLDS, M. D.

A knowledge of that which is curative in drugs presupposes a knowledge of their sick-making powers. This, for the most part, can be had only by proving drugs on healthy humans. Therefore a greater knowledge of the vast number of substances that presumably have this sick-making power is necessary, if we would perfect the means by which the law of similars may become increasingly effective in our hands.

The number of drugs that we know is very small when compared with the number that we do not know, so that always in the future there will be a wide field for increasing our knowledge of pathogenesy and of perfecting our means of curing the sick. For everything in the universe has some relation to man, and every drug has a relation to sick man; therefore, when by our provings are able, intellectually, to picture that drug as a new image of sickness, we have made a distinct gain in usefulness; we have strengthened one of the essential supports upon which the law of similars rests. Drug provings, then, are essential to a knowledge of the curative properties of medicinal substances.

First, it is necessary to know who may be provers. Anyone may be a prover who is not taking medicine or is not subjected to drug influences, due to occupation or similar circumstance, provided he is in ordinarily good health. Hahnemann instructs us to test our medicines on the bodies of the healthy, but that is not to be understood as excluding those who are not in absolute health, for we have none such. All health is relative.

It is highly desirable that those of both sexes and of different age periods participate in every proving. It is also desirable that the provers be of such intelligence as to be keen observers and not indifferent to making use of that faculty. To be a keen observer and at the same time an accurate and faithful recorder of symptoms is the *sine qua non* of an ideal prover.

Just as there is no absolute health, probably there are no absolutely pure provings. Causes over which the prover has little or no control may produce symptoms that do not belong to the

*Chairman I. H. A. Committee on Drug Proving.

remedy being proved, such as certain emotional causes, adulterated foods or drink, poisonous gas, and many others.

It is of the utmost importance that physicians who are proving a remedy use the greatest care in handling their medicines. Drug influence, particularly that of the high potencies, is not limited to the taking of that drug by the mouth. It has been shown by Hahnemann, Fincke and others, that cure may be effected by skin contact, and provings be made by smelling of or inhaling drug emanations.

The prover should continue his usual diet and mode of life, as any sudden or radical change therefrom might alter his state and produce symptoms that might wrongly be attributed to the drug being proved. As regards food this is contrary to Hahnemann's observations (*vide Organon* §125 and foot-notes), but in this day of food adulteration and manipulation and high-pressure living it would be next to impossible to follow his stipulations.

Blood and urine tests should be made before and during provings where this is possible, as in groups of provers, and it should be known among them that some were taking *Sac. lac.* as a check.

The prover should give a description of himself as fully as if he was being examined for a prescription. Age, sex, temperament, occupation, habits, former diseases, etc., should be noted, also weather and temperature effects.

A daily journal should be kept by each prover, in which should be noted all symptoms, with time of their occurrence, location, direction, duration, and with particular attention given to the circumstances under which aggravation and amelioration take place.

Any abnormal sensation, condition or appearance is a symptom, but it should be kept in mind that a single symptom is not complete without its concomitants. It is not a simple thing, but a compound, a totality of all its elements.

In proving, the object is not to produce symptoms of great violence, such as are found in acute poisonings as the result of large doses of the crude drug, but rather by small doses, to bring out the dynamic action which has the finer and more character-

istic symptoms. It is not necessary or desirable to produce an extensive pathology.

The individual proving a drug should be in neutral mentally, and from that position record observed facts. Only that which actually occurs to him while under the influence of the drug being tested is wanted. Should he not be sensitive to that drug, or the particular potency of the drug being used, no symptoms may appear; or symptoms may manifest themselves only after days or weeks of waiting. The sensitivity to drug action varies greatly in different individuals, and particularly in relation to any given drug. Some will have few symptoms; others many. Hence the necessity of having many provers. Nor should there be undue haste in deciding that the influence of the drug taken is negative; the drug may have a periodicity, or unknown forces may be active that determine its late production of symptoms. And let it here be said that the most valuable symptoms are those that appear last, that is, at the end of a proving.

The prover should not reason as to the value of symptoms. Undoubtedly many symptoms fail to be noted because they seem to be trivial or so unusual as to be beyond reason, and yet they are of the utmost value. Every close observer frequently finds such symptoms in patients. Whatever symptoms a patient may have must surely be in the nature of some drug, and it is better that these be recorded than to wait for the slow process of clinical evidence.

Too great stress cannot be placed upon the importance of the mental symptoms. The prover should particularly note the effect, if any, upon his disposition and his general attitude toward life, both before and after the proving. Presumably every one has both desirable and undesirable mental qualities. Note what effect the proving has had upon them.

Hahnemann's instructions for drug proving may be found in §105-145 of the *Organon*. They should be frequently consulted.

It is a pleasure to state that the firm of Messrs. Boericke & Tafel of Philadelphia have very generously offered to supply free of charge any and all medicines needed in making provings. This is very fortunate, as all provings should be made with material that has the same source. It is not so much a matter of purity in the original, as it is of using the identical preparation in all the provings and clinically as well.

As the incidence of cancer is increasing, and as the successful treatment of this condition demands our most earnest endeavors, it has seemed wise to select for proving some of those remedies that give promise of being highly useful in the treatment of those who show malignant conditions. Therefore, the first remedy selected is one that gives such promise, *Cadmium met*. Supplies of this drug will be forwarded to all who are willing to take part in this important work, and it is urged that the profession aid, not only by personal participation, but enlist suitable lay subjects in the work. The success of this undertaking depends upon the voluntary co-operation of the I. H. A. membership. Let no one stand back waiting to be personally asked, for everyone is now asked.

It is hoped, that in the larger centres, or wherever there are a number of physicians conveniently located, groups will be formed to carry on this work. Already several have promised their co-operation. We need more volunteers. Let no one stand back waiting. Everyone is asked to take part in this important business of drug proving.

PHILADELPHIA, PA.

Such is our materia medica—a record of actual occurrences, of events that really took place, of results that were unquestionably produced upon the healthy subject. It can never grow obsolete. Theories may be originated, may flourish and grow antiquated, and at last fade into oblivion. The hypotheses that constitute the science of pathology, after passing current for a generation or two, are sure to be repudiated in favor of some newer issue, and the very terms in which they are expressed may become unintelligible as time goes on. But the facts of our materia medica, expressed in ever comprehensible vernacular language, are always fresh. Being the results of pure observation and therefore *absolutely true*, no modifications in philosophy, no changes of theory can supersede them. Our materia medica is an ever-enduring work.—CARROLL DUNHAM, 1865.

LOCAL APPLICATIONS*

H. A. ROBERTS, M. D.

Local applications—what visions these words bring to mind! Mustard plasters, onion poultices, boneset and brine, in fact anything in common usage that could be applied by the home nurse or procured by the most skilful physician. From time immemorial local applications have been the rule among the laity as domestic remedies, and among physicians from Æsculapius down to the present day. This method of treatment was based on the teaching and general belief that if the outward manifestations were removed, the disease was cured; that the outward manifestation was the disease itself, and that the individual would be cured were the manifestations removed.

This doctrine was taught from the earliest times until Hahnemann proclaimed to the world a new doctrine, that the local manifestations were but an outward expression of the inward and spiritual force, which, when disturbed, expressed itself in external signs; that if these external manifestations were removed by local treatment, the disease was not cured, but driven in to some more centrally located organ, there to express itself in some graver form.

It was the custom of the older physicians to use first the local applications; then if the manifestation showed itself in the internal organs, the ever-present purge was used to drive it out. It has been said that the use of the purge was the last remnant of pagan medicine, and was based on the theory that all disease was caused by a very active evil spirit.

Hahnemann's teaching in regard to local applications is very clear and distinct, and in practice has thoroughly proven its value.

§ 194. It is neither beneficial in acute local diseases of rapid growth, nor in those of long standing, to use a remedy externally as a local application to the diseased part, even if the medicines were specific and curative in that form. Acute local diseases, such as inflammations of single parts, like erysipelas, for instance, which are not produced by violent external injuries, but by dynamic or internal causes, will usually yield rapidly to internal homœopathic remedies selected from our stock of well-tested medicines. . .

In a recent homœopathic journal one of our distinguished English confreres advocated the use of the potency as a local application. This method of treatment received censorious consideration from Hahnemann, in paragraphs 196, 197 and 198 of the *Organon*.

§ 196. It may seem as if the care of a local disease could be accelerated, not only by internal administration, but also by external application of the correct homœopathic remedy adapted to the totality of symptoms, since the effect of a medicine, applied locally to the disease itself, might possibly produce a more rapid improvement.

§ 197. But this kind of treatment is entirely objectionable, not only in local affections dependent on psora, but also in local symptoms arising from syphilis and from sycosis, *because the local application of a medicine, simultaneously with its internal use, results in great disadvantages.* For in diseases characterized by a main symptom in the form of a permanent local affection, the latter is generally dispelled by topical applications more rapidly than the internal disease. This often leads to the deceptive impression that we have accomplished a perfect cure. At all events the premature disappearance of this local symptom renders it very difficult, and in some cases impossible to determine whether the total disease has also been exterminated by the internal remedy.

§ 198. For the same reason, a medicine having the power of curing internally, should not be employed *exclusively as a topical application* to the local symptoms of chronic miasmatic diseases. For, if these are only topically suppressed, this partial effect will leave us in doubt regarding the action of the internal remedies, which are absolutely indispensable to the restoration of general health . . .

What then should be the attitude of the Hahnemannian in regard to local applications? Is it necessary that we leave the patient in all his discomfort in a chronic case like psoriasis and depend entirely upon the potentized remedy? Does the intense itching necessarily prove the deciding symptom in selecting the remedy? Just what is the meaning of local applications? If by local applications we mean something that will thwart the expression of the disease, this certainly should not be considered beneficial according to Hahnemann's teaching; but if we base our use of local applications upon physical principles, we may consider it. For instance, in cases of psoriasis and like diseases, the scale that is thrown off by the cuticle tears the corium. This is the cause of the intense itching and is purely a mechanical disturbance. This can very easily and properly be removed by olive oil, followed by a bathing of the part, for cleansing purposes. Such conditions as appear in erysipelas, where there is great tension, and dryness, may be temporarily relieved without violating Hahnemannian principles by laying on for a few minutes a soft cloth which has been dipped in a normal salt solution. Such treatments are not local applications in the sense that Hahnemann referred to in his derogation of the practice.

*Read at the I. H. A., Bureau of Surgery, June 1929.

There is another phase of local applications to be considered, those which have to do with the thermic reactions of the body. For instance, it would be very objectionable to put cold applications on a patient whose symptomatology calls for *Rhus tox.* It would be equally inconsistent and aggravating to put a local hot application on a *Pulsatilla* patient, and one should guard against using a hot water bottle at the feet of *Sulphur* patients. When using any adjuvants, the thermic condition of the patient should be considered. This brings out the necessity of having a keen observation and a very thorough knowledge of the aggravations and ameliorations of our remedies, so as to avoid doing anything locally that would aggravate the general discomfort of the patient.

There is only one condition where local application of the indicated potentized remedy may be used to advantage, and that is in cases where it is impossible to administer it by mouth. This statement is based on Hahnemann's observations that mucous surfaces and denuded surfaces are receptive to the indicated remedy, but in a more limited degree than through the alimentary canal.

§ 290. Besides the stomach, the tongue and mouth are the parts most susceptible of medicinal impressions; but the lining membrane of the nose possesses this susceptibility in a high degree. Also the rectum, genitals, and all sensitive organs of our body are almost equally susceptible of medicinal effects. For this reason, parts denuded of cuticle, wounded and ulcerated surfaces, will allow the effects of medicines to penetrate quite as readily as if they had been administered by the mouth, and therefore olfaction or inhalation must be still more efficacious.

§ 291. Parts of the body deprived of their natural sense, e. g., in the absence of the sense of taste or smell, the tongue, palate, and nose will impart impressions made primarily on these organs, with a considerable degree of perfection to all other organs of the body.

§ 292. Also the external surface of the body, covered by the cutis and cuticle, is capable of receiving the action particularly of liquid medicines; and the most sensitive parts of the surface are, at the same time, the most susceptible.

This is a subject which has not been clear enough to many homœopathic physicians, and many well-meaning practitioners have resorted to external measures; but there is no wavering in Hahnemann's own teaching.

DERBY, CONN.

DISCUSSION.

CHAIRMAN UNDERHILL: I am sure we all enjoyed this excellent paper. This is a subject that would naturally provoke considerable discussion, as it is so closely related to the subject of suppression. I would like to hear from a number of members.

DR. WOODBURY: My list of substances for external use includes cocoa-butter, lanolin, olive oil, hot and cold water, sweet cream of milk and mutton tallow. I should like to ask if there is anything suppressive in the use of cocoa-butter. Among the remedies, I have occasionally used *Caladium seguinum* externally, and also *Ledum,* in the treatment of mosquito bites.

I think we are perfectly right in assuming that when a traumatic puncture of the skin carries something into the sub-cutaneous tissue it is not the same thing as an abscess, a boil, or carbuncle, which begins from within and is thrown out. In other words, the reaction is centrifugal in one instance and centripetal in the other, so I feel perfectly safe in using local applications, if there is not any danger of suppression. We can only tell that, it seems to me, by the direction of forces. If it is an external thing purely, I can see no reason why we cannot use external applications.

I have used cold applications with a great deal of benefit in *Rhus tox.* and ivy poisoning. This seems a very contrary modality, but heat did not relieve in any sense of the word; it only aggravated, while cold compresses entirely relieved the patient. In fact, swathing the body over all the irritated parts with the use of *Rhus tox.* externally made a complete cure of the case.

Silica, in acute abscess, sometimes calls for heat, and occasionally a *Pulsatilla* case can be relieved by heat instead of cold. In Dr. Wright's paper this morning she cited a case where she gave *Natrum muriaticum* although the patient was not fond of salt. I found by searching the repertory that opposite modalities are almost always given in a minor degree.

DR. ALLEN: I am very susceptible to *Rhus tox.* poisoning. One year I had nine attacks. I thought I would try to see if I couldn't work it out. I used every remedy recorded for this condition including *Rhus tox.* 1000. But placing the part affected in hot water and keeping it there until it cleared up did better than anything.

The last eight years I have done a great deal of rectal work, and I have searched for an ointment that would be efficacious. I use equal parts of mutton tallow and olive oil with *Arnica* and *Calendula.* I have used this for eight years many times daily. I have never produced a proving of *Arnica* or *Calendula* and I have never had any infections following the use of this ointment.

DR. STEVENS: I wanted to add cornstarch to Dr. Woodbury's list. Frequent external application of cold cornstarch in cases of herpes zoster is most comfortable.

DR. WOODBURY: White of egg is also good for external application. I have used it in cases of very bad bed sores, beating it up to a stiff consistency, applying it and letting it dry in the air.

DR. ALLEN: Put olive oil with it.

DR. WOODBURY: I have used it both ways, but sometimes all you need is just the stiff albumin.

PRESIDENT WILSON: Perhaps Dr. Allen didn't notice the other day that Dr. Olds, while reading his paper, suggested the use of *Tuberculinum* as a preventive of *Rhus* poisoning. It might be interesting for you to try this. I wonder if Dr. Roberts would object to the use of hot water to sunburn, or ice to frost bite. I certainly remember a pair of sunburned arms I had at Martha's Vineyard one time. I just held my arm out and put on very hot wet towels, and the next morning I was able to use my arms. It certainly proved the heat.

DR. KRICHBAUM: Mr. Chairman, common vinegar applied to a severe sunburn will enable you to go out and get resunburned the next day.

It seems as if the question in local applications is entirely one of what you are trying to suppress. If a man came in and told me that he was very sick, and I knew that he had been indulging in too much of the refreshments that are prohibited in the states and that he had also eaten a heavy beefsteak dinner, I would give him castor oil or Pluto water, or something else, and I wouldn't think that I was doing wrong. Possibly I would be. If a man comes to me from the garage with a dirty wound, I don't hesitate a minute to put on a dressing with a local application. I am not trying to suppress something that nature is throwing off. I don't think I am suppressing anything, Dr. Roberts. I am trying to clean up and prevent something.

DR. MACFARLAN: I don't know whether you would call it local applications, but I think a great many can be helped by what you call extra medicinal measures. I have a man 77 years old who has prostatic hypertrophy. He has a good deal of residual urine from his post-prostatic pouch. When he has a flare-up of fever, we give him a glass of water every hour during the time he is awake, and it helps him a lot; it seems to remove the urinary material in the bladder. This is a simple common sense thing to do and is very useful.

DR. FARRINGTON: Mr. Chairman, it seems to me that the question of local application of medicinal substances has to be considered in a somewhat different light. Take *Symphytum* and *Calendula*. Do they really act locally and set up a local process of repair, or are they simply absorbed into the system just as if they were taken orally? There is no need of using a thing locally which has the specific action that you are looking for. As I understand it, homœopathic remedies operate by stimulating the natural processes of repair and cure.

What about the use of the ice bag? This is a common custom, especially in cases of appendicitis, the idea being to retard the formation of an abscess. I believe, however, that by this method many a case has been forced into the stage of surgery, perhaps of gangrene, because, while it does retard suppuration and inflammation, it also retards circulation, and the system is unable to use its natural processes of repair so gangrene sets in.

DR. WOODBURY: I didn't quite finish, Mr. Chairman. I said something about the use of *Calendula* on conditions like boils. I do not believe it is a wise or safe thing to use *Calendula* or any other substance with sufficient oil or emollient in it to check excretion in the case of carbuncles or boils. We get a great many carbuncles and boils. At first we used to treat those with *Calendula* cerate. I found a bad burn one time which was being treated with *Calendula*. The patient started up a urinary difficulty. We examined his urine and found he had acute nephritis. We stopped the use of *Calendula* and used dry sterile dressing instead. Immediately his kidney condition cleared up, and the action of the dry dressings drew the moisture out of the tissues by capillary attraction in the same way that antiphlogistin is said to act. From that time we have not used *Calendula* in carbuncles or boils externally.

We simply cleanse such conditions with sterile water or a little alcohol or occasionally a little ether, if there is much grease to remove. Then we put on a dry dressing. We have cleared up several chronic ulcers of the leg by this dry method.

I think what Dr. Margaret Tyler had in mind in the use of *Calendula* 200 locally was to get away from the action of the crude *Calendula*. It will work in the 200th.

DR. GRIMMER: Mr. Chairman, Dr. Krichbaum mentioned the good effects of cider vinegar on sunburn. Some years ago in the I. H. A. meeting one of the doctors mentioned that cider vinegar was also the best antidote to carbolic acid poisoning, either internally or externally. It is a good thing to remember.

DR. BOGER: In making external applications it is just as well to remember that, except in the presence of a wound, there are very few drugs which will penetrate the skin. Mercury will do it, but there are not many drugs that will. Putting drugs on the skin for a constitutional effect, or this or that, usually doesn't amount to anything at all. You might just as well put on water.

DR. ALLEN: How about iodine?

DR. BOGER: I don't think iodine ever penetrates the skin. There are, of course, a few susceptible people, a few who are susceptible to particular drugs. In the old days we used bichloride of mercury in obstetrical practice. We cleansed our instruments with bichloride solution, and washed our hands in it. I couldn't put my hand in bichloride solution two minutes without getting a reaction.

DD. IRVING: I am glad to see that we have a bureau of surgery in the I. H. A. I believe the true homœopathic physician, who is doing surgery will have great advantage over the surgeon who knows nothing about homœopathic prescribing. I don't believe it makes any difference whether it is a case infected from filth in a garage or whether it is a case of infection at the time of the surgical operation. The most important question in a condition of that kind, even with your local applications, is, what are you going to do? That is where we homœopaths have advantage over the others.

I remember a woman came to me early one morning. Her husband had been operated upon by the best surgeon in the city, without any exception. He had developed an infection. He didn't even recognize his wife when she went to the hospital that morning. His temperature was 103, he was delirious, and didn't know anything or anybody. She came to see me with tears running down her face and pleaded with me to go with her. I finally did, with a good deal of trepidation. In the presence of the sick man's wife the surgeon freely admitted that it was an infection from the wound. I said, "I don't want to dictate to you what should be done, but I know what I would do if I were unhampered in the matter". He knew the man would die in a few hours, and he said, "Frankly, doctor, if you can do anything for this man, I will be only too happy to have you do it". That was all I wanted. I turned to the nurse in attendance and said, "Bring me a tumbler half full of cold water". I put in a little homœopathic medicine. In three days' time the man's temperature was normal and he was perfectly rational.

DR. FARRINGTON: Dr. Perez, of Mexico, will tell you that in his institution he operates time and again using nothing but sterile water, no antiseptics, in both surgical and obstetrical cases.

DR. KAUCIC: I should like to speak briefly about fresh wounds. You must put something on a wound. Tincture of iodine is not good; very often you will see eczemas and suppurations resulting from its use. The best thing for a quite fresh wound is balsam of Peru. Without exception this will cure any fresh wound without any suppuration, but it is of no use in old or suppurating wounds. Honey is a good application for old or suppurating wounds.

For, while the materia medica, in the *books*, is a simple record of observed facts, in the mind of the practitioner it becomes the subject of reflection, of comparison and of hypothetical reasoning, which will be more or less just and valuable according to the measure of the practitioner's natural ability and to his intellectual culture. For it is said, "The significance of a fact is measured by the capacity of the observer".—CARROLL DUNHAM, 1865.

POINTERS*

Some few score years ago we started out with a trunkful of conceit and a handbag of ability to practise homœopathy. The trunk also contained Allen's *Handbook of Materia Medica* and Raue's *Special Pathology and Therapeutic Hints* (we were especially conscious of the hints), and, as to the handbag, about all the genuine coin in that was the visible and unmistakable fact that, if you could find the right remedy the patient was bound to improve no matter what his complaint might be. This seemed to be an instance of law in the natural world and perhaps somewhere beyond for all we knew. Anyhow, with this indisputable evidence it seemed that this great power of cause and effect should be at the fingertips and in daily use. Therefore the two books and conceit aforementioned.

We had made a few hits—somehow or other—an emaciated brunette with ashy, sunken features, a leaden burden of marital disappointment and a tapeworm was so rapidly being restored to color, flesh and hope in a week after *Bac.* 200th., one dose, that it would have been hard to tell which of us was the more astonished.

A woman in labor had a transverse presentation and of course, "nothing doing". We went out on a trip (four footed in those days) for something, leaving her hot, sweaty, restless and with some *Puls.* 200. When we returned "it was all over".

One of the most brilliant, or rather we should say restful, cures of those days was of a baby girl who shrieked most amazingly three to five hours daily or nightly, as it happened, before evacuating some hard, dry fæces. We remember, too, that the child was pale, sweaty about the head, flushed face and head when yelling and badly excoriated. The brilliance and the restfulness were much intensified because they did not appear until three or four weeks had elapsed when we happened, just happened, you know, to give a prescription of *Borax* 1M. What if the *Borax* was the twenty-sixth in line! That didn't stop the cure when it got started. Our regret was that we did not begin at *Aconite* and go on down instead of skipping all around; we might have reached *Borax* sooner. We had no repertory in those days

but we knew that the right remedy would cure that girl—and we proved it; the fact that twenty-five remedies had failed proved it all the more.

After being handed four to sixteen ounces of colored fluids, some of them a composition of all the colors of the rainbow, doses that would jolt any liver into submission, flavors that would make a stomach curl up and refuse all attention, many patients (we still had a few left) rather demurred at being given a mere fingerling of a bottle with dampened white bird shot. But we explained that homœopathy was good for some cases and gradually new patients more than filled the ranks where others had stepped out.

We were very proud when fame called us to a town twenty miles away or so. An old gentleman had a lone spot like psoriasis just above the center of his forehead, a thick, finely textured, powdery crust as white as snow. It had not changed or been added to in many years except when a doctor got it off somehow after which it immediately came back. It was about the size of fifty-cent piece. Two visits were all we could make for one prescription of *Sulphur* 1M left the skin perfectly clean. I remember that the old gentleman was ruddy, active and wore flannels in hot weather.

The worst case of cramps that I have ever seen occurred in my practice during those days. An elderly woman had cramps in the legs habitually at night. When I called I found one of the legs simply one great hæmatoma from a severe cramp the night previous. *Cupr. met.* 6x for a few days cured her cramps entirely.

An old man had a dreadful time from frequent and irresistible urging to urinate. Both urine and fæces would pass at once. I remember how he would stand tremulous and tottering, so that he would have to be guided as he walked. The effect of *Bar. carb.* was most remarkable. He straightened up and went about normally for two years or so.

Little by little the big bottles came down off the shelf leaving more and more space for the 30ths., 100ths. and 200ths., mostly. The *Handbook* was a pretty big affair, one hand hardly

enough for it, and it was big in mystery as well as bulk. If it was in any other cause we might be ashamed to tell how we used to stare at the pages with some patient in mind and a lump in the throat—the idea at such an age! But we knew that that marvelous thing, vital reaction, lay in these remedies. We had seen it in people's countenances too many times and somehow hung to it until a repertory came to the rescue. Progress was easier after that.

There is one point running through this, *viz.*: that if one will persist in finding his own way and in making a way of his own through the maze of materia medica and the difficulties of prescribing the work will become easier all the time and the range of usefulness larger and larger.—R. E. S. HAYES.

Aconite in external inflammations (as well as internal) with lancinating pains, fever and erethism; irritable, sedentary persons; aggravated at night.—W. T. HELMUTH.

Arnica; opposite of *Aconite*; low grade inflammations with low vitality, secondary inflammatory processes.—W. T. HELMUTH.

Arsenicum; acute or chronic inflammations with a high degree of the general sensitive sphere involved, more or less paralysis of the local parts, threatening gangrene.—W. T. HELMUTH.

Belladonna; what *Aconite* is to fever, *Bell.* is to inflamed local parts. The more delicate the inflamed organ or tissues the more suitable this remedy; local redness, swelling, burning heat, throbbing; gangrene, either dry or moist.—W. T. HELMUTH.

Bryonia; local inflammation with flying, darting pains, with chilliness, the inflamed part tense, hot, rather pale, stinging during motion or contact; aggravated at night.—W. T. HELMUTH.

Camphora; general or local inflammation with weak, soft pulse and shrivelled, flaccid skin.—W. T. HELMUTH.

China; asthenic or passive inflammation with relaxation, pasty appearance and deficiency of heat.—W. T. HELMUTH.

The above remedies in inflammation are expressed in part as the author viewed them. He warns of the impropriety of depending on these scant symptoms only. They are to be considered simply as his personal hints which attract attention to a certain remedy.—W. T. HELMUTH.

Syphillinum and *Medorrhinum* appear to be complimentary more often than other nosodes.—R. E. S. HAYES.

One type of *Calcarea renalis phosphatis* patient is mothy, almost mossy, sallow, dull, hungry looking, relaxed, gaunt.—R. E. S. HAYES.

More black warts cured with *Thuja*.—R. E. S. HAYES.

We do not use the various iodides enough.—J. A. WILSON.

When functional vomiting has gone longer than necessary and one does not desire to prescribe a remedy directly, sips of sarsaparilla may give relief. Select a brand with the minimum of sweetness.—R. E. S. HAYES.

Euphorbia for erysipelas with high fever, involvement of the naso-pharyngeal mucous membrane, with a tendency to suppuration, and burning.—MAU.

Tarantula will cure severe cough relieved by smoking when the symptoms agree.—H. E. MAYNARD.

Belladonna is useful in severe cervical adenitis which is going bad; the results are astonishing.—H. E. MAYNARD.

Merc. cor. is useful in the serious kidney troubles of pregnancy.—H. E. MAYNARD.

Ilex aq. should be tried in grippe of the bronchial type, especially in uric acid diathesis.—O. LEESER.

Menstrual sore throats; ovarian pain relieved by the flow (*Lach., Zinc.*); swollen painful breasts before and after menses (*Con., Calc., Phos.*), worse from the least jar, must be supported on walking, points to *Lac caninum*.—H. DUPRAT.

Painful dorsal spine makes one think of *Lac caninum* as well as *Sil., Phos., Agar., Cimic.*—H. DUPRAT.

In the "thymic asthma of children" *Calc. carb.* is often indicated and if the child is constipated *Tarax.* may follow.—M. ROUY.

Asthma in children subject to cold with sneezing before each asthmatic crisis responds to *Sabad.*—M. ROUY.

Axalia has asthma when the patient can not sit down. *Grindelia* dares not go to sleep for fear of asthma—.M. ROUY.

EDITORIAL

THE DEBT WE OWE TO HOMŒOPATHY

Perhaps none of us, who have experienced unbounded success with homœopathy, have ever stopped to ask ourselves if we fully realize the magnitude of the debt that we each and all owe to homœopathy and what we are doing to help toward discharging that enormous debt. Is it just either to homœopathy or to those to whom, as we pass on, we are to leave this rich legacy, to go into seclusion and take with us the store of riches that we have garnered by the wayside during a busy and prosperous career? What of us, if those who had preceded us had done this? Are we not in duty bound to continually keep on nurturing and supporting the coming generations of rising young homœopaths, helping them through the years of lean competency, trials, heartaches and discouragements? What if those who preceded us had done as we are doing now? What would have happened to us if they had permanently withdrawn from all professional activity as soon as they had financially succeeded and found they could get along without us? Is it not meet that we should remain and aid those who are to take up the banner and carry it on to victory! Should we desert and forsake them?

Why are not all the great and splendid homœopaths attending the I. H. A. meetings, giving the very best of what is within them, helping to keep out politics, lending encouragement to the younger men and helping educate the older men into the straight and narrow path? This would tend not only to the fulfillment of the above but would give power and prestige to homœopathy and help in part to discharge the enormous debt which we all owe to that fine art which has been the means of our success. Every true homœopath has every reason to be proud of his calling.

Thus, in the interest of humanity, let us all, until our last breath, give of our stores of wealth and lore and time in an effort to discharge our honest debt to homœopathy, to the rising generation of homœopaths and to suffering humanity. Let those who have given up in despair because things have not gone right, and those who have come to the conclusion that they can get along without us come back into the camp for the sake of that rising

younger generation of homœopathic physicians. The paying of the debt can not be evaded. Let us all be proud to be listed in the category of active workers for the advancement of homœopathy.

So we appeal with all the manhood within us for such great and good men as have temporarily held themselves aloof to come back and help us to show the world that America can yet stage a REAL RENAISSANCE of Hahnemannian homœopathy, and that America has the brain and the stamina to produce one.—A. PULFORD, M. D.

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THE SECOND MILESTONE

This issue marks the close of the second year of the *Recorder* under its present auspices. In addition to the papers from the I. H. A. the subject matter has included many original articles from well known homœopaths in the United States and also from distinguished foreign colleagues. Certain invaluable articles from current journals abroad have been republished in full, as well as certain papers from old classical homœopathic journals.

As to the editorial personnel we regret the loss from our staff of Dr. George H. Thacher, Associate Philosophy Editor, and hope that we may continue having racy articles from his pen. We welcome the new Associate Philosophy Editor, Dr. Alfred Pulford of Toledo, Ohio, already well known to our readers for his trenchant contributions. The Index for this year, appearing semi-annually under separate cover, has been compiled by Dr. Eveline B. Lyle of Brookline, Mass., who has also done the English, Dutch, Spanish and Portuguese journals for the Periodical Department, the French, German and Italian having been translated and abstracted by the General Editor. We now have exchanges with thirty-three journals from twelve countries. During the coming year the French journals are to be abstracted by Dr. F. Kaucic of Philadelphia, Pa. and we hope to have one of our homœopathic colleagues cope with the German journals. The Pointer Department, under Editor Hayes, has been of unusual interest. We appeal once more to our readers to jot down helpful titbits, both from their experience and from their reading, and forward them to him. The same plea is made for the Carri-

witchet Department. Some of our biggest men at home and abroad are giving thoughtful answers. We need profound questions which will stimulate thought and solve problems.

The most vital part of any journal should be its editorial department. Our policy heretofore in that connection has been to steer clear of political and controversial matters and to bring out salient viewpoints in homœopathy itself. Hereafter there will be an editorial from each editor each month and these will include more current comment based on the material in other journals. The staff will welcome discussion of its editorials through the Communication Department.

In the matter of format there has been distinct progress during the past year and in the January issue there will be a repetition of technical suggestions and rules for contributors of copy.

As to the coming year there will be issues devoted to the uses of homœopathy in the different specialties and other numbers with symposia on various remedies. In each issue we shall feature an original article from a distinguished foreign colleague. There will also be an occasional issue devoted to a symposium on the homœopathic aspects of a given disease such as asthma, syphilis, etc.

A Proving Department is being started in connection with the Proving Committee of the I. H. A. This will edit theoretical material on proving from classic authors and modern masters, and will publish new provings, including those of some of the newer nosodes.

It is our project to have the *Recorder* become a definite teaching organ as part of its program and we hope to have a definite series of articles beginning with the ABC's of homœopathy. These, although simple, should be profound and fundamental and so of use to our advanced readers to pass on to their neophytes. The later lectures of this course we hope to have given by masters of different methods.

As our journal is truly international it is our desire to have an official correspondent in each of the countries represented in our circulation. This matter must come up before the meeting of the I. H. A. next June but in the meantime we are asking certain representative foreign colleagues to send us a monthly letter in regard to interesting developments, whether in societies, publications or what not, in their countries.

In order to integrate the homœopathic movement it is our hope to have brief reports by an official delegate from all important homœopathic society meetings in this country and all international ones wherever held. Ultimately we hope for at least a semi-annual report from a correspondent in each state of the Union where homœopathy is active, not only of the sociologico-professional status, but also of original work done in these localities. This whole program should mean keeping each of our subscribers in touch with the pulse of homœopathy throughout the world.

The editorial staff appeals to the subscribers for suggestions, criticisms and even appreciations—if any!—of the various features past and prospective. In conclusion we wish most heartily to thank our subscribers as well as our contributors for their participation in this labor of love for homœopathy.—E. W.

ATROPHY AND EMACIATION

Harbeck lists the following remedies: *Ars.* with fœtid diarrhœa in children with big bellies, with heat, thirst and restlessness. *Chin.* with weakness and anorexia, tbc. in children (after *Calc. phos.*), abdominal swelling, undigested white diarrhœa, indifference, after loss of fluids (as intercurrent between *Phos.* and *Sulph.*). *Calc. phos.* with long lasting diarrhœa of children during teething with big belly but good appetite. *Sulph.* with eruptions. *Plumbum* with rapid muscular atrophy. *Nux vom.* with a retinal atrophy, in angry children with constipation, flatulence, vomiting, and desire to lie down. *Cina* with worms, enuresis, unappeasable appetite, pale face (like *Puls.*). *Pinus silv.* with atrophy of the legs, children have difficulty learning to run, scrofula. *Bar. carb.* with senility, weak sex functions, atony. *Ferrum* with pale skin and gums, watery urine, dizziness, oppression of the chest with palpitation on exertion. *Phos. ac.* with watery, slimy, painless diarrhœa with rumbling; dry heat, restless sleep without relief.—(trans. from *Neu. Hom. Zeit.* IV, 340)

CARRIWITCHETS

SIT DOWN, DOCTOR, AND WRITE US YOUR ANSWERS TO THESE QUESTIONS

58. Will someone who knew Kent intimately kindly tell us how much practice in acute cases he had, or whether his work was chiefly chronic consultations?—H. E. MAYNARD.

59. What did Kent think of J. H. Allen's views, theses and prescribing for the chronic miasms? What was H. C. Allen's opinion?—R. E. S. HAYES.

60. Where can one find in the repertory the following questions, which came up in one of my cases?—P. SCHMIDT.

Involuntary urination while vomiting.

Pain in the head alternating with rheumatism of the extremities.

Always feels much better both physically and mentally during menses.

Palpitation on eating. Has to stop eating if palpitations become too strong.

Angina and pain in the throat immediately after the menses.

61. Where can one read in all scientific clarity observations on proving? On what are the so-called characteristic symptoms based?—AN ALLŒOPATH.

62. What remedy do you advise, in what dosage and under what conditions to be able to make a proving on one's self to be certain of obtaining a result?—AN ALLŒOPATH.

ANSWER TO QUESTIONS IN JUNE ISSUE

Is there any homœopathic treatment for the tendency to be bitten by mosquitoes?

—Kent cites 27 remedies for insect bites. (See *Repertory*, page 1331, STINGS OF INSECTS).—P. SCHMIDT.

ANSWER TO QUESTIONS IN SEPTEMBER ISSUE

When is it justifiable to prescribe for single symptoms or groups of symptoms in homœopathy?

—Here we touch on the delicate question of the intercurrent remedy. One must not pick a remedy for a single symptom or an isolated group unless the life of the patient is menaced or these symptoms indicate insupportable pain. However one may pick a remedy thus if the symptoms have followed an accidental external cause: Hæmorrhage, sudden neuralgias, bee stings, insect bites, various poisonings, results of accidents, shock. For all conditions supervening in the course of chronic treatment it is an advantage to avoid these fragmentary or zig-zag treatments and *stick to the chronic remedy*, studying this thoroughly and choosing what corresponds to the patient.—P. SCHMIDT.

If symptoms disappear in the wrong direction what do you do then?

—Read and reread carefully, if this has not already been done, the 12th. observation of Kent on page 275 of his *Lectures on Homœopathic Philosophy* upon the conduct of a case in which the symptoms are disappearing in the wrong direction. If this is happening, it almost always indicates a bad prescription or rather a bad prescriber who has used as a basis exclusively local or external symptoms instead of having prescribed for the *totality*. —P. SCHMIDT.

What is the difference between a remedy aggravation and a disease aggravation?

—Study the chapter on prognosis, after the observation of the action of remedies. (36th. chapter of Kent's Philosophy, page 266) No one could answer you better than that.—P. SCHMIDT.

ANSWER TO QUESTIONS IN NOVEMBER ISSUE

—The solution of all of your questions depends upon whether we look at the patient first and the disease afterward, or the reverse. If we see the disease through the patient we can not easily prescribe suppressives and will use our chronic remedies more and more. Remember that the speed of the reaction also depends upon the patient vastly more than upon the remedy used.

Characteristic modalities belong to the life history of every patient and crop out in slightly altered form from sickness to

sickness; these are the determinants for the remedy and all other drugs are either partial or total misfits which only twist the symptom image out of shape, make for suppression or bring in other and worse ills. It is very simple if we avoid getting into too many explanations which are, after all, mostly alibis.—C. M. BOGER.

Where may original literature be found concerning antidoting? How dependable are the references given by Hering, Guernsey and Kent, and from what sources did they obtain their recommendations?

—I do not know where the original literature concerning antidoting can be found. I have found the references given by Hering, Guernsey and Kent to be most reliable. Mostly personal observation, I believe.—A. PULFORD.

What are the qualifications of an antidote?

—An antidote is supposed to be a neutralizer and we fail to see where the term applies directly in the relation to a potentized drug.—A. PULFORD.

What principles are to guide the prescriber in improvising an antidote?

—The principle of relativity.—A. PULFORD.

What relation, if any, has an antidote to a remedy that "follows well"?

—A remedy that follows well is in reality a partial antidote or rather neutralizer if effective; if not effective the result of its action would be merely suppressive.—A. PULFORD.

When does an antidote follow well?

—Only when it is the perfect *simillimum*, by this I mean the similar remedy in both indication by the totality of the symptoms and correct potency and not simply the most similar remedy as is expressed by the Latin word *simillimum* which may be construed as any remedy that may seem to be similar.—A. PULFORD.

Is giving a homœopathic remedy for a specific symptom not a form of suppression? For example, CEANOTHUS *given for the type of hœmorrhage to which it is similar. To me it appears that if the hœmorrhage is a constitutional expression, the only non-suppressive remedy would be the constitutional one. Would the hœmorrhagic tendency be handled too slowly by the chronic remedy, and, if so, is it justifiable to suppress the bleeding by an acute remedy such as* CEANOTHUS *and then follow with a deeper chronic one?*

—Prescribing for specific symptoms and ignoring the rest of, or rather, the complete picture is always suppressive and only to be condoned in cases with a paucity of symptoms. When one remedy has to be followed by another it is a clear case of not having *the* indicated remedy. The *similimum* (not the *simillimum* or most similar) which includes *the* similar remedy plus the proper potency is the quickest known acting remedy to be found and if you are sure you have found it its acuteness or chronicity need give you no concern, give it and it will not disappoint. A partially indicated remedy can never equal *the* indicated remedy in the rapidity of its action.—A. PULFORD.

In cases of suppression should we prescribe for the symptom picture before the suppression took place or for the present post-suppressive syndrome? Would the same answer apply to a coryza suppressed by local applications and to menses suppressed by cold sea bathing? In the first there is a local condition in a small part of the respiratory system, while in the latter the menstrual story is deeply expressive of the whole patient.

—By suppression you have changed the whole picture and the result of prescribing for the original picture would be problematic provided the drug later prescribed was not "antidotal" to the one used in the original suppression.—A. PULFORD.

Among the numerous internal remedies often enumerated for sore nipples, I have every reason to believe that *Lycopodium* and *Silicea* are highly important. The former where the fissures are deep and painful; the latter in subjects whom I had previously known to be predisposed to rapid or excessive suppurations and where the nipple was being destroyed by ulcerative process.

—C. WESSELHOEFT, 1865.

COMMUNICATIONS*

"THE SYMPTOM EQUATION IN THERAPEUTICS"

320 Ontario Street, Toledo, Ohio.

To the Editor *The Homœopathic Recorder*:

We always read with interest anything from the pen of Philip Rice, M. D., for it is well known to those on the inside, the true Hahnemannians, that the specialists for instance, the surgeons, know more about the scope and are more familiar with the limitations of homœopathy than those deluded mortals who have practised it with greater success in curing than was ever dreamed of by the specialists and surgeons.

How strange it must seem to the Simon Pure homœopaths to be rudely awakened by this doughty champion of morphological science only to be told that their successes were *delusions,* purely *visionary*! How strange and how stupid of the Simon Pures to even dream that their patients could be restored to normal without first removing their morphological defects?

Will Dr. Rice tell us just what produced those morphological defects? Can he name it? Is it possible to be a homœopath and *not* recognize it? Do not symptoms appear before these morphological defects take place? And is not the beginning of a condition and the state of the creating and sustaining vital force of vastly more importance than the morphological or end results? Just how, then, can we prevent this morphological end result after it has happened? There was a cause *long* before the morphological change became manifest. And, "while our materia medica is simply a record and a compilation of effects of functional disturbances", how could the morphological defects or changes take place without the disturbance? These same "records and compilations", alone, give us the clue to what will head off the cause or causes of these morphological changes.

We are much interested in morphology, but from the opposite viewpoint. Our work lies mostly in old, chronic, inherited, and so-called incurable troubles cast off by the other fellow. We have watched stunted children grow up as nearly perfect as it is possible for a human being to be; we have seen hump backs and large abdomens disappear. For instance, we watched a ten-year-old girl whose parents could not speak a word of English and whose history and complete list of symptoms were limited to the mere pointing of a finger to a huge goitre, as large as two good sized fists, protruding out beyond her chin. She was stunted, out of shape, humped over, looked like an imbecile and acted like one. Such a morphological condition would, at first glance, suggest *Baryta carb.* and it was given her on that morphological indication, for over a year but without result of any kind. Later she came with an interpreter and gave symptoms which indicated, not *Baryta carb.*, but *Kali iodatum*. This acted promptly and started the restoration to normal, the goitre disappeared, the intellect developed, the body became symmetrical and today she is a rather good-looking and intelligent girl. A child all out of shape, face like a pumpkin, tongue sticking out all the time, noticed nothing and appeared like a deformed idiot. She now walks and talks, nothing escapes her notice and she is growing up symmetrically and rather good looking. As space forbids more, we will just speak of a very interesting case of congenital varicosis of the neck or rather of the jugular vein, which bunched out as large as a hen's egg. The entire left face and left ear were purple in color and looked as if they had been shot full of gunpowder. All of this cleared up with the single remedy, indicated by the symptoms. Can Dr. Rice duplicate these cases with ones on which he depended on morphology alone? And we accomplished the above, after all other methods failed, with what Dr. Rice is proud to term "a gross fallacy, a fallacy with far-reaching and serious complications"!

Granting, even, that there *is* "a lack of balance in the anatomical correlation of say 25 per cent deficiency in the thorax and 25 per cent excess in the abdomen" (and nature intended it to be for she permits of no "standardization of the human body", and neither medicine, morphological consideration nor surgery are able to right it) are we then to go on and ignore the patient's ailment when the proper remedy would restore him to normal, irrespective of any morphological change whatsoever? We unconditionally disagree with Dr. Rice's statement that "a physician who does not ignore symptoms in favor of morphology should be disqualified from practising medicine". Every physician has a right to his own beliefs, and he may be even more right than the other fellow, but, in this particular instance, the preponderance of evidence in favor of the use of symptoms over any other method of finding the proper means of relief or cure is altogether in favor of the *old guard* who have the misfortune not to know as much about morphology as Dr. Rice does.

The question naturally arises: Did anyone ever see a disease? We have always thought that what is seen is the effect of the disease expressed in subjective and objective symptoms. If no one has ever seen a disease, is it possible for any one to know the *exact* cause of something unknowable and unseeable? After Dr. Rice has found all he wishes to find morphologically, *how* is he going to rectify matters if not by the truly indicated remedy? Is it not true, that, in every case where a remedy will act at all, the truly indicated remedy will act more effectually than a crude drug even in the reduction of these morphological changes? We have proven it so, to our own satisfaction at least.

It would, indeed, be valuable if we could only know *accurately* the cause and origin of disease. Morphology is an important subject, but not so important and vital as to disqualify from practising the physician who does not give it precedence over the much despised symptoms. Here let us digress, yet to the point. Suppose we have a case of diarrhœa caused by hot weather. For this condition the repertory gives 44 different remedies among which is *Croton tiglium*. From the cause alone without the much despised symptoms to qualify, which of these 44 remedies shall we give for a given case? If on the other hand we have a yellow watery stool, coming out like a shot, worse after eating or drinking, *Croton tig.* will cure that case promptly and effectively, irrespective of a knowledge of either its cause or the morphological architecture or other defects of the patient. Now which in that case is the more important? Supposing we knew just exactly what it was that caused *Bryonia* to be indicated in one form of pneumonia, and *Phosphorus* in another, would it change the indications for either one? Are we to wait for a *post mortem* to find just what structural changes have taken place? Fine for the victim!

"That no helping hand is given to the growing child that he may reach a normal maturity; that he is permitted to go from one stage to another unaided, or that such aid as is given is likely to be futile if not actually injurious" may be true of some homœopaths but if you are speaking of a Hahnemannian homœopath it is absolutely false, as we can truthfully testify. We here make the bold assertion that no one but a Hahnemannian homœopath can radically and constitutionally correct the morphologically defective infant, either before or after birth. The forcible and physiological reduction of the morphologically changed body has no effect whatever in removing the predisposition thereto either in the born or unborn child. Temporarily and perhaps rapidly you may produce an observable and spectacular result, but, you have *not* removed a submerged cause!

In Dr. Rice's case on pages 543-544 of the August *Recorder* produced to discredit symptom prescribing, *Sulphur,* in spite of the tremendous amount of energy expended in repertorizing the symptoms, failed because the symptoms never indicated *Sulphur. Calc.* and *Ferrum phos.* were not indicated, as neither one was able to clear up the case alone. "We got a result, did we not"? Of course you got a result, you can get a result with any remedy, in any case,

if you keep at it long enough and are satisfied with that kind of a botch job. It is a law of nature that no two remedies can be specifically indicated in the same disease at the same time. The case reported does not discredit homœopathy, it does not discredit symptom prescribing, but it does show a lack of ability to prescribe properly. To offset the above let us add a case almost the counterpart of the Rice case. Miss C., age 4 years, had a very similar history. She had had four very delicate operations on the mastoid and was fast approaching a fifth. She was turned over to our care much against her father's wishes as he was strongly opposed to homœopathy. Her symptoms clearly indicated *Hepar sulph.* and two doses of a high potency effectually cleared up the case, and for ten years she has had no signs of its return. A number of other little defects have gone with it.

Here at this office we reject nothing purely medical and use nothing but the single remedy and the single dose as nearly as our ignorance will permit. The only way we get more work is by the results we obtain and, after 45 years, we are neither headed for the poor-house nor lacking in plenty of work. All of this would not be so if strict homœopathy was not superior to every other method. In the absence of other and more specific symptoms morphology may *occasionally* lead to the remedy, but the *rare, strange* and *peculiar* symptoms will ALWAYS lead to the proper remedy, morphology or no morphology.

There is an invisible vital state which brings about these morphological changes, and it is true that after they become once set they are difficult to change, but the changes alone can never point the way to the correct remedy, neither can they materially affect the final action of the correctly chosen remedy.

Has Dr. Rice ever taken the time to honestly test out homœopathy? We have! Is he willing to take a definite number of similar cases and, under the direction of a competent homœopath, treat one-half by his method, ignoring the strange, rare and peculiar symptoms, and the other half by the indicated homœopathic remedy, without recourse to morphology? A comparison of the results would effectually answer the moot point. We shall be glad either to espouse his cause or submit to being disqualified, as he may see fit, if the morphological method wins over the indicated remedy properly administered, in this proposed therapeutic test.—ALFRED PULFORD, M. D.

TOLEDO, OHIO.

1703 Chestnut St., Philadelphia, Pa.

To the Editor *The Homœopathic Recorder*:

For a number of years I have made it a practice to compile small repertories for my personal use. One of these is a REPERTORY OF WARTS which has served me well. How often a patient will come into the office and say: "Can you cure this wart on my face"? or "Doctor, what is good for warts"? Sometimes these pathological excrescences are decidedly disfiguring, as when upon the nose or face; and again they are not only disfiguring but threaten an individual's vocation, as where the fingers are involved.

What are we to do? Prescribe for the warts? No! not if we can help it. Prescribe for the patient, but don't forget that the possession of one or more growths is a symptom of your patient, and sometimes one of the few guiding symptoms of that case. Pathological manifestations as a rule do not rank high in the selection of a remedy, but occasionally they lead the way to the remedy that will not only remove them but cure the patient as well.

My desire to make this repertory more complete and then offer it to the profession through the pages of the *Recorder* is my excuse for asking the profession to send me clinical observations and verifications of the different medicines that have been useful in removing this frequently met symptom. All information will be duly and thankfully accredited.—CHARLES L. OLDS, M. D.

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Acupuncture in China Twenty Centuries Before Christ and Modern Reflexotherapy: This is a fascinating article describing the Chinese treatment by needle punctures and cauterization of certain places on the skin, as it has been used in China for nearly four thousand years. The Chinese have noticed that troubles of internal organs are accompanied by a painful

sensation in certain localized spots of the skin which remain the same for any given trouble. Some diseases may cause several such spots though in any one case all these spots will not always be present but some of them always will be. Knowledge of these points aids the diagnosis and the location of the lesion. The Chinese have the idea that a stimulation of those points might influence the diseased organ and this is the basic principle of the treatment of diseases by means of acupuncture and moxas (burns). They began to experiment with different kinds of stimulating and soothing substances and procedures. Finally they chose needles and cauterization. The needles are made of the purest metals mostly gold or silver and have to be very flexible and ductile. For a good acupuncture it is necessary to study carefully the place of election of every affection, to know exactly the depth to which the needle has to be driven in, and to know how long a time it must be held there. The cauterization or moxas are performed by means of little cones of wormwood (Artemesia, sinensis or urens) whose action on the skin may be limited by small perforated metal plates or perforated coins. They are withdrawn as soon as the skin gets very hot and the operation is as often repeated as is prescribed in the individual affection. The authors state that acupuncture at present gives the Chinese such good results that they prefer it to every other method of treatment. The tradition hands down to us not only the results but also the dangers and difficulties of this therapy. It advises the moxas to those who are not clever enough to handle the needles. It seems to the authors that this is a kind of reflexotherapy very similar to that studied and described lately by such modern writers as James Ross, J. Mackenzie, Head, Dejeune and Guillaume, whose works corroborate what the Chinese already know. The authors then state that remedies may produce in healthy people painful or sensitive points (points of Weihe in quite the same way as diseases do; and they see here a relation between acupuncture and homœopathy, and hold that a homœopathic remedy can be substituted for the use of the needles or moxas on the corresponding points. They enumerate several remedies in which the points of Weihe and the Chinese points are superposable so that the remedy or the acupuncture may be equally successful. The Chinese in those ancient times were already acquainted with the principle *similia similibus* and they employed the remedies in very small quantities calling them "medicament poisons" to point out that there is no such thing as a remedy unless it is employed according to the homœopathic principle and in a limited quantity.—K.

The Technique of Iroscopy—III: The majority of our readers not being acquainted with this subject we find it useless to abstract this paper, the more so as we cannot agree with many of the statements contained therein. Why does the author not study the wonderful writings of the greatest living irodoscopist, Dr. Rudolf Schnabel of Munich? As long as the French iridoscopists ignore this man and his instrument we cannot expect any real progress in this line of medicine in France.—K.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

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Signs of Illness Seen in the Chin, Mouth, Lips, Teeth and Gums—I: Redness of the chin is a sign of inflammation of the lungs. Eruptions on the chin in women are a sign of faulty menstruation. Silver-white lumps on the chin which come slowly and superficially to a head are frequently of syphilitic origin. Warts on the chin point to similar excrescences on the genitals. Hair on women's chins appears at the cessation or suppression of the menses. Falling of the beard often means loss of virility. Withering and flexibility of the beard points to a short life for the patient. Unexplained falling of the beard often precedes apoplexy. Dropping jaw is a sign of the greatest weakness. Alterations in the form of the mouth are signs of abnormal muscular action, or degeneration of the lips, or may be due to defective will; as incidents in paralysis they are of serious import and show delirium. Too firm a closure of the mouth shows spasm, inflammation of the brain and cord, hydrocephalus, spasm of the pharynx, the urinary bladder or retention. Spasm of the mouth shows danger in rheumatic fever, in the stage of suppuration in small-pox or any inflammatory disease; even in the new-born it is a sign of fatal import often. Open mouth may be from habit, or difficulty in breathing, but more often from polyps, it may also come from paralysis or spasm of the lower jaw, or occur in the deaf and dumb, or in idiots. In acute disease open mouth means weakness, darkening before the eyes, lethargy, etc. Open mouth in adults often signifies apoplexy and is accompanied by drooling and tongue paralysis. It always makes one think of brain affections. Crookedness of the mouth means either spasm, or brain affection, or severe relapse in the course of an acute disease, it betokens loss of consciousness often but may mean worms, hysteria, or be a sign of recessive eruption in exanthems or diaphragmatic inflammation. This is often called *risus sardonicus*. Abnormalities in the lips consist of color and volume changes, movements and eruptions. Lip changes represent stomach and intestinal conditions. Transitory swelling of the lips is a sign of local congestion. Lasting enlargement of the upper lip is a sign of scrofulous diathesis, lupus, or stoppage of the bowels and appears in many tuberculous patients especially with laryngeal or abdominal involvement. Shrinking of the lips accompanies loss of fluid in nervous and hectic fevers and brain disease. Brilliant redness means tbc. Dark red lips are found in scurvy. Bluish red lips appear in chills, in crises of angina pectoris, in epilepsy and cholera; more lasting cyanosis with other cardio-vascular complaints. Pale lips are the rule of anæmia, dropsy, fainting, and sometimes tbc., and in persistent vomiting. Dry lips are proportionate to fever, to hysteria and to hypochondriasis. White slime on the lips accompanies gout and intermittent fever, and is found in typhus when stomach and intestinal complications arise. Dry, brown lips come after dangerous, long continued fevers such as typhoid, or exanthems, in brain inflammation cases and in the final stages of pulmonary tbc.—W.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

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Signs of Illness Seen in the Chin, Mouth, Lips, Teeth and Gums: Defective or irregular teeth are a sign of constitutional disease. Tartar on the teeth despite cleanliness is a sign of gouty diathesis. Teeth with dull enamel show scrofulous, syphilitic or herpetic diatheses. Pearly teeth suggest lung tbc., also chlorosis. These teeth are easily broken. Yellow teeth with slime indicate poor digestion. Black teeth, when not carious, mean gastric trouble, organic disease of the stomach, liver and kidneys, especially kidney stones. In children such black teeth are diagnostic of rickets, scrofula or gout. It is well to leave such black teeth as sign posts showing the condition of the internal organs, as they improve in color with bettering health. Brown, sooty teeth occur in fevers, showing great weakness, or if chronic, stomach troubles. Unusual cleanliness and dryness of the teeth is a bad sign in inflammation. Teeth which are too small denote rickets. Flat teeth suggest epilepsy and the spasmodic diathesis. Too big teeth do not denote disease. Grinding the teeth is a sign of brain or cord disease, epilepsy, apoplexy, imminent exanthems or fever crises; it is also habitual in growing children. It is an especially bad sign in small-pox during the drying up stage. In abdominal inflammation it is not so bad a sign. Chattering teeth come in tonsillitis and hysteria as well as pneumonia, malaria and rheumatic or exanthematous fevers. The teeth feel too long in gout, rheumatism, and mercurial salivation. Dark red gums occur in diabetes and tbc. Pale, loose, flaccid gums show hæmorrhage, intestinal tbc. or dropsy. In scurvy the gums are purple. In suppressed menses and bleeding piles they may be periodically dark red. Sharp red line on the gums means lung tbc., a blue one lead poisoning. Bleeding gums may be vicarious menstruation or hæmorrhoidal states. After diarrhœa it is a danger sign. Brown gums, if dry, mean low fever like typhoid, if moist gastric trouble or impending gout.—W.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

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Signs of Illness Shown in the Tongue: The tongue is an index to the state of the nervous system, also to the respiratory and digestive passages. Healthy tongues may be slightly coated in the morning. A very clean tongue early in the morning makes one think of tbc. or any great weakness. Too long a tongue often shows abnormal nutrition or atony; if with limited motion it suggests epilepsy, apoplexy or hydrocephalus. A small, cold, hard tongue appears in epilepsy and hysteria and is a danger sign of internal suppuration. A small, moist tongue may be tbc. or marasmus. An unduly broad tongue points to bowel disease, a very narrow one to lung degeneration. Swollen tongue denotes inflammation or ranula; if red and alternatingly painful and painless it suggests poisoning especially snake poisoning; it may mean kidney inflammation or measles or typhus and is a dangerous sign. Pale tongue signifies anæmia, cachexia, tbc., dropsy or cancer, also pleurisy and jaundice. In spasms pale tongue is a bad sign. Red tongue is most serious in cholecystitis, less so in intestinal inflammation. Bright red tongue with red papillæ denotes tbc., dropsy (glossy), worms, gastritis, hæmatemesis and serious delirium. Dark red tongue in inflammations low and typhoidal. Bluish tongue in severe dyspnœa, whooping-cough, heart trouble, hydrothorax, mercury poisoning, rapid lung degenerations, confluent small-pox, and gangrene. Black tongue appears in scurvy, angina, tbc. and cancer. Yellow tongue in jaundice, malaria, typhoid, and severe pleurisy. Brown tongue in diabetes, kidney stone, and lingering gastric inflammation. Smooth tongue in typhus, hydrothorax and tbc. Rough tongue signifies a nervous factor in fevers. Prickly tongue in late scarlet or typhoid is a bad sign. Cracked tongue comes in rheumatic or gastric fever; moist, cracked tongue in duodenal inflammation or œsophageal inflammation. Little white blisters denote worms, or ulceration of the stomach and intestines, or acidosis; they also point to laryngeal tbc. and even to syphilis, also scurvy. They are rarely local. Apthæ of the tongue appearing before crisis are a danger signal. If these spread from the lips they are less serious. Evanescent apthæ mean metastasis of

disease to another spot. If they go following diarrhœa it is favorable. Those which ulcerate slowly suggest intestinal tbc. Gray or yellow ones are more serious. Transparent ones proclaim convalescence. Red edges are a good sign. In acute disease when they turn to painful ulcers they are healing. Herpes of the tongue come in scarlet, liver disease and bowel obstruction, on a dry tongue in pneumonia they are serious. Pustules foreshadow death in wounds of the head. Little, round, white ulcers on the tongue edges point to syphilis, mercury, or if hard, cancerous ulcers. Dry tongue is dangerous in diarrhœa and dropsy and frequent in chronic liver disease and worms. Soft, smooth tongue comes in hæmorrhage or diarrhœa where it is favorable. Hard tongue forecasts delirium. Cold tongue goes with paralysis, convulsions, hysteria and cholera.—w.

LEIPZIGER POPULARE ZEITSCHRIFT FUR HOMOOPATHIE

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The Medicinal Treatment of Senile Cataract: The author chooses from among the twenty-four main remedies for cataract according to Stauffer, thirteen of which especially work on the endocrine system. To wit: *Arn., Calc. fluor., Chel.* (this is not much of an endocrine remedy, its first use for

the eyes was occasioned by the fact that swallows use it for their blind young), *Cineraria maritima* (catarrh of the eyes also), *Colch., Con., Naphthalin, Phos., Pilocarpin, Secacornin, Sec., Sil.*, and *Sulph.* Certain usual remedies for cataract are here omitted and it is to us very interesting to see the stress laid on the endocrine role in cataract and especially to find such remedies as *Colchicum* noted as powerful endocrine agents. —w.

On the So-Called Obstructions of Burnett in Homœopathic Cures: Dr. Schlegel, the Nestor of the continent, feels that Burnett's theory of obstruction or obstacles to the action of remedies was fully foreshadowed by Hahnemann in *Chronic Diseases*. He concurs in the usefulness of *Bac.* in cases with tuberculous antecedents and of *Thuja* and *Med.* in high potency where the illness harps back to vaccination. Dr. Schlegel feels, however, that useful as are the nosodes when progress has ceased and causes can be traced back, the usual chronic or even acute remedies called for by each individual case in high potency, will combat the underlying psora. He mentions the especial usefulness of *Bac.* in backward children.—w.

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Headaches and Their Homœopathic Treatment: Congestive headache with heaviness and heat. 1. Worse from warmth: *Aloes* with loss of equilibrium and confusion; *Cannabis* icy spots on the skull and weight on the vertex. 2. Worse in the morning: *All. c.* worse lying on the back, buzzing in the ears; *Berb.* head too big, pressure on waking; *Canth.* as if brain pushed out at brow, worse a. m., worse horizontal position; *Cham.* pressing pain during sleep and on waking better after rising; *Sulph.* pain over the eyes on waking, pulsations, falling of the hair. Worse at night: *Amm. carb.* as if brain small and moved in the skull. Better in the open air: *Tab.* beating temples, pallor trembling head. Better strong pressure: *Apis* left hemicrania worse standing and warmth; *Hell.* dull constant ache, better closing eyes and rest, worse open air; *Hep.* as if head would burst, nail sensation. Worse afternoon: *Sil.* with sweat of head only. Worse movement and noise: *Bapt.* heavy head, skin of brow as if pulled back; *Bry.* weight, worse bending head forward, noise like crickets in the head; *Calc.* head glacial, pains stupefying, worse on side lain on and by movement; *Glon.* pulse felt in head, head as if swollen, worse motion; *Verat.* pulsation during movement, deep red face with thirst and increase of urine. Worse morning and evening: *Lach.* somnolence, sensitive scalp, dazzled sensation. Worse intellectual work: *Aur.* stupefaction and nausea, better by rest. Other remedies for congestive headache are *Acon., Ambr.* (every other day), *Arn., Bar., Camph., Coralia* (must sleep), *Dulc., Gels., Grat., Plat.* (spasm of upper lip), *Sabin., Sang., Seneg.* (all symptoms worse in the eyes), *Spig.* (head drawn back as if from a weight). Headaches with sharp pain: Worse morning: *Bov., Nat. mur.* worse running, better compressing the head; *Æth.* periodic with trembling jaws, ceases in sleep. Worse movement and noise: *Phos. ac.* Worse touching with the hand: *Anac.* with obscuration of vision; *Ars.* pulsation of the head, worse motion, tearing hemicranium; *Iod.* headache with coryza, pain on motion or noise only. Worse from pressure: *Arg.* excessive pain extending to muscles of the neck; *Dros.* tearing pain from within out, worse bending head to right; *Kali carb.* violent stitches, photophobia, pain extends to the eye with lachrymation, frontal stitches, worse at night. Better by pressure: *Hydr.* bursting sensation on stooping; *Ferr.* hammering, recurs in the evening. Worse in the open air: *Chel.* worse coughing and leaning forward. Worse in the evening: *Cocc. c.* stitches in the brain in bed extending to the left clavicle and to left lower molars. Here also apply *Bell., Iris, Kreos., Op.* (eyes injected), *Plb., Verat.* (dilated pupils). Localized headaches: Frontal: Worse in the morning: *Coff.* constrictive pain with involuntary tossing of the head; *Lyc.* buzzing ears, intellectual dulness; *Graph.* also after meals. Better in the open air: *Ant. crud.* violent with nosebleed; *Hyos.* stupefying. Worse by cold or motion: *Kali bich.* excessive pain above the orbits; *Rhod.* in bed in wet weather. Worse at night. *Lil. tig.* begin six to eight p. m.; *Ruta* pulsating on going to bed. Worse reading: *Nat. sulph.* the hair hurts on combing. Worse by light: *Taront.* desire to cry, as if cold water spilled on brow. Also *Bell., Bor., Ham., Phyt.* Returns each week: *Valer.* as if eyes pushed out. Occipital: Worse rising or lying down: *Dulc.* chilly with hot head. Worse by movement: *Lob.* especially going up stairs. Also *Agar.* sensation of tearing of the brain. *Carb. veg., Plat., Spig.* Indeterminate location: Better open air: *Act. rac.* often better by food. Worse in a. m.: *Caust.* worse waking or walking fast, may seem localized in any site; *Ign.* right-sided, whole head or single point, worse motion, better rising or lying on back; *Nux vom.* atrocious pain, hemicrania with hot head, worse walking, better pressure; *Mag. carb.* alternate flush and pallor; *Sep.* varied site, worse open air, vertigo, if there is a wide space before the eyes; *Thuj.* violent pulsations at different points, brow and neck veins swollen; *Zinc.* better open air. Worse walking: *Chin.* better by pressure; *Cupr.* localized points especially on the left, cries out with violent pain; *Kali nit.* better riding in carriage. Worse evening: *Dig.* cracking in the head during sleep, wakens with fright. Worse by noise: *Merc.* worse in the evening, better sitting leaning the head against something, as if band constricted head or skull burst, always worse stooping. Also *Petr.* after anger; *Phos.* at noon each day; *Podo.* with intestinal complaints; *Alum.* pain ceases if head still in bed; *Cina* with various derangements of vision.—W.

Headaches and Their Homœopathic Treatment: Headaches: At nose root: *Bad.* head drawn back, as if skull would open, seems too big, compressed; *Bism.* periodic in winter, better by rest, perforating pain after eating, digestive troubles; *Cina* better out doors, worse stooping and 10 p. m., concomitant visual troubles, moon periodicity with reflex or epileptic disturbance; *Dulc.*, perforating pain from within out, worse 11 p. m., rest, wet cold weather with marked depression; *Lach.* fulness on left of nose root, periodic before menses, better after discharges, pain extends to nape, de-

pression with tears or agitation; *Ign.* pain at one side of nose root, worse from odors (tobacco or cooking), worse from contradiction, as if a nail driven from within out. Eyes: *Apis* vertigo, drowsiness, periodicity, pain above eyes extending back, hunts for a cool spot on pillow; *Bar.* headache in aged after washing hair, worse in sun, sleepy; *All. cep.* electric shocks, as if hot wet compresses, chilly back with coryza; *Calc. carb.* lunar periodicity; *Iris* every eight days, temporarily blind, tends to diarrhœa, worse afternoons, violent motion, open air, and walking, with trigeminal neuralgias; *Kali bich.* visual troubles, worse waking, stooping, moving, better pressure, lying, in the air, nasal catarrh; *Lob.* pain in the eyebrows noon to midnight, periodic aggravation, each third attack worse; *Sep.* migraine in and above eyes, with nausea, liver and menstrual troubles, sensation of waves, worse on right, ceases in the afternoon and in good weather. Right eye: *Agn.* as of blow on the eye, worse end of the day; *Sang.* Saturday sun headaches extend to right shoulder, better by sleep and darkness, worse lying on the right, wet weather, motion, as if head would burst or eyes pop; *Con.* ache beneath right eye with great fear of light, vertigo, nausea and vomiting, worse before and during menses, and from continence, better by pressure; *Crot. tig.* ache in the corner of the eye with eruption around the eye, migraine in herpetic patients. Left eye: *Acon.* redness of the painful region, better by sweat, worse rising, lying on the right and by tobacco smoke; *Nux mosch.* sensation of bobbing of the brain, worse after lunch, open air, wine, change of weather; *Caul.* crushing in temples, worse pressure, stooping, light; *Phos.* pain left eye and out at occiput, cold occiput, visual trouble, attack lasts one to three days, better dark, cold washing, lying on the right, worse at twilight and during storms; *Spig.* stitches in the eye, pressure with ciliary neuralgia, worse by pressure, better by quiet, pain follows the sun. Forehead: *Æsc.* gastric headaches, board sensation, worse rising, fulness and pressure from occiput to brow; *Anac.* from mental exertion, occipital nail sensation, constricting band with irascibility, better pressure, eating, lying; *Ant. crud.* frontal weight after cold bathing, suppressed eruption or indigestion, with vertigo and nosebleed, better open air, worse evening and heat; *Ars.* frontal hemicrania, over left eye, worse wrapping the head up, better with head low, worse from cold and rest, burning, better by heat and motion; *Bad.* with inflamed eyes, worse at night after having slept, and violent in the morning, better lying; *Bry.* worse from hot food, better cold food; *Cham.* better riding, and in warm weather, worse from heat, 9 p. m. to midnight, vertigo with fainting; *Cocc.* as if head tied with a tight cord, dizzy from moving eyes, and in a carriage, pain from brow to nape, better lying flat, worse noise and tobacco, with tearing in the eyes; *Coloc.* boring in the temples with ciliary neuralgia in the gouty, worse stooping and lying. Temples: *Bell.* better half sitting, worse 3 p. m. to 3 a. m.; *Eup.* periodic with bitter vomiting, worse in spring, better in warm room, hammering temples; *Chin.* beating from temple to temple, with sensitive scalp, worse air, least touch, and after eating and alternate days; *Glon.* crushing frontal weight, pulsations from brow to vertex; *Helon.* at menses, in small spots, burning temples, brow and vertex, better by motion; *Nat. mur.* worse after menses, with faulty accommodation, begin at sunrise, with renal insufficiency and falling hair, better cold bathing and lying on the right; *Paris quad.* pain from temple to occiput with drawing back of the eyes, big head and lachrymation; *Prunus spin.* cutting pain back to the occiput, pressure on top of the head; *Stann.* weight like a ball of lead in the head, comes and goes slowly, vertigo, pain worse on the left, better firm pressure. Vertex: *Alum.* as if hat too small, worse full moon, waking and periodically; *Cact.* constriction of head and thorax, worse noise and pressure, right side, periodically, at menopause, after menorrhagia, with nosebleeds; *Meny.* pain from vertex to brow and temples, from above down and from without in, with orbital pressure, worse pressure and heat, worse ascending, with cold extremities, better by company; *Naja* neuraligia such that the patient loses memory, with sadness and cardiac troubles; *Thuja* worse on the left, nail in the vertex; bar across brow, worse heat and tea, better pressure; *Sulph.* weekly or fortnightly headaches, worse mental work, 11 a. m., change of weather, better dry weather and lying on the right. Parietal: *Canth.* pain from the side up to the vertex, worse from touch, after bathing, better standing, sitting, morning and afternoon with visual and urinary troubles, thought impossible; *Can. sat.* as if cold drops on the skull with vertigo, worse ascending; *Colch.* one sided, after overwork, hypersensitive to pain, nausea and anger, better by motion, worse by heat, with frequent sneezing; *Cycl.* periodic on the left with pale face, in women with profuse black menses, ophthalmic migraine with marked chilliness, drowsy, worse in warm room, better by motion; *Lyc.* vertex and parietal pain settling in the left eye, worse from 5 to 10 p. m., with buzzing in the ears, worse stooping, better slow motion, open air and hot food; *Puls.* right, worse in the evening, as if would burst, can't comb the hair, worse from rest and fat. Occiput: *Camph.* radiates to the frontal sinus, a sensation of cold, stuffed nose and coryza, after nervous shock, better drinking and heat; *Form.* daily headache, earlier each morning, worse cold bathing, better coffee; *Graph.* right side, with burning, worse by heat, worse morning and night, wet and cold weather and during menses; *Petr.* leaden occiput, pain in the eyes and visual trouble, nausea as if seasick, cold vertex, worse in winter and before and during storm, better by heat; *Rhus tox.* as if eyes pushed out, better in dry hot weather and by motion, worse lying and at night. Nape: *Aloe* with stiff neck, in large eaters, better by sweat and hæmorrhoidal flow; *Form.* nail sensation, better lying with the head low; *Ferrum* every two or three weeks, with red face and pulsation, better slow walking, worse at night and from sweat; *Gels.* heavy constrictive head, worse 9 a. m., occipital vertigo, visual troubles, better bending forward and by stimulants; *Onos.* occipital weight, vertigo, worse from odors; *Sil.* shivery, pain from nape to vertex, settling in the right eye, better wrapping up the head, worse morning, cold and new moon, sweat of the nape with the pain.—W.

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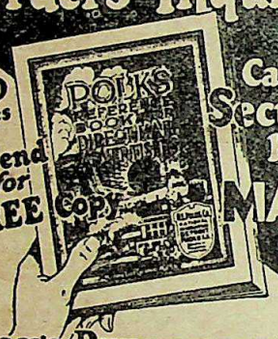

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